

Application for Primary/Middler Camp: 2010

Primary/Middler Camp Grades 2, 3 and 4 **July 19 - 23, 2010** (Pre-registration due July 12)

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

mail to: Brenda Koontz, 104 Happy Hollow Road, Charleston, WV 25320, 304-984-1897; cell 304-741-4342, Email: beekoontz@gmail.com

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:** _____

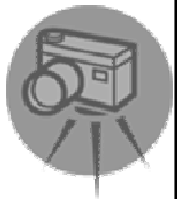
With my signature, I hereby validate this application form and do expressly waive any and all claims against the WV North & WV South District Church of the Nazarene and/or any of its boards and/or any representatives, because of injury, illness or damage to the person or property of the above named applicant 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 _____

Name of Medication _____ Dosage Schedule _____

Name of Medication _____ Dosage Schedule _____

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)