



IMPACT 2818: Outdoor Ministries

of the United Methodist Churches of Indiana



Complete forms may be mailed to:
Impact 2818
Attn: Camp Registration
301 Pennsylvania Parkway, Suite 300
Carmel, IN 46280

Family Camp Registration Form

Or sign up online at Impact2818.org to receive confirmation right away!

Family Information:

Your name: _____
Your phone number: C H W (____)____ - _____
Your email address: _____
Street address: _____
City, state, zip: _____
Church name: _____
Church city: _____
How did you hear about camp? _____

- **Registration closes** 1 week before the start of an event. Registrations cannot be processed without payment.
- A parent or legal guardian **must** sign this form in order for the children/family to be registered.
- You should receive a confirmation letter and medical form via U.S. Mail within 2 weeks of our receipt of this completed registration form.
- An information sheet will be mailed to you in May.

Event Information:

Event type: _____ (ex. Family, Mother/Child, etc.)
Camp site: _____
Start date: _____
Please check your preferred housing type:
 Private Tent RV Community* LW only
Cost/person: \$ _____
Are you using a scholarship? Yes No
Scholarship amount? _____ (ex. 33%, \$50, etc.)
Scholarship/iCash code: _____
Total for family: \$ _____

Payment Information:

To set up a payment plan, please complete the payment plan section on page 5.

*must register at least 5 weeks before event begins

To pay in full now, fill out the following:

Check enclosed: # _____ Amount \$ _____
Make checks payable to INUMC.

Name on card: _____

Card number: _____ - _____ - _____ - _____

Expiration date: ____/____/____ Visa MasterCard Discover

Please charge \$ _____ to the card listed above.

Cardholder's signature: _____

Camper #1 Information (YOU):

Name: _____
Sex: Female Male
Date of Birth: ____/____/____

Camper #2 Information:

Name: _____
Sex: Female Male
Date of Birth: ____/____/____
Grade in fall 2023: _____

Camper #3 Information:

Name: _____
Sex: Female Male
Date of Birth: ____/____/____
Grade in fall 2023: _____

Camper #4 Information:

Name: _____
Sex: Female Male
Date of Birth: ____/____/____
Grade in fall 2023: _____

The waiver on pages 2 and 3 *must* be complete for the family to be registered.

INUMC / IMPACT 2818 – OUTDOOR MINISTRIES
COVID-19 CERTIFICATION

Camper's Name: _____ Date of Birth: ____/____/____

By signing the Release, Waiver, Indemnification, Consent, and Certification instrument to which this is attached, I certify that I understand and agree with the following:

1. The COVID-19 coronavirus is highly contagious.
2. It may be possible to be exposed to the virus by coming in contact with individuals who are infected and not yet showing symptoms.
3. There are health risks to my child, family, and the broader community which may result from my child's participation in the Activity (as defined in the Release, Waiver, Indemnification, Consent, and Certification), and I have decided that the benefits of participation outweigh those risks.
4. It is my responsibility to assess my child for symptoms of COVID-19 over the fourteen (14) day period before they are dropped off at camp. I will not allow my child to attend camp if they meet the CDC criteria for symptoms of COVID-19 as follows:

One or more of the following:

- Cough
- Shortness of breath
- Difficulty breathing

OR at least two (2) or more of the following symptoms:

- Chills
- Shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Fever of 100.4 or greater

5. If my child has been diagnosed with COVID-19 or has symptoms of COVID-19 I will not allow my child to attend INUMC's camp until all the following criteria have been met:
 - a. My child has had no fever for three (3) days (without the use of fever-reducing medication);
 - b. My child's symptoms have improved; and
 - c. Ten (10) days have passed since COVID-19 symptoms first appeared.
6. My child has not come into contact with anyone diagnosed with COVID-19 for the past 14 days.
7. My child will not be permitted to participate in the Activity until cleared pursuant to CDC guidelines and that if symptoms begin, the child will be separated from others and it will be my responsibility to make immediate arrangements to transport them home.

Family Camp - Continued
Registration Form



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Camper #5 Information:

Name: _____

Sex: Female Male

Date of Birth: ____/____/____

Grade in fall 2023: _____

Camper #6 Information:

Name: _____

Sex: Female Male

Date of Birth: ____/____/____

Grade in fall 2023: _____

Camper #7 Information:

Name: _____

Sex: Female Male

Date of Birth: ____/____/____

Grade in fall 2023: _____

Camper #8 Information:

Name: _____

Sex: Female Male

Date of Birth: ____/____/____

Grade in fall 2023: _____

Camper #9 Information:

Name: _____

Sex: Female Male

Date of Birth: ____/____/____

Grade in fall 2023: _____

Camper #10 Information:

Name: _____

Sex: Female Male

Date of Birth: ____/____/____

Grade in fall 2023: _____

Camper #11 Information:

Name: _____

Sex: Female Male

Date of Birth: ____/____/____

Grade in fall 2023: _____

Camper #12 Information:

Name: _____

Sex: Female Male

Date of Birth: ____/____/____

Grade in fall 2023: _____

*This page is invalid unless it is accompanied by pages 1-3.

Questions? Go to Impact2818.org or call the registrar at (888) 628-2818. Fax (317) 735-4237

Cancellation policy: Call right away if your plans change! Registrations cancelled 2 or more weeks prior to the first day of the event will forfeit a \$35 fee/person. The balance will be refunded. Registrations cancelled less than 2 weeks prior to the start of an event will forfeit 100% of the event's registration fee. Registrations may not be transferred from one camper to another.

COVID-19 related cancellations will not be held to the cancellation policy above and are eligible for a full refund.

See Impact2818.org for details.

Scholarships/Cash must be redeemed on this form. Late redemption will result in a \$5 processing fee being deducted from any refunds made.

**Family Camp - Continued
Registration Form**



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Family's name: _____

_____ Yes, I will be participating in the payment plan. My information is below.

_____ No, full payment is included on page 1.

Payment Plan Information:

If you wish to make automatic payments, instead of paying in full, you must register at least 5 weeks before the event begins, and complete the form below. The initial deposit varies by event, and will be processed upon receipt of this form in order to activate the registration. If you have any questions, please call (888) 628-2818. If you wish to pay in full, please disregard this page, and see page 1 to pay in full.

Example, \$395 event: If your event's final balance is due May 18, and your registration is entered on February 20, your initial deposit of \$100 will be processed on February 20th. Your after-deposit balance will be divided into two equal payments, occurring automatically on March 20 and April 20.

Agreement:

I give permission for Impact 2818 to debit the following card or bank account monthly until the event's final balance has been paid. I acknowledge that the initial payment will be processed upon receipt of this form, and future payments will occur beginning the following month.

Please select either a type of bank account or a credit card.

Bank Account

_____ Checking Account #: _____

_____ Savings Routing #: _____ (always 9 digits long)

Account holder's signature: _____

OR...

Credit Card

Name on card: _____

Card number: _____ - _____ - _____ - _____

Expiration date: ____/____/____ Visa MasterCard Discover

Security code: _____

Cardholder's signature: _____

If an automatic payment fails you will be contact via email. You will have one (1) week to correct the error and make the payment. If the payment is not received within one week, the registration will be cancelled. Our standard cancellation policy will apply. You may login to your account at Impact2818.org 24/7 to correct a failed auto-payment, or give the Registration Team a call at (888) 628-2818 Monday - Friday from 8:30am - 4:30pm.

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