

# **“God’s Team” Joplin District Children’s Camp 2010**

Mail registrations to: Kids Camp c/o Rev. Brad Hunt / First Church of the Nazarene / 2000 Grand / Carthage, MO 64836

Campers Name: \_\_\_\_\_

Circle One: Male Female

Circle Grade Completed: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup>

Circle Camp Attending: Primary Camp (July 19-21)

Junior Camp (July 21-24)

Must have completed 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> Grade

Must have completed 4<sup>th</sup>, 5<sup>th</sup>, or 6<sup>th</sup> Grade

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

City, State Zip: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact other than parent: \_\_\_\_\_

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

Phone to reach in an emergency: (\_\_\_\_) \_\_\_\_\_

Church you attend: \_\_\_\_\_

Pastor: \_\_\_\_\_

Roommate Request: 1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

Counselor Request: \_\_\_\_\_

**NOTE\*** changes in roommate requests or applications received the day of registration have no guarantee of roommate preference.

In an effort to provide a great camp experience as well as a safe environment for your child, please answer the following questions. Answers will be kept confidential and shared only with the counselor assigned to your child, the camp nurse, and the camp directors so that your child’s needs (physical, emotional, or spiritual) may be met to the best of our ability.

Can your child receive over the counter medicine (Aspirin, Advil, etc.) for minor medical treatment? \_\_\_\_Yes \_\_\_\_No

Allergies: \_\_\_\_Bee Stings \_\_\_\_Poison Ivy \_\_\_\_Food \_\_\_\_Medications

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

Does your child have any physical limitations, mental disabilities or behavior disorders? \_\_\_\_Yes \_\_\_\_No

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

Is your child taking any medications? \_\_\_\_Yes \_\_\_\_No

List medications, time of day meds are taken, and any instructions:

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

List medical information useful in the event your child may need medical attention:

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

List any allergies to medicine: \_\_\_\_\_

Date of child’s last tetanus shot: \_\_\_\_\_

Are immunizations current? \_\_\_\_ Yes \_\_\_\_ No

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Campers are discouraged from bringing valuables. We cannot be responsible for items lost or stolen.

## **No Cell Phones**

Snack Shack money will be turned in to the snack shack at sign-in.

Wear clothing that is appropriate for each activity and which represents Christian modesty.

Swim suits are only to be worn in the swimming pool area. Street clothes are to be worn to and from the pool. Girls, please wear one piece swimsuits.

Wholesome speech and actions are the expectations.

Shoes are to be worn at all times.

Children will leave the campground only for emergency purposes or if a parent/guardian signs for their release.

A qualified nurse is available at all times. All medications are to be given to the nurse upon arrival and shall be dispensed by the camp nurse according to the instructions. **PLEASE MAKE SURE ALL MEDICAL INFORMATION IS COMPLETED ON THIS FORM!**

Our goal is a safe and happy camp. However, if any problems, sickness, injuries, or difficulties arise regarding your child, you will be notified.

I have read and filled in all the appropriate spaces of this camp registration for my child. I hereby approve the camp registration form and expressly waive any and all claims against the Joplin District Church of the Nazarene, any of its boards or its camp personnel, for damage to the person or property of the named applicant in connection with or incident to the Joplin District Camp program of the Joplin District Church of the Nazarene.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Authorization for Treatment

In a medical emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission for my child to receive medical attention while attending Joplin District Children’s Camp.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name & Phone number of child’s physician \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_