

WANTED

WHO? Campers who are children, ages 9-12
Counselors who are caring adult volunteers
Assistant counselors who are teens, grades 9-12,
wanting to serve God at camp

HOW? To register follow these simple instructions:
1. Fill out the registration form and Medical/Health form
2. Make check payable to the **Midwest District
Children's Camp**
3. Mail the forms along with the appropriate registration
fee (or at least a non-refundable deposit of \$40) to
"Wanted", c/o Mrs. Sarah Sebranek, 4312 North 190th
Circle, Elkhorn, NE 68022

HOW MUCH? The earlier a person registers, the more
he/she can save (Registrations include a camp t-shirt)
If postmarked by March 1st - \$230
If postmarked by May 1st - \$260
Anything postmarked after May 1st - \$290 (no t-shirts
can be guaranteed after May 13th)

2019 Midwest District Junior Camp

with speaker, Sam Petro, from Omaha, NE

June 10-14, 2019

At Timber Lakes Camp and Retreat Center (Williamsburg, KS)

2019 Midwest District Junior Camp

June 10-14, 2019

Camp begins at supper on June 10th and ends after lunch on June 14th.
More information can be found on the camp FaceBook page (Midwest District Junior Camp) or
contact us through e-mail at: mwdchildrenscamp@gmail.com.



REGISTRATION INFORMATION

Please Print:

Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Gender: ___ Male ___ Female Birthdate ____/____/____

Phone Number (____) _____ School grade to be completed this spring _____

E-mail: _____ Please confirm my registration by e-mail

Phone (____) _____

I am a first-time camper and I was invited to camp by _____

I'd like to room with _____ from _____

_____ (We'll do our best to honor your request to room with one other camper, however, we cannot make any guarantees.)

A T-shirt will be provided (at no additional cost) for all who register by May 13th. No shirts can be guaranteed after that date. Indicate size: _____ Youth size (14-16) _____ Adult size (S) _____ Adult size (M)

_____ Adult size (L) _____ Adult size (XL)

Continued on back

FOR CAMP USE ONLY:

Registration postmark: _____

Registration fee: \$290

Pre-registration discount*: _____

Other discount: _____

Deposit paid: _____

Due at camp: _____

**Possible discounts:*

Registration by March 1 - \$60

Registration by May 1 - \$30

2nd or 3rd child - \$10

MINOR PARTICIPATION AUTHORIZATION AND CONSENT TO EMERGENCY TREATMENT

I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the "minor child"). I hereby give my consent to have my minor child participate in the Midwest District Junior Camp during the week of June 10-14, 2019.

I recognize that there are risks involved in participating in a camping event and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity. To the fullest extent permitted by law, I release the Midwest District of the Missionary Church, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating at Junior Camp and agree to save and hold harmless the Midwest District of the Missionary Church, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the camp activities.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission for the camp director to make the decisions necessary for treatment. Should the camp director be unavailable, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for any medical expenses relating to my minor child. Any insurance policy of the camp will be used as the secondary coverage.

Signature _____

Printed Name _____ Executed this _____ day of _____, 2018

Work or cell phone number (_____) _____ Home phone (_____) _____

Alternate contact: _____ Phone (_____) _____

_____ I also give permission for photo(s) of my child to appear among other general camp photos used for publicity purposes, as long as there is no identifying information shown.

_____ I do NOT give permission for photo(s) of my child to be used for camp publicity purposes.

MEDICAL INFORMATION

1. Check sickness or diseases that camper has or has had:

- | | | | | |
|--|---------------------------------------|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Appendix out | <input type="checkbox"/> Asthma | <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Polio | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Tonsils out | <input type="checkbox"/> Whooping cough | <input type="checkbox"/> Other: _____ |

2. Check if the camper is subject to any of the following:

- | | | | | |
|--------------------------------------|---------------------------------------|--|--------------------------------------|--|
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Sore throat | <input type="checkbox"/> Fainting | <input type="checkbox"/> Headaches | <input type="checkbox"/> Leg aches |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Constipation | <input type="checkbox"/> Upset stomach | <input type="checkbox"/> Nose bleeds | <input type="checkbox"/> Sleep walking |
| <input type="checkbox"/> Other _____ | | | | |

Any special information that we should know in dealing with the above: _____

3. What was the date of the camper's last tetanus shot? _____

4. Can the camper swim? _____

5. Is the camper allergic to any specific foods, medications, etc? _____ If so, please list: _____

6. Will any past or present illness or allergies prevent the camper from taking part in any camp activity? _____

If so, please give details: _____

7. Please list any medications your child will need to take while at camp. (Please send only necessary medication with your child along with written instructions for his/her counselor). _____