

CAMPER REGISTRATION 2008

A form is required for all children attending camp, including infants and preschoolers. Make copies of this form, medical form, and parent checklist to submit to local Children's Director.

Please Print or Type and Attach a ***Wallet-Sized Photo of Camper***

Registering For: KIDZ Camp, July 8-11, Grades 1-3 (2007-2008 school year)
 POWER Camp, July 14-18, Grades 4-6 (2007-2008 school year)

Camper: _____ Last Grade Completed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Pastor: _____ Home Church: _____

Sex: Male Female Age: _____

Request Bunk Buddy (one only, must be same grade & age): _____

Shirt Size: Youth S M L Adult S M L XL Preschool*: _____
(*For nursery and pre-school, please give shirt size 2-4, etc.)

Registration & Cost: **Make checks payable to Virginia Nazarene Sunday School Ministries**

- **Return forms** to your local Children's Director in time for them to meet the deadlines below. *In the absence of a director, send to Joyce Grambo, 8391 Atlee Road, Mechanicsville, VA 23116.*
- **Pre-registration** fee of \$30.00 (non-refundable) **must** accompany this registration.
- **Early-bird registration** is \$130.00 (\$100.00 + \$30.00 pre-registration fee = \$130.00). *Directors must submit forms that are postmarked no later than **June 1** for campers to receive discounts.*
- **Late registration** is \$150.00 (\$120.00 + \$30.00 pre-registration fee = \$150.00). *Directors must submit forms that are postmarked no later than **June 15** for registrations to be accepted.*
- Registrations postmarked **after June 15** will be returned by camp personnel.

Parent Information:

- Camp Address: Rte. 690 HC-02-373, Buckingham, VA 23921; 434-969-4557
- Camp Mailing Address: 110 P.O. Box Buckingham, VA 23921 **(Do Not Send Campers Application to this Address)**
- Camp Location: Hwy 60, 1 mile west of the intersection of Hwys. 60 and 15, near Dillwyn, VA
- **Camp registration begins at 11:00 AM on Tuesday for grades 1-3 and 11:00 AM Monday for grades 4-6.**
- Camp concludes with a Camper Award Ceremony at 9:45 AM on Friday. **Campers are released to go home following the ceremony at 10:30 AM.**
- **Please Note:** Campers are required to stay in the dorms and with their group at all times.
- **Photos will be taken during camp to advertise future camps. Will you grant permission to use photos of your child in these promotions?** Yes No

Permission Granted By: _____ Date: _____

FOR PARENTS WORKING AT CAMP

(Discount tuition - \$75.00 each Child)

Name: _____ Camp Responsibility: _____

Have you submitted a Staff Application? Yes No

Which camp are you working? KIDZ Camp POWER Camp

DO NOT Copy this form to
back of Registration form!

CAMPER MEDICAL INFORMATION

PRINT CLEARLY OR TYPE! This form must be completed, signed, and included with Camper Registration.
Attach a copy of your child's insurance card.

Camper: _____ Social Security #: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Occupation: _____ Home Church: _____

Sex: Male Female Age: _____ Date of Birth: _____

Special information the counselors and/or camp nurse should know about this camper:

Insurance Company: _____ Address: _____

Group Number: _____ Subscriber Number: _____

1. Doctor's Name: _____ Phone Number: _____

2. Doctor's Name: _____ Phone Number: _____

3. Doctor's Name: _____ Phone Number: _____

Current Medications: None Listed:

Medication Allergies: None Listed:

Food Allergies: None Listed:

Other Allergies: None Listed:

Previous Illnesses: None Listed:

Previous Surgeries: None Listed:

Further Instructions _____

Date of last tetanus shot your child received: _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENT: I hereby give my approval for emergency medical treatment by proper medical authorities necessary for my child. I waive all claims against the Virginia District Church of the Nazarene, Board, or any representatives because of injury, illness, or damage of property of the above named camper. I understand that "District Children's Ministry Camp Insurance" is secondary to my primary insurance.

Parent/Guardian: _____ Date: _____

Please Include:
➤ A recent photo of the camper
➤ A Current copy of your insurance card

PARENTS' CHECKLIST



Read and initial each section. Return registration form and fee to your local children's director by _____.

_____ **Did you include insurance information with Camper Registration form?**

_____ **Did you know/remember...?**

- not to send extra money with your child? All snacks are included in the camp fee.
- to mark **ALL** your child's personal belongings with proper identification?
- that the Camp Director is Lynn Riddle? (540-366-8701 or lrriddle@Juno.com)
- that during the camps you may call 434-969-4557 or 540-312-9190 if needed?

_____ **Did your camper pack...?**

- | | | |
|--|--|--|
| <input type="checkbox"/> Towels | <input type="checkbox"/> Soap | <input type="checkbox"/> Sheets (Required) |
| <input type="checkbox"/> Pillow | <input type="checkbox"/> Washcloths | <input type="checkbox"/> Sleeping bag or blanket |
| <input type="checkbox"/> Sweater or Jacket | <input type="checkbox"/> Bible | <input type="checkbox"/> Casual clothes (play clothes are fine) |
| <input type="checkbox"/> Beach Towel | <input type="checkbox"/> Notebook | <input type="checkbox"/> Swim Suit (no two-piece suits acceptable) |
| <input type="checkbox"/> Shower shoes | <input type="checkbox"/> Pencil or pen | <input type="checkbox"/> Shirt to wear to and from the pool |
| <input type="checkbox"/> Toothpaste | <input type="checkbox"/> Toothbrush | <input type="checkbox"/> Dirty clothes bag <input type="checkbox"/> Toiletries |
| <input type="checkbox"/> Tennis shoes | <input type="checkbox"/> Medicine <i>(must be in a labeled zip lock bag with specific instructions inside)</i> | |

_____ **Did you inspect your child's luggage before leaving for camp?**

_____ **Did these items stay at home?**

Radios, cassette players, knives, fireworks, firearms, tobacco, alcohol, two-piece swimsuits, short shorts, halter-tops, cell phones

PLEASE NOTE: Violators may be sent home!

Also, any camper who leaves the campground without permission will be sent home. Each camper is expected to obey the camp rules. This enables us to operate a safe camp for your child.

I have read this checklist and understand that any serious discipline problem or serious violation of camp rules may result in the dismissal of my child from camp.

Parent/Guardian: _____ Date: _____

_____ **Did you complete and submit your camper's registration, medical forms, and this form along with a wallet-size photo to your local children's director?**

_____ **Did you make a copy of the Parent Checklist for yourself?**