

# Mar-Lu-Ridge Camper Registration

**Please print clearly!** Mail completed registration forms with \$50 non-refundable deposits to:

Mar-Lu-Ridge Summer Camp Registrar, 3200 Mar-Lu-Ridge Rd, Jefferson, MD 21755  
or scan and send to [mlr@mar-lu-ridge.org](mailto:mlr@mar-lu-ridge.org) with subject line "Summer Camp Registration,"  
or register online at [mar-lu-ridge.org/registration-and-forms](http://mar-lu-ridge.org/registration-and-forms)

Program Choice: \_\_\_\_\_ Check One: ☐ Tier 1 ☐ Tier 2 ☐ Tier 3

Program Start Date: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Camper Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

Emergency Contact Name (other than above): \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

"Bunk with" Request: \_\_\_\_\_

\*Note: Written request must appear on both campers' registrations. Only one request per camper can be granted.

Dietary/Allergy Concerns: \_\_\_\_\_

Are you a returning camper? ☐ Yes ☐ No

How did you hear about Mar-Lu-Ridge? ☐ Church ☐ School ☐ Friend/Family ☐ Online ☐ Other: \_\_\_\_\_

**Parent/Guardian Release:** I understand the policies and programs of Mar-Lu-Ridge, have read and accept the registration and refund policies, and give my camper permission to participate in programs and activities provided at the camp. Any photos, video or audio recordings, or interviews taken at camp or during activities in which my camper appears, may be used for promotion, including website, free of any claims. I also understand that if my camper's behavior or conduct does not adhere to Mar-Lu-Ridge guidelines or threatens the safety of other campers, my camper may be dismissed from camp whereas I am responsible for transportation, with no refund of camp tuition.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If your church/organization is providing funds, have a leader/representative sign below:**

Church/Org. Name: \_\_\_\_\_ Church/Org. Phone: \_\_\_\_\_

Pastor/Leader Name: \_\_\_\_\_ Church/Org Contact Name: \_\_\_\_\_

Tier 3 Cost of Camp: \_\_\_\_\_ Church/Org will pay: \$ \_\_\_\_\_

Signed: \_\_\_\_\_ Position: \_\_\_\_\_