2020 Camp Registration Form
Online Registration at www.campmoval.org

CAMPER INFORMATION
Name ___________________________________________ Birth Date ________________ Gender ___________
Grade Completed in May 2020 ____________________ Check one: New Camper _____ Returning Camper _____
Grades listed for camps refer to grades attending in fall of 2020.

CAMPER’S ADDRESS
Address __________________________________________ City _____________ State _____ Zip ____________
Home Phone _______________________________________
Camper lives with (parents, mother, father, guardian) _______________________________________________
Church Affiliation __________________________________ Church ID# (if known) ________________________

PARENT/GUARDIAN
Name of Parent/Guardian __________________________ Name of Parent/Guardian __________________________
Email Address _________________________________ Email Address _________________________________
Home Phone _________________________________ Home Phone _________________________________
Cell Phone ____________________________________ Cell Phone _________________

SESSIONS  Please mark a “1” and a “2” for your first and second choice camp sessions.

_____ Family Camp (May 22-25) (All) 
_____ Adventures in Community (June 7-12) (Adult 18+) 
_____ CIT Training (June 7-13) (16 years-Grade 12) 
_____ Lower Junior Camp (June 14-17) (Grades 1-3) 
_____ MS Outback Camp (June 14-20) (Grades 6-8) 
_____ Grandparents Camp I (June 18-21) (All) 
_____ Upper Junior Camp (June 21-27) (Grades 4-6) 
_____ High School Camp (June 28-July 4) (Grades 10-13) 
_____ Our Bodies, Our Faith (July 5-11) (8th grade) 
_____ Middle School Camp (July 12-18) (Grades 6-8) 
_____ Junior Outback Camp (July 12-18) (Grades 5-6) 
_____ High School Outback Camp (July 19-25) (Grades 10-13) 
_____ Grandparent/Grandchild Camp II (July 31-Aug 3) (All) 
_____ Young Adult Retreat (January 1-3, 2021) (ages 18-25)

Permissions—Signature requested on Side 2 of this Form.
I give permission for the camper to be photographed or electronically recorded for future Camp Mo-Val Outdoor Ministries-related promotions. Yes _____ No _____

T-SHIRT & CAMP PHOTO INCLUDED IN CAMP FEE  Please indicate t-shirt size below.
Circle camper’s t-shirt size: Youth: YS YM YL 
Adult:  S  M  L XL XXL XXXL
EMERGENCY CONTACTS—If parents/guardians cannot be reached

Name _____________________________________________ Home Phone _______________________
Relationship to Camper ___________________________________ Cell Phone ______________________

Name _____________________________________________ Home Phone _______________________
Relationship to Camper ___________________________________ Cell Phone ______________________

PARENT AGREEMENT & PERMISSIONS Please see Permissions at bottom of Side 1

• The camper named on Side 1 of this “2020 Camper Registration” form has my permission to engage in all camp activities except as noted on the Health Form.

• I agree to return the completed Health Form 14 days prior to the camp session.

• I have read the Cancellation Policy in the Brochure; I understand and agree to abide by it.

• We (parent & camper) understand and support policies prohibiting campers from possessing or using cell phones or other communication devices, tobacco products, alcoholic beverages, non-prescribed drugs or weapons while at camp. We recognize that campers must follow safety guidelines, remain in designated areas, and refrain from harmful behavior. If a camper is unable to live within these guidelines, we understand he/she may be sent home with no refund of camp fees.

• I understand that campers will be asked to read and sign a Covenant before checking in at their cabin. (This covenant will be sent to you prior to camp. It will re-emphasize the focus for the week, items that should not be brought to camp, appropriate behavior, etc.)

Signature of Parent/Guardian __________________________________ Date __________________

PASTOR / ADULT ADVISOR’S STATEMENT

To help camp leaders make a contribution to the personal and Christian growth and development of this camper, please give any information about this camper that you feel would be helpful. ____________________________________________

______________________________________________________________

Signature of pastor or adult advisor __________________________________________________________________________

Printed name __________________________ Church name __________________________

FEES (SEE NOTE BELOW)

Camp Fee $ _____________
Family Portion Must be enclosed $ _____________
Church Contribution $ _____________
Circle one: “Enclosed now” “Mail later”
Scholarship Donation/Discount $ _____________
Total Amount Enclosed $ _____________

Please Note: All Camper Fees are due PRIOR TO each camp. This includes both Family and Church portions of camper fees. Discounts Do Not Apply unless Paid in Full by the time of the Early Bird Registration Date (April 1, 2020). Forms not received before two weeks of session start date may not receive a t-shirt and additional fees may apply. Thank you.

Please make checks payable to: MMSUCC
Mail forms to: Camp Registration, 2659 Camp Mo-Val Road, Union, MO 63084.