

**M.M.M. Camp Application (please Print out, Complete and sign, then mail to address on next page along with minimum deposit of \$50.00 or full amount of \$100.00)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Grade Completed: \_\_\_\_\_  
Male or Female Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Parent's Address: \_\_\_\_\_  
Your Church Name: \_\_\_\_\_  
Pastor: \_\_\_\_\_  
Address: \_\_\_\_\_

**Medical Information:**  
*(Must be completed)*

Please list ALL medical Conditions that Camp Personnel or Medical Personnel should be aware of:  
(include medical allergies, medication allergies, food allergies, other allergies like bee stings, etc; skin disease, asthma, heart conditions, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Medications: (Please list "ALL" medications of "any type"- prescription, over the counter that camper should take and/or have in their possession. Include instructions. Also indicate if you want camp staff to dispense the medication on your behalf.)  
\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus or Booster: \_\_\_\_\_

**CONSENT AND RELEASE FORM:**

*(Custodial Parents/Guardians must review and sign)*

I, the undersigned parent or guardian, hereby consent to my child, \_\_\_\_\_, who is \_\_\_\_\_ years of age, participating in the Marksmen's Mountain Music Camp (an outreach ministry of Wahoo Baptist Church in Murrayville, GA.) MMM Camp will be held from Wednesday, July 21 thru Friday, July 23. If my child has a medical condition which may be relevant to a physician in the event of an emergency, I have listed them above in the medical section of this application. In the event of an emergency, I may be reached at the telephone number listed above in this application. If I cannot be reached within a reasonable period of time, I hereby authorize Camp Moderator, camp director of his designated adult assistant to make emergency medical decisions for my child. If there are any activities that I do not want my child to participate in, I have listed them below my signature.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISK WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold The Marksmen and Wahoo Baptist Church, and their employees, agents, volunteer assistants and associates, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I EXPRESSLY AGREE TO ASSUME ALL FINANCIAL RESPONSIBILITY FOR ANY MEDICAL TREATMENT NECESSARY FOR MY CHILD. *(Provide a copy of insurance card-front and back)*

Insurance Company \_\_\_\_\_ Policy/ID \_\_\_\_\_  
Employer \_\_\_\_\_ No Medical Insurance \_\_\_\_\_

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

I do not wish my child to participate in the following:

Cell phone: \_\_\_\_\_ Day phone: \_\_\_\_\_

Adult Release: (For adults attending Camp) As an adult attending The M.M.M. Camp, I agree to the conditions indicated in the paragraphs above including my release of liability and agreement to assume financial responsibility for myself. (please complete the insurance information above)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact \_\_\_\_\_

**CAMPER AGREEMENT:**

This camp reserves the right to set and enforce their statement of Faith, rules for behavior and other requirements as necessary. This includes but is not limited to: King James Only program and Appropriate Dress Requirements. The M.M.M. Camp has a STANDARD CODE of CONDUCT that will be in effect for Camp. The Standard Code of Conduct should be attached to the application for you review.

I, \_\_\_\_\_ (camper), am familiar with the dress code, doctrine and discipline statements for the MMM Camp STANDARD CODE of CONDUCT. I agree to willingly abide by these rules, be a good sportsman, dress according to camp policy and exhibit a good Christian disposition at all times. I agree to follow the directives of the camp director and leadership at all times. I desire to come to the MMM Camp and do so at my own risk. I understand that failing to comply with the camp may result in my dismissal from camp and require my parent/guardian to make arrangements for my early departure.

Camper Signature \_\_\_\_\_ Parent: I agree with this statement

**Registration is \$100.00 a minimum \$50.00 deposit is required with registration with balance due at final registration the day of camp.**

**Download and Sign the Standard of Conduct Agreement**

Mail Completed Application, Signed Standard of Conduct Agreement and \$50.00 minimum deposit by June 30, 2010 to:

Mark Wheeler  
6873 Gilstrap Spur  
Clermont, GA 30527

A late registration fee of \$25.00 will also be added after June 30, 2010

**(Make checks payable to MMM Camp)**