

Staff

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

Camp Director

Len Browning

(970) 756-5926

During Camp

(970) 736-8177

REGISTER FOR CAMP BY JUNE 17

Online: 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



Mt. Elim Bible Camp

COST

\$150 per camper and \$40 per staff. 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 staff check-in no later than 12:00 pm June 24, 2019. Camp concludes on June 27, 2019 at 3:00 pm. Staff will need to stay and help clean camp and are welcome to stay until June 28, 2019 if you desire.

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

Staff 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 (if minor): _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent Name (if minor): _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contacts:

Name/Address/Phone/Relationship to Staff

Name/Address/Phone/Relationship to Staff

Middle School Camp Registration Form for Staff

June 24-27, 2019

List Contacts Permitted to Pick-Up Staff:

Name/Address/Phone/Relationship to Staff

Name/Address/Phone/Relationship to Staff

List Any Contacts NOT PERMITTED to Pick-Up Staff:

Name/Address/Phone/Relationship to Staff

Name/Address/Phone/Relationship to Staff

Staff and Parent Agreements

Staff 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.)

Staff Signature/Print Name/Date

Parent Agreement (if minor):

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.)

Parent Signature/Print Name/Date

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

Staff or Parent (if minor) Agreement:

I certify that I have or my child (if staff is a minor), _____, 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:

Staff or Parent Signature/Print Name/Date

Does the Staff Have Any Allergies?

_____ No

_____ Yes (List all allergies below):

List Any Special Dietary Requirements We Should Be Aware Of:

List Any Medical Conditions We Should Be Aware Of:

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

Staff or Parent (if minor) Permission:

I give permission to the medical staff of Mt. Elim Middle School Camp to dispense the following medications in their proper dosage to me or to my child (if staff is a minor)

_____:

Medication or Supplement	Dosage	Schedule	Parent Initials

Staff or Parent Signature/Print Name/Date

Staff or 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	

Staff or 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 staff or parent will be given to this staff or child.

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

Staff Medical Insurance Information:

Name of Insurance Company	
Address of Company	
Policy Number of Camper	

Staff or Parent Agreement:

I understand every effort will be made to contact emergency contacts or parent (if staff is a minor) in the case of an emergency. In the instance that no one can be reached I hereby give permission to any physician selected by the camp director to secure proper treatment and/or hospitalize me or my child (if staff is a minor) (including surgery). I also release the adult staff members of Mt. Elim Middle School Bible Camp to transport me or my child (if staff is a minor) to and from any off-site activities related to the camp program of Mt. Elim.

Staff or Parent Signature/Print Name/Date

Staff Position You Are Applying For:

Counselor (must be 18 or older)	
Jr Counselor	
Cook (must be 18 or older)	
Dish Crew Leader	
Dish Crew	
Other	