



2010 SUMMER CAMP FORMS

For the Northeast, North Texas, and
Trinity-Brazos Areas



Participant Registration

This **COMPLETED FORM** must be on file with the area **BEFORE** the camper will be permitted to enter camp. Information will only be shared with the directors of the camp and your child's counselors.

Please fill out **ONE (1) form for each camp**, if attending more than one camp.

*****Please print or type*****

| Camp Name <input checked="" type="checkbox"/> (please check) | Grade Completed | Dates |
|---|--|---------------------|
| <input type="checkbox"/> Grand Camp | Age 4 – 10 w/Grandparent | June 4 - 6 |
| <input type="checkbox"/> Discovery 1 | 2nd – 3rd w/ Parent | May 29 - 31 |
| <input type="checkbox"/> Discovery 2 | 2nd – 3rd w/ Parent | July 2 - 4 |
| <input type="checkbox"/> JYF 1 | 4 th – 5 th | June 28 - July 2 |
| <input type="checkbox"/> JYF 2 | 4 th – 5 th | July 20 - 24 |
| <input type="checkbox"/> Chi-Rho 1 (Creative Side) | 6th – 7th | June 14 - 19 |
| <input type="checkbox"/> Chi-Rho 2 (Creative Side) | 6th – 7th | June 21 - 26 |
| <input type="checkbox"/> Chi-Rho 3 (Creative Side) | 6th – 7th | July 5 - 10 |
| <input type="checkbox"/> Eighther's 1 | 8 th | July 11-17 |
| <input type="checkbox"/> Eighther's 2 | 8 th | July 25 - 31 |
| <input type="checkbox"/> Niner's Youth Conference | 9th | July 5 - 10 |
| <input type="checkbox"/> NEA CYF Conference | 9 th – 10 th – 11 th - 12 th | June 7 - 12 |
| <input type="checkbox"/> TBA CYF Conference | 10 th – 11 th – 12 th | June 14 - 19 |
| <input type="checkbox"/> NTA CYF Conference | 9 th – 10 th - 11 th – 12 th | June 21 - 26 |

Camp Name: _____ Date of Camp: _____

Participant's Name: _____ Sex: M or F Age: _____

Adult/Youth Name attending with (Grand/Discovery Camps only) _____

Address: _____ City: _____ State: _____ Zip: _____

Camper's Home Phone: (____) ____ - ____ Birth Date: ____/____/____ Grade completed: _____

Parent/Guardian's Names: _____

Mother's Phone: Home (____) ____ - ____ Office: (____) ____ - ____ Cell: (____) ____ - ____

Father's Phone: Home (____) ____ - ____ Office: (____) ____ - ____ Cell: (____) ____ - ____

E-mail Address for Camper Letter: _____ Check here for a copy in the mail, otherwise, camper letters will be sent via e-mail. They are also on-line.

T-Shirt: **YOUTH M L** or **ADULT S M L XL XXL**

Sponsoring Church: _____ Minister/Youth Minister: _____

Does the camper have previous camping experience? **YES NO** Where? _____

Please initial here ____ if you **DO NOT** want your voice, picture, image/ likeness, or video used for church promotional purposes including but not limited to web sites, flyers, slide shows at church functions, and video clips. (The Areas would seek permission for major advertisements where you would have a primary role.)

Please list anything we need to know that would make your child's camp experience a better one. Please attach additional pages if necessary. (Roommate or Small Group request may not be honored) _____

Tri-Area Participant Covenant

In the spirit of forming a positive Christian Community while at this event, I agree to the following:

- I agree to abide by the rules of the event as they are posted, announced, or given to me. I recognize that the rules are designed for the good of the whole community as well as my safety.
- I agree to participate in all group activities as they are scheduled or announced and be present for the entire event. I understand that my participation is essential to the positive experience of the whole group.
- I agree to treat others with respect. This includes, but is not limited to the way in which I behave, speak, make physical contact with others, and how I will talk about others when they are not present.
- I agree to respect the authority of the adults who have been entrusted with making this event a safe and positive atmosphere, and respect their decisions regarding community life. Likewise, I agree to be a positive role model to others by maintaining attitudes of respect, patience, courtesy, tact and maturity.
- I agree to treat the property and facilities with respect, recognizing that if damage should occur because of my negligence, I am financially responsible.
- **I agree to arrive at the event on time and remain at the event until the event has concluded.**
- I agree to refrain from the following:
 - ✓ Possession and/or use of **LEGAL** or illegal substances (including alcohol, illegal drugs, tobacco products, unreported prescription drugs, firearms, weapons, fireworks and explosive devices)
 - ✓ Sneaking out of the dorms after lights out or leaving the event facility at any time without explicit permission of the event director.
 - ✓ Sexual activity, abuse or harassment of any kind (including intercourse, exposure, inappropriate touching and/or inappropriate sexual language)
 - ✓ Willful or thoughtless destruction or abuse of property
 - ✓ Wearing inappropriate clothing. *See Tri-Area Rules for clarification.*

I understand that any violation of this covenant will bring the following specific consequences:

- Immediate expulsion from the event at the expense of the participant's family.
- If the violation involves possession of a weapon and/ or illegal substances that local law enforcement will be summoned.
- I also understand that the minister of my sponsoring church will be contacted regarding serious violations of the Code of Conduct.
- Required letter of apology to the sponsoring congregation and to the Tri-Area Camp and Conference Team before being allowed back to any event.

I have read the Participant Covenant for the Tri-Area Camp and Conference programs. I have discussed my participation with my parents and my minister/youth sponsor. I am prepared to attend Tri-Area sponsored event with a spirit of Christian cooperation and goodwill. I have read and agree to abide by the above covenant.

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

I have read the covenant and discussed it with my child/youth, who is registering for a Tri-Area event. He/she understands the consequences of violating the covenant. I affirm the efforts of the camp leaders to provide a safe camp experience and to create a positive Christian community. I expect the directors to communicate with me in the event that there is a serious violation of the covenant. I will pray for my child and other participants that God's love may be a transforming presence during this week.

PARENT'S SIGNATURE (IF A MINOR) _____ **DATE:** _____

***Minister:** I have read the covenant and am familiar with the Tri-Area policies and procedures. I affirm the efforts of the leaders to provide a safe camp experience and to create a positive Christian community. I expect the directors to communicate with me any serious violations of the covenant. I will pray for the participants this week that God's love may be a transforming presence. I know and recommend this young person for participation in the Tri-Area camp and conference program.*

MINISTER'S SIGNATURE _____ **DATE:** _____

2010 Camp Health Record Form One Per Person



Group

Name _____ Gender **M** **F** Date of Birth _____
 Parent/Guardian/Spouse's Name _____
 Parent Phone Numbers: home _____ work _____ cell _____
 Address _____ City _____ State _____ ZIP _____

Please fill insurance section out completely to expedite medical treatment.

Insurance Company _____ Group # _____
 Insurance Company Claim Address _____ Phone #: _____
 Individual/ Parent's Policy # _____ Relation of Participant to Policy: _____
 Other Insurance Information _____ Camper's SS# _____
 Emergency Contact Name _____ Relation to participant _____
 Emergency Contact Phone: home _____ work _____ cell _____
 Give dates and type of operations/accidents within the last two years _____

First Name

Circle all that apply (please note treatments below and feel free to make comments)

Allergies _____ Asthma _____ Clotting _____ Disorders _____ Convulsions _____ Diabetes _____ Fainting _____
 Freq. _____
 Ear Infections _____ High Blood Pressure _____ Hypertension _____ Headaches (frequent) _____ Incontinence _____
 Insect Sting/Bite Reactions _____ Joint Problems _____ Upset Stomach _____ Other: _____

Any chronic illnesses or regularly occurring pain (please specify) _____

List and describe all known allergic reactions _____

Immunization History (Please give date of immunization or last booster)

DTP _____ **OR** Diphtheria _____ Tetanus _____ Polio _____
 MMR _____ **OR** Measles _____ Mumps _____
 Rubella _____ Hepatitis B _____ Varicella (Chicken Pox) _____

Date of last health exam _____ Were any complicating problems noted? _____

Is the camper currently under a physician's care for any medical problems? _____

Detail any Physical, Mental, Behavioral, or Emotional Limitations _____

Has the participant ever required psychiatric counseling (including depression), hospitalization or medication? If yes, please specify.

Last Name

Activities to be discouraged _____

Activities to be encouraged _____

Please give any information that you feel will assist in camp assimilation of the participant _____

Has the participant been exposed to any contagious diseases? If so, when? _____

All MEDICATIONS (prescription & over the counter) MUST BE turned in at registration. They MUST BE IN ORIGINAL CONTAINER with original label and all instructions attached. If participant is using multiple medications, please put Medication Vials in Zip Lock Bag with Name written on it in Magic Marker. Adults must do this as well.

Is Participant taking any form of medication? Yes No

List Drugs and Dosages: _____

Has the participant had **any** recent illnesses? _____

Name of Family Physician _____ Phone _____

Name of Dentist _____ Phone _____

Name of Orthodontist _____ Phone _____

Other Doctors _____ Specialty _____ Phone _____

In order to provide the best care for all participants, updates or changes to the information on this form is the responsibility of the parents/ legal guardians. Updated medical forms will be available from your area office and online.

MINOR MEDICAL AUTHORIZATION

May Disciples Crossing give your child over the counter medications and first aid to treat them for minor aches, pains and ailments as they should become evident. All medications will be administered in accordance with manufacturer's directions and/ or with the physician on call.

YES NO Parent's Signature (if a minor) _____

EMERGENCY MEDICAL AUTHORIZATION

I, _____ (adult or legal guardians name), hereby authorize Disciples Crossing and its staff to seek and authorize emergency medical treatment for _____ (name of participant). This is to include anesthetic, medical treatment, and the performance of whatever operations or removal of tissue decided to be necessary by the attending physicians.

Signature **X** _____
(Parent signature if camper is under 18)

Please do not bring/send your child to camp if they are ill or show signs of becoming ill. Fever, Nausea, etc.

In accordance with Texas State Health Laws: If your camper should be found to have a contagious illness/disease, they will be sequestered and you will be called to pick your camper up. Disciples Crossing reserves the right to check campers to protect the health of all campers.

Refund requests must be made to your area office in compliance with their refund policy.

Last Modified on 3/3/2010

