

# Application for Junior Camps: 2010

**Junior Camp** Grades 5-6 **July 12 - 16, 2010** (Pre-registration due July 5)

**Camp Fee \$115.00** (pre-registration) **\$135.00** (same day registration) (payable to: WV Nazarene Camp)

*mail to:* Lisa Hobbs, 616 Jameson Street, Parkersburg, WV 26101 (304)420-9022

*All pre-registration forms must be post marked by the date shown to receive discount pricing.*

Camper's Name: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Camper's Address: \_\_\_\_\_ City/ST: \_\_\_\_\_

Zip code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

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

State/Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency contact information: \_\_\_\_\_

Email: \_\_\_\_\_

Roommate Request: \_\_\_\_\_ Church: \_\_\_\_\_

Does this camper currently have a custody agreement or do not release agreement in place? YES \_\_\_\_\_ or NO \_\_\_\_\_

If yes please attach a photocopy of said agreement. This is to ensure safety and well being of the child. Any questions please contact the camp director.

Has this child ever attended Church Camp before? YES \_\_\_\_\_ NO \_\_\_\_\_

**Camper's Pledge:** I have read the camp rules and will abide by them. I will give full cooperation to my camp director and staff. I realize that if I do not comply with these rules, it will result in my being sent home from camp.

**Camper's Signature:** \_\_\_\_\_ **Camp Attending:** \_\_\_\_\_

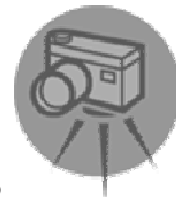
*With my signature, I hereby validate this application form and do expressly waive any and all claims against the WV North & WV South District Church of the Nazarene and/or any of its boards and/or any representatives, because of injury, illness or damage to the person or property of the above named applicant in condition with or incident to, the WVN/WVS camp program.*

**Parents/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Release Form for Media Recording

I, the undersigned, consent and agree that Summersville Nazarene Camp, its employees, or agents may take photographs, video, and other image & sound based media of activities including camp attendees, employees, students, and visitors while on the grounds.

I understand that there will be no financial or other remuneration for recording camp activities, either for initial or subsequent use such images in publications, advertising, and presentations. Usage shall not include distribution to other agencies or commercial publications.



Camper's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

## Pastor's Recommendation

I have read the application above and to the best of my knowledge, this applicant is registering in the proper camp according to their grade level. I have discussed the camp rules with the camper and believe they will abide by them. I give my recommendation for this applicant to attend the camp to which they are applying.

**Pastor's Signature:** \_\_\_\_\_ (Pastor/Associate of the church listed below)

**Church:** \_\_\_\_\_ **Church Phone:** \_\_\_\_\_

## Nazarene Youth Camps Information:

- Personnel:** Counselors and staff members are carefully chosen, consecrated Christians, including pastors and laymen. Every Nazarene pastor is encouraged to participate in camp by working in some capacity unless providentially hindered.
- Health:** A nurse will be on duty at all times. Supplemental insurance is provided for each camper. Applicant's primary insurance company is to be used under medical information.
- Recreation:** Activities, sports, and recreation will be age group appropriate for each camp.
- Lodging:** All campers are required to be lodged in the assigned dorm rooms.
- Dress:** Modesty is our rule. Campers are to be neat and clean for all worship services and evening meals. Campers displaying extreme variation from modesty will be asked to change. The camp director of each camp will have discretion over the appropriateness of dress. Shirts and shoes must be worn at all times outside the dorms. Prohibited clothing items include muscle shirts, tank tops, offensive logos or sayings, fish net shirts, see through or similar material.
- Food:** Well balanced meals will be prepared by qualified dietitians.
- Phone Usage:** Phones are to be used for emergency only. Cell phones are not permitted for campers.
- What to Bring:** Sleeping bags or sheets and blanket, pillow, towels, wash cloths, personal grooming aids, dress clothes, recreational clothing, bathing suits, swim shoes (or old tennis shoes), pajamas, robe, umbrella or raincoat, ball glove, camera, Snack Bar money, and great expectations.
- Special Needs:** Please provide information concerning any special conditions / needs the camper may have. All special needs issues will be kept confidential.
- Arrival Time:** All campers should be on the campgrounds by **Noon** on Monday. Lunch will be the first meal served.
- Departure Time:** All campers should be picked up by **Noon** on Friday.

## Camp Fees:

**\$115.00**

**Pre-Registration Fee**

This form, with check attached must be submitted by the pre-registration date listed for each camp.

**\$135.00**

**Day of Camp without pre-registration**

Bring this form and a check to the registration area on the first day of camp.

- Checks:** Make all checks payable to **NAZARENE YOUTH CAMPS**
- Refunds:** A refund of \$60.00 will be given to any camper who goes home on Monday. A refund of \$50.00 will be given to any camper who goes home on Tuesday before the evening meal. There will be no refund of camp fees after the evening meal on Tuesday. There will be no refund of camp fees for those sent home due to disciplinary action. All refunds are at the director's discretion.
- Discrimination:** "In the operation of the Summer Food Services Program, the same meal will be available to all enrolled children without regard to race, color, handicap, sex, age, or national origin, and there will be no discrimination in the course of the meal service. Persons who feel they have been discriminated against should write the Secretary of Agriculture, Washington DC 20250."

# WV North & WV South Districts Camper Medical Form

Camper's Name \_\_\_\_\_ Gender: Male or Female

**Indicate Known Allergies:** Please indicate treatment given and medications needed.

Seasonal: \_\_\_\_\_

Poison Ivy, Oak, Sumac: \_\_\_\_\_

Medications - Prescribed/Over the Counter: \_\_\_\_\_

Food: \_\_\_\_\_

**Indicate Medications at Camp:** Please list any and all medications to be administered at camp.

Name of Medication \_\_\_\_\_ Dosage Schedule \_\_\_\_\_

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Name of Medication \_\_\_\_\_ Dosage Schedule \_\_\_\_\_

*All medications MUST be in the original container and will not be administered otherwise.  
All medications will be documented and administered by a state licensed Registered Nurse.*

Dietary Restrictions or Special Needs \_\_\_\_\_

Camper Subject to: \_\_\_\_\_ fainting \_\_\_\_\_ convulsions \_\_\_\_\_ bed wetting \_\_\_\_\_ behavioral/mental disabilities  
\_\_\_\_\_ other - brief explanation \_\_\_\_\_

Recent injury/Serious Illness: (brief explanation) \_\_\_\_\_

Physical/Personal Limitations: (brief explanation) \_\_\_\_\_

## Emergency Contact(s)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

*I hereby give consent for the camp nurse to dispense over the counter medication, such as, but not limited to, Tylenol, Ibuprofen to the camper named above. I also hereby authorized the release of all medical information to an attending physician in case of an emergency. In the event that I cannot be reached immediately, I hereby give permission to a licensed nurse to secure proper emergency medical care for illness or injury incurred during camp for camper named above.*

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

**(Please enclose a copy of your insurance card/cards)**