

# 2018 SOUTH CAROLINA TEEN CAMP REGISTRATION

## TEEN CAMP II >>> RISING 10<sup>TH</sup>-GRADUATE



(PHOTOCOPY **FRONT/BACK**)

**STEP 1: CHURCH INFORMATION**

Church Name: **Christian Life**

Church City: **Columbia**

Camp Coordinators Name: **Cory Henderson**

Email: rebecca@clcolumbia.com

**STEP 2: CAMP WEEK (please complete this information prior to distribution to parent/student)**

Teen Camp II    July 9-13    **Rising 10<sup>th</sup>-Graduates**

**STEP 3: CAMPER INFORMATION (please print CLEARLY)**

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ M F \_\_\_\_\_  
 Last First Age Birth Gender Grade camper will enter Fall 2018

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Address City State Zip Guardian email required for confirmation purposes

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Mom's Cell # Dad's Cell # Other Emergency # and Name

**STEP 4: OPTIONS & PAYMENT (MAKE CHECK PAYABLE TO THE CHRISTIAN LIFE)**

EARLY REGISTRATION COST IF RECEIVED IN THE CHURCH OFFICE ON OR BEFORE MAY 30	\$189.00	REGULAR REGISTRATION COST IF RECEIVED IN THE CHURCH OFFICE AFTER MAY 30 AND BY JUNE 6	\$199.00	LATE REGISTRATION COST IF RECEIVED IN THE DISTRICT OFFICE AFTER JUNE 6	\$209.00
Add T-Shirt – include <b>additional</b> \$13.00 and circle size  AS            AXL AM            A2X add \$2.00 AL            A3X add \$2.00	\$	Add T-Shirt – include <b>additional</b> \$15.00 and circle size  AS            AXL AM            A2X add \$2.00 AL            A3X add \$2.00	\$	T Shirt not available	X
TOTAL AMOUNT ENCLOSED	\$	TOTAL AMOUNT ENCLOSED	\$		

I have read the attached information including camp rules and agree to abide by all rules and regulations

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Camper Signature Required Date Parent/Guardian Signature Required Date

**DISTRICT OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Check # \_\_\_\_\_ Amount Paid: \_\_\_\_\_

STEP 5: CAMPER HEALTH HISTORY

Is there any information we should have regarding the welfare of this camper, such as restrictions, diets, etc.?

\_\_\_\_\_

Is your child allowed to enter a SWIMMING POOL WITHOUT a life jacket?  Yes  No

Is there any activity you do not wish for your child to participate in? \_\_\_\_\_

Date of last Tetanus: \_\_\_\_\_

Allergies:  None  Bee Stings  Food  Medications  Other \_\_\_\_\_

**Students who require the use of an inhaler will be required to have it with them at all times. Please provide a means for the student to carry it throughout the week. A small backpack, labeled with their name and church is ideal for carrying inhalers and other personal items throughout the day.**

Medications: List any/all PRESCRIPTION medications to be administered by camp nurse:

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

*Each medication MUST be in the original container. Send only the required dosage needed for the week! Enclose each medication bottle in a separate zip lock bag. Medication will be dispensed as written on the bottle. Sponsoring agent is not responsible for lost/misplaced medication.*

My child may be given  Tylenol  Ibuprofen  Benadryl  Mylanta  Pepto-Bismol

**Medical & Liability Release:** I have read and approved the included information. I give my permission for my child to attend camp and to participate in its activities. I, acting on my own behalf, also release the South Carolina District of the Assemblies of God and/or River Oaks Retreat Center, its agents, assigns, staff, employees as well as volunteer workers from any liability whatsoever arising out of property damage or loss as well as any injury, sickness, or death which may be sustained by my child as a result of any participation in the camping program. I am aware of the risks associated with participating in camping activities and accept participant's participation with full awareness of these risks. Camp counselor refers to "a person in charge of a group of children at camp" and does not imply the individual is licensed to give counsel. I give permission for the camp nurse to treat the listed camper in the event of a minor illness or minor injury. In case of emergency and when I am unable to be contacted, I hereby give permission to the local physician selected by the camp to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child. **I understand that my insurance is the primary coverage and that RORC only supplies supplemental insurance coverage.**

**Other Authorizations:** I authorize the SC District Council to use our 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 claims against the District for the use of such photos or videos. I authorize camp personnel to inspect camper's belongings to see that they have not brought any prohibited or illegal items. I understand that if my child misbehaves and does not respond in a positive manner, I may be called to pick him/her up.

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE (REQUIRED)**

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Use glue stick or tape to attach copy of the front side of your insurance card to **this space.**  
  
**DO NOT STAPLE!**