

2018

PRE-TEEN & CHILDREN'S CAMP

SC District Church of the Nazarene

<p><u>PRE-TEEN CAMP</u> July 18-21 Wednesday - Saturday Completed 4th, 5th, or 6th Grade Pre-Registration and Pre-Paid BY JUNE 4th <u>A charge of \$20 should be added to all applications not postmarked by June 10.</u> \$155 Concludes Saturday at 11:30AM</p>	<p>Registration for each camp is from 3:30-4:30PM Each camp begins at 4:30PM with an opening in the tabernacle. Dinner will be served at 5:00PM</p>	<p><u>CHILDREN'S CAMP</u> July 22-25 Sunday - Wednesday Completed 1st, 2nd, or 3rd Grade Pre-Registration and Pre-Paid BY JUNE 4th <u>A charge of \$20 should be added to all applications not postmarked by June 10.</u> \$155 Concludes Wednesday at 11:30 AM</p>
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**CAMP SIZE WILL BE BASESD ON THE AVAILABLE NUMBER OF QUALIFIED COUNSELORS.
 NO WALK-ON CAMPERS OR COUNSELORS WILL BE ACCEPTED.**

PACKING LIST: Bedding and Pillow (Sheets are required by state law, even with sleeping bag), Towels, Personal Hygiene Items, Bible, Modest One-Piece Swimsuit, Modest Clothes (shorts are ok for all activities/dress clothes not needed), Socks, Flashlight, Super Soaker or Water Gun (labeled with camper's name), Outfit for Wacky Tacky Banquet (Christmas Theme), Sunscreen, Refillable Water Bottle (labeled with the camper's name).

PROHIBITED ITEMS: Fireworks, Weapons, Tobacco, Drugs, Alcohol, TV, Radio, iPod or CD Player, Portable Video Games, Shaving Cream, Immodest Clothing, Money (\$10 has been added to fees for snacks). **CELL PHONES ARE NOT PERMITTED. THEY WILL BE TAKEN AT THE BEGINNING OF CAMP AND RETURNED AT THE CONCLUSION OF CAMP.**

All Counselors must be approved and pre-registered with the Camp Directors.

Pre-Teen and Children's Camp Directors
 Pastor Brandon Watts (803-427-2585 cell, bwatts5062@yahoo.com email) and
 Pastor Amanda Watts (803-427-1514 cell, ajohnson0483@aol.com email)

**RULES FOR ACCEPTANCE ARE THE SAME FOR EVERYONE
 WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, OR SEX.**

**SC District Children's Camp Registration Form
(Registration Deadline June 12)**

Please make checks payable to: **Nazarene Camp**
Mail Registration Form and Fee to:
Janice Lee, P.O. Box 645 Clearwater, SC 29822

Check One: _____ Children's Camp _____ Pre-Teen Camp
(Please note that we will assign your child(ren) to their age-appropriate camp based on the year they have completed in school)

T-Shirt Size: Youth Medium Youth Large Adult Small Adult Medium
 Adult Large Adult X-Large

Campers must be signed out of camp at the camp's conclusion (11:30AM on the final day of camp) by a parent or responsible adult.

Permission/Waiver Form

Name of Child Participant (please print) _____

Male Female

Parent(s) and/or legal guardian(s) of child participant

Address _____

Email Address _____

Daytime Phone (____) _____; Evening Phone (____) _____

Cell Phone (s) (____) _____

Age of Child _____ Birth Date _____

Academic Grade Completed _____

Local Nazarene Church _____

Health Insurance Information

Insurance Company _____

Policy Number _____

Insurance Company Phone Number _____

Medical Doctor _____ Phone number _____

Please be informed that the District Camp Insurance is a standard secondary coverage policy. This means the individual camper's or staff's primary health insurance will be billed first.

Emergency Contacts

Names of persons and telephone numbers to call in case of emergency: (other than parent)

Name _____

Relation _____

Home/Cell Phone _____ Work Phone _____

Name _____

Relation _____

Home/Cell Phone _____ Work Phone _____

Swimming Ability

- Non-swimmer
- Beginner (capable of swimming for several minutes in deep water)
- Moderate (capable of swimming several lengths of pool)
- Advanced (capable of swimming long distances)

Medical Information

Is camper under any medical care? _____ (If yes, please explain on a separate sheet of paper)

Please list any medications that the camper is currently on or has taken on a regular basis during the previous year: _____

Medications may only be dispensed from the original container. Medications must be prescribed for the camper, with the exception of over-the-counter medications and the camp nurse will not exceed the prescribed dose.

Allergies (Include medications, stings, bites, and foods): _____

Date of last Tetanus shot: _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of **SC DISTRICT CHURCH OF THE NAZARENE** is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release **SC DISTRICT CHURCH OF THE NAZARENE** and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against **SC DISTRICT CHURCH OF THE NAZARENE** or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless **SC DISTRICT CHURCH OF THE NAZARENE** and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **SC DISTRICT CHURCH OF THE NAZARENE** to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Special Events and Field Trips

I understand that the child named above or I will be participating in the events of **SC DISTRICT CHURCH OF THE NAZARENE**. I understand that during this period my child/ward or I, if I am an adult participant, may take part in activities and other activities consistent with the purposes of the church.

Publicity

On occasion **SC DISTRICT CHURCH OF THE NAZARENE** takes photographs or makes an audio or videotape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used **SC DISTRICT CHURCH OF THE NAZARENE** publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our

activities or events, and our church may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above or me, if I am participating, to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

I have read the packing list, the prohibited items and the above insurance information. I agree to abide by them. I understand if I do not abide by these rules, I have made the choice to be sent home at my own expense. I agree to pay for any damages I have incurred. I give permission for my child to leave the grounds for scheduled camp activities with adult supervision. I give permission for my camper to ride horses and pet animals that may be part of the camping experience. I give consent for the above camper to be treated by the doctor or hospital in the event of emergency or illness. All campers will be checked for head lice/nits prior to registration.

Specific elective information will be available upon request at the beginning of each camp.

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of **SC DISTRICT CHURCH OF THE NAZARENE**, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of **SC DISTRICT CHURCH OF THE NAZARENE**, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian

Date _____

Print Name of Parent or Legal Guardian

Witness Signature

Date _____