



## July 9-13, 2018 Camper

- ▶ Cost is \$214.00 per person. There is \$25 discount for each additional camper in your immediate family.
- ▶ Registration forms and a \$50 non-refundable deposit is due by April 22nd.
- ▶ Please arrive at the church office (7880 Backlick Road, Springfield) by 9am on Monday, July 9th. Bring a bag lunch to eat on the way there.
- ▶ We will arrive back to the church office around 2pm on Friday, July 13th.
- ▶ Things to pack
  - Bug Spray
  - Sunscreen
  - Sleeping Bag and twin sheet or Twin size sheet and blanket
  - Pillow
  - Towels/washcloth
  - Shampoo/soap
  - Toothbrush/toothpaste
  - Hairbrush
  - Play clothes
  - Clothes to wear for a color run
  - Nicer clothes for evening services (school clothes style)
    - No spaghetti straps, mid-drifts or halter tops. No cutoffs. All shorts/skirts/dresses must come past finger tips when arm is extended.
  - Shoes
    - Flip flops/water shoes for pool
    - Old tennis shoes/water shoes that can get wet
    - Regular tennis shoes for dry activities
  - Bathing Suit
    - Girls – one piece only
    - Boys – no speedo
  - Bible/pen/pencil
  - Offering and Spending money – only if you did not pre-pay for a money card

## PERSONAL INFORMATION

First Name		Last Name	
Sex M F	Birthdate (MM/DD/YYYY)		Age by opening day of camp:
<b>Mailing</b> Address			
City		ST	Zip Code

Name of church you are registering with:

City and state where church is located:

**Both the camper registration and medical form must include emergency contact information.**

In case of emergency, contact:

Contact's relationship to student: Mother Father Grandparent Guardian Other:

Contact's phone number (area code + number)

Additional phone numbers:

## ACTIVITY CLUBS

Ask your camp coordinator for a list of club descriptions. Put a 1, 2, and 3 in *front* of your TOP THREE choices. (If you do not mark your three top preferences, clubs will be randomly chosen for you.)

<b>CC</b> Clay Creations	<b>CO</b> Cooking	<b>DR</b> Drama
<b>GC</b> Girls Club	<b>GE</b> Geocaching	<b>HV</b> Human Video
<b>LE</b> Legos	<b>MU</b> Music Creations	<b>NE</b> Nature Exploration
<b>PD</b> Pinewood Derby	<b>PH</b> Photography	<b>RO</b> Rockets
<b>SP</b> Sports		

## FREE CAMP T-SHIRT INCLUDED WITH REGISTRATION: PLEASE CHOOSE YOUR SIZE

YM (Child 10-12) YL (Child 14-16) S M L XL XXL XXXL

If no size is selected, one will be randomly selected for you.

## TOTAL DUE

Souvenir Camp DVD: \$15	Qty:	
Souvenir All-Camp Photo: \$10	Qty:	
<b>Pre-ordered Camp Money Cards:</b> Fill in the total <i>money amount</i> you want to pre-order. All camp purchases <i>must</i> be made with a camp money card. Money cards may also be purchased upon arrival.		
<b>Registration Cost:</b>		

**Potomac District Kids Camp 2018**

**Camper Registration**

<b>Multiple Family Discount:</b> \$25 discount for each <i>additional</i> camper in your <i>immediate</i> family	-
<b>TOTAL AMOUNT DUE:</b> Make check payable to your church.	

**STUDENT'S SIGNATURE OF COMPLIANCE**

I have read, and agree to abide by, the camp policies and guidelines, including the dress code. I understand that willful misconduct or any breach of the policies and guidelines will cause my dismissal from camp, at any time, day or night, at my parent or guardian's expense.

**STUDENT'S SIGNATURE (Required):**

*Registration cannot be accepted without valid signature of student*

**Please submit to your children's pastor or Kids Camp coordinator this (1) camper registration, along with (2) a medical form, (3) a copy of your insurance and/or prescription card (if you are insured), and (4) a check made payable to your church.**

**PERSONAL INFORMATION**

Student's First Name		Last Name	
Church Name:		Church City/State:	
Sex M F	Birthdate (MM/DD/YYYY)	Age:	Weight:

**Both the camper registration and medical form must include emergency contact information.**

In case of emergency, contact:	
Contact's relationship to student: Mother Father Grandparent Guardian Other:	
Contact's phone number (area code + number)	
Additional phone numbers:	

**INSURANCE INFORMATION**

**Is the above named student insured?**

**NO**, I have no insurance. **YES**, the name of my **INSURANCE COMPANY** is:

**A copy of my insurance and/or prescription card is attached. MANDATORY FOR ALL INSURED STUDENTS:** On an 8 1/2 X 11 piece of paper, please copy the *front* and *back* of your insurance and/or prescription card, and *paperclip (do not staple)* to this medical form. In case of a medical emergency, this information is vital in securing timely medical treatment for your child.

**TRICARE INSURANCE:** For students from military families who use **Tricare** and prefer not to provide a copy of a card, we have been informed that the following is required:

- **Sponsor's Name (usually the parent):**
- **Sponsor's DOD ID Number:**

NOTE: All sensitive information will be carefully protected.

**DOCTOR'S NAME AND CONTACT INFORMATION**

Student's primary or family doctor:	
Doctor's address:	City/State:
Doctor's phone number (area code plus number)	

**MEDICAL HISTORY: Attach a detailed note of explanation if necessary**

<b>YES NO</b>	Has student had all current immunizations as regulated by your state?
<b>YES NO</b>	Has student recently been exposed to a communicable disease? If yes, explain on separate sheet.
<b>YES NO</b>	Does student have physical needs that would limit participation in camp activities? If yes, explain on separate sheet.
Student will be bringing inhaler nebulizer epi-pen The epi-pen is for:	
Student has the following allergies:	
Student is allergic to the following medications:	
Is there any information that we should have regarding the welfare of this student? Please be sure to include recent illnesses, handicaps, special diet, etc.	
For monitored pool events, I request that my student be given a special ID bracelet to identify him/her as a non- or weak swimmer.	

**MEDICATIONS**

List ALL medications student will be bringing to use at this event. Medications, prescriptions and over-the-counter drugs CANNOT be given to a student unless they are in the ORIGINAL container!!!


**EMERGENCY TREATMENT PERMISSION & LIABILITY RELEASE**

I give permission for my child to attend this event and participate in its activities. While my child is at this event, I give permission for the administration of the above medications and other comfort medications including, but not limited to Tylenol, Advil, cough drops and Mylanta. Furthermore, whereas I have legal custody of this child, a minor who resides with me, I give the following emergency treatment permission: While this child is at, or in route to and from, this event, I hereby authorize any first aid staff, kids camp staff or designated church chaperone to consent to any X-ray, examination, anesthetic, medical or surgical treatment, and hospital care to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of WV, MD or VA when such medical or surgical treatment is necessary. I understand that the term chaperone or counselor refers to "a person in charge of a group of children" and does not imply the individual is licensed to give counsel. In consideration of my child being allowed to participate in this event, I authorize the Potomac District Council of the Assemblies of God to use my child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claim against the District for the use of such photographs or video. I hold harmless and release the Potomac District Council of the Assemblies of God, and its agents and employees from any liability, claims, damages and loss whatsoever relating to the authorizations hereinabove provided for.

**SIGNATURE OF PARENT/GUARDIAN (Required):**

*Med form cannot be accepted without valid signature of parent or guardian*