

# RISE UP CAMP 2026

(Please Print)

Parents or Guardians: Please fill out and sign

Camper First Name: \_\_\_\_\_ Camper Last Name: \_\_\_\_\_ Female \_\_\_ Male \_\_\_  
Parent /Guardian Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian Email Address: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
Camper Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Home Church and City \_\_\_\_\_  
Has your child attended a camp before? Yes No  
Cabin roommate request: \_\_\_\_\_  
Would you like to be added to the Camp Information \*Facebook Page? Yes \_\_\_ No \_\_\_ (\*Must Friend Request Angie Wagner)  
Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Does your child have permission to go hiking? \_\_\_Yes \_\_\_No  
Does your child have permission to go swimming? \_\_\_Yes \_\_\_No  
Does your child have permission to go boating? \_\_\_Yes \_\_\_No  
\*\*Has your child ever been baptized? \_\_\_Yes \_\_\_No  
\*\*Does your child have permission to be baptized? \_\_\_Yes \_\_\_No  
\*\*Does your child have permission to renew their baptism vows? \_\_\_Yes \_\_\_No

**CAMP DATES: June 12-16, 2026**

**\*T-shirt size (included in cost) \_\_\_\_\_**

## PLEASE SIGN FOR PERMISSION

### Important Information / No Refunds

The registration form must be filled out completely and accompanied with the payment for each camper in order to register.

Registrations accepted until camp capacity is met. First come, first served policy.

**\*\*NOTE:** Camper name, address and telephone number will be released to other campers. A photograph or video image of the campers may be used for promotional purposes.

### PAYMENT:

Payments of \$95.00 may be made by cash, check or online at [www.atthewellministriesindiana.com](http://www.atthewellministriesindiana.com). If paying by check, be sure to include camper's name and Camp Rise Up on the memo line.

All payments **MUST** be included with the camper's registration form.

Mail payments to: **At The Well Ministries, Inc**  
**PO Box 222**  
**Floyds Knobs, IN 47119**



Payment of: \$ \_\_\_\_\_ ck # \_\_\_\_\_

Paid by: \_\_\_\_\_

Date Received (office use): \_\_\_\_\_

# HEALTH RECORD

**Dear Parent/Guardian:**

The following information is required to meet the physical, intellectual, and emotional needs of the camper. No camper will be admitted to camp without this form. Fill out the information requested. (Use the back of this form if necessary)

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Camper's Last Name	First	Middle	Date of Birth
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Address Street/Apt	City and State	Zip Code	Phone
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Parent/Guardian Last Name	First	Middle	Phone (cell)
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Address Street/Apt	City and State	Zip Code	Phone (work or home)
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**Insurance Information** (Please include a photocopy of the insurance card)

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Name of Policy Holder	Insurance Company	Enrollee ID	Group Number
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**Medical Information and Treatment**

Check the following: (Please describe condition in detail on back of this form if necessary)

Allergies: _____	Bladder or GI Issues: _____
Asthma: _____	Shortness of Breath: _____
Eczema: _____	Menstrual Issues: _____
Seizures: _____	Dental Issues: _____
Heart Issues: _____	Surgeries / Injuries: _____
ENT Issues: _____	Communicable Disease: _____
Behavioral Issues: _____	Other: _____

\*\*Please send all medication in its original container (Use back of form for more medications if necessary)

Medication Name	Purpose	Frequency	Dosage

Are your camper's immunizations up to date?  YES  NO

Pediatrician Name and Phone: \_\_\_\_\_

Do we have permission to administer Tylenol or Ibuprofen:  YES  NO

Are there any activities that should be restricted for this camper:  YES  NO

Explain: \_\_\_\_\_

\_\_\_\_\_

In an EMERGENCY, I grant permission to the camp staff to secure emergency medical or surgical treatment and routine, nonsurgical medical care for the person named on this form while at camp. I certify the information on this form is correct to the best of my knowledge

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
Camper Signature    Date

## Authorization of Consent for treatment of a minor:

(I) (We), the undersigned, parent(s)/guardian(s) of \_\_\_\_\_ a minor, do hereby authorize the camp staff of At The Well Ministries Inc., as agent(s) for the under signed to consent to any x-ray examination, anesthetic, medical or surgery diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such a diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of a foresaid agent(s) to give specific consent to any and all such diagnosis, treatment, and/or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable.

## Release of At The Well Ministries, Inc.

(I) (We) \_\_\_\_\_ acknowledge this camp is voluntary and may involve risks and require physical exertion, such as, but not limited to athletic games, off-site excursions, group activities, swimming, boating, hiking and team events. (I) (We) acknowledge that (my) (our) child's participation in any activity presents risks such that (my) (our) child may suffer property damage, bodily injury or death. (I) (We) \_\_\_\_\_ shall indemnify, hold free and harmless, assume all liability for (my) (our) child \_\_\_\_\_, and defend the camp staff, At The Well Ministries Inc, Lincoln State Park, it's agents, servants, employees, officers, volunteers, and directors from any and all discovery cost, court costs, and all other sums which the camp, At The Well Ministries Inc, Lincoln State Park for any claim/assertion of liability , or action founded thereon, arising or alleged to have arisen out of damage to personal property, bodily injury, or illness.

Parent \_\_\_\_\_ (signature)

Parent \_\_\_\_\_ (signature)

Date \_\_\_\_\_

## Departure Release Form

This form must be returned, completed and signed, before your camp session begins or bring to camp. The State of Indiana requires that we have a plan to assure that campers leave camp only with authorized persons.

CAMPER'S NAME \_\_\_\_\_

Only the following people, other than myself are authorized to pick up the above named individual(s) at the completion of the camping experience.

1. \_\_\_\_\_ Relationship to camper \_\_\_\_\_
2. \_\_\_\_\_ Relationship to camper \_\_\_\_\_
3. \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Are there any persons who are NOT authorized to pick up your son/daughter? Please give names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

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## **PLEASE KEEP THIS FORM FOR YOUR INFORMATION**

Welcome to Camp Rise Up! We are blessed and excited to have your child participating this year. Here are some reminders and “what to bring”.

Camp Rise Up is located at Lincoln State Park in The Pine Hills Cottages Group Camp. The park has a \$7.00 gate entry fee. Remember to get your “hang tag” for re-entry.

### **What to bring:**

- Clothing for 4 nights and 5 full days (bring extra for weather changes)
- Towels and washcloths
- Personal toiletries
- Sleeping bag
- Twin fitted sheet
- Pillow
- Blanket (if preferred)
- Tennis shoes
- Modest swimwear
- Folding chair
- Medications in original container (place in a labeled baggie and give to transportation)
- Garbage bag for dirty clothing
- Sunscreen
- Bug spray

### **Optional:**

- Sunglasses
- Hat or visor
- Small fan
- Power strip

No electronics, weapons, illegal substances or animals are permitted. Cell phones are not needed. There is limited cell service in the park. Please do not bring anything of value with you. No money is needed.

### **Transportation Information: (Please fill out Transportation Form)**

**DROP OFF:** Arrive at Lincoln Hills Christian Church parking lot at 9:00 am Friday, June 12, 2026

**PICK UP:** Return to Lincoln Hills Christian Church parking lot at 12:30 pm Tuesday, June 16, 2026

**Contact:** Kelley Churchill or Parish Dueser      **Address:** Lincoln Hills Christian Church  
812-267-5585 - 812-972-0656      1130 Dale Ave., Corydon  
Transportation Coordinators

### **In case if emergency, please call:**

**Angie Wagner 812-946-4426**

**Loreana Sutherlin 502-931-0529**

**Becky Mitchell 812-736-1123**