

MIDDLE SCHOOL

# SUMMER CAMP '19

AT MT. ELIM

JUNE 24 - 27TH, 2019

OPEN TO 6TH-8TH GRADERS



# Mt. Elim Bible Camp



# Mt. Elim Bible Camp

## CONTACT INFO

***The Journey  
Craig, CO***

(970) 824-5926

[pastorlen@thejourneyatfb.org](mailto:pastorlen@thejourneyatfb.org)

***Camp Director***

***Len Browning***

(970) 756-5926

***During Camp***

(970) 736-8177

## REGISTER FOR CAMP BY JUNE 17

***Online:*** [www.thejourneyatfb.org](http://www.thejourneyatfb.org)

***or Print, fill out, and mail to:***

The Journey

1150 W. 9th Street

Craig, CO 81625

***or Email the forms to:***

[pastorlen@thejourneyatfb.org](mailto:pastorlen@thejourneyatfb.org)



## Mt. Elim Bible Camp

### **COST**

\$150 per camper. Financial Assistance Available.

### **WHAT TO PACK**

- Sleeping bag & Pillow
- Clothing
- One nice outfit
- Warm jacket/sweatshirts
- Crud war clothes
- Bible (if you have one)
- Notebook and pencil
- Toiletries/medications
- Flashlight
- Dirty clothes trash bag
- Water bottle
- Towel and washcloth
- Extra shoes

### **IMPORTANT INFO**

Middle School Camp begins with camper check-in from 1:00-3:00 pm June 24, 2019. Please do not drop off campers before 1 pm. Camp concludes on June 27, 2019 at 3:00 pm. Please make arrangements to pick up your camper up at that time.

**Middle School Camp Registration Form for Campers**  
**June 24-27, 2019**

Camper Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex (circle): Male/Female

Age/Grade (Fall of 2019): \_\_\_\_\_ Name of Home Church: \_\_\_\_\_

**Parent Information:**

Parent Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contacts:**

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Name/Address/Phone/Relationship to Camper

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Name/Address/Phone/Relationship to Camper

# Middle School Camp Registration Form for Campers June 24-27, 2019

**List Contacts Permitted to Pick-Up Camper:**

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Name/Address/Phone/Relationship to Camper

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Name/Address/Phone/Relationship to Camper

**List Any Contacts NOT PERMITTED to Pick-Up Camper:**

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Name/Address/Phone/Relationship to Camper

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Name/Address/Phone/Relationship to Camper

## Camper and Parent Agreements

**Camper Agreement:**

I understand that I must comply with any and all rules and authority of the Middle School Camp, including all counselors and staff. I also understand that the following items are strictly prohibited on camp property: weapons of any kind, fireworks, lighters, tobacco, drugs and alcohol, and electronics of any kind. I further understand that I must wear appropriate clothing while at camp. No exposed undergarments, no strapless shirts, no spaghetti strap tank tops, no see-through clothing, no short shorts, no midriffs, no offensive t-shirts (beer, sexual, political, etc.)

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Camper Signature/Print Name/Date

**Parent Agreement:**

I understand that my child \_\_\_\_\_ must comply with any and all rules and authority of the Middle School Camp, including all counselors and staff. I also understand that the following items are strictly prohibited on camp property: weapons of any kind, fireworks, lighters, tobacco, drugs and alcohol, and electronics of any kind. I further understand that my child (camper) must wear appropriate clothing while at camp. No exposed undergarments, no strapless shirts, no spaghetti strap tank tops, no see-through clothing, no short shorts, no midriffs, no offensive t-shirts (beer, sexual, political, etc.)

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Parent Signature/Print Name/Date

# Middle School Camp Registration Form for Campers June 24-27, 2019

**Parent Agreement:**

I certify that my child, \_\_\_\_\_, has seen a medical professional in the last year, is up-to-date on all immunizations (or is legally exempt) and is healthy and able to participate in ALL camp activities with the following exceptions and/or accommodations:

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Parent Signature/Print Name/Date

**Does the Camper Have Any Allergies?**

\_\_\_\_\_ No

\_\_\_\_\_ Yes (List all allergies below):

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|  |  |
|  |  |
|  |  |

**List Any Special Dietary Requirements We Should Be Aware Of:**

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|--|--|
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**List Any Medical Conditions We Should Be Aware Of:**

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|  |  |
|  |  |

# Middle School Camp Registration Form for Campers

## June 24-27, 2019

**Parent Permission:**

I give permission to the medical staff of Mt. Elim Middle School Camp to dispense the following medications in their proper dosage to my child

\_\_\_\_\_:

| Medication or Supplement | Dosage | Schedule | Parent Initials |
|--------------------------|--------|----------|-----------------|
|                          |        |          |                 |
|                          |        |          |                 |
|                          |        |          |                 |
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Parent Signature/Print Name/Date

**Parent Permission:**

I give permission to the medical staff of Mt. Elim Middle School Camp to dispense the following over the counter medications as deemed necessary by Mt. Elim staff:

| Over the Counter Medication | Yes/No |
|-----------------------------|--------|
| Tylenol                     |        |
| Ibuprofen                   |        |
| Cough Drops                 |        |
| Benedryl                    |        |

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Parent Signature/Print Name/Date

**Each Medication Must:** Be in the original container with original labels and have the child's name written on the container. We recommend leaving non-essential medicine, vitamins and supplements at home. Only medicine noted above and signed by parent will be given to this child.

**Middle School Camp Registration Form for Campers**  
**June 24-27, 2019**

**Camper Medical Insurance Information:**

|                           |  |
|---------------------------|--|
| Name of Insurance Company |  |
| Address of Company        |  |
| Policy Number of Camper   |  |

**Parent Agreement:**

I understand every effort will be made to contact me in the case of an emergency. In the instance that I cannot be reached I hereby give permission to any physician selected by the camp director to secure proper treatment and/or hospitalize my child (including surgery). I also release the adult staff members of Mt. Elim Middle School Bible Camp to transport my child to and from any off-site activities related to the camp program of Mt. Elim.

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Parent Signature/Print Name/Date

**List Other Campers You Would Like to Room With:**

\_\_\_\_\_

\_\_\_\_\_

I Need Financial Assistance \_\_\_\_\_ (Yes/No)

I Am Able to Pay \$\_\_\_\_\_ Toward Camp.