

SUMMER

CAMP

A week filled with Fun, Friends and Faith.



FISHING

BOATING

SWIMMING

RANGE

Kidz Camp - July 11-14

completed 1st - 3rd grade

Power Camp - July 17-21

completed 4th - 6th grade

**\$50
DEPOSIT
REQUIRED**

Kidz Camp total cost - \$195 * Power Camp total cost - \$245

Deposit Due by 6-5-17

Children's Camp 2017 Registration

Complete all Forms and submit all paperwork with **FIRST PAYMENT!**

Be sure to mark each fee applicable even if only making an initial deposit.

Participant's Name: _____ Grade: _____

Kidz Camp – July 11-14, Completed Grades 1-3

Power Camp - July 17-21, Completed Grades 4-5

Non-refundable Deposit: **Due June 5**

Deposit and registration fee are due for all children under 15. **Remaining fees are in addition to deposit.** \$50 _____

Remaining Fees: **Due at or Before Camp**

Kidz Camp - Children Completed Grades 1-3 \$145 _____

Power Camp - Children Completed Grades 4-5 \$195 _____

Volunteer Under age 15 with parents \$140 _____

(Must complete separate staff application Due June 1)

After June 5th add \$50 \$50 _____

TOTAL Due \$ _____

Payments:

Mail registrations and deposit to: Pastor Mike McKenzie
1737 Wards Ferry Road
Lynchburg, VA 24502

CAMPER REGISTRATION Form 2017

KIDZ Camp, July 11-14, Completed Grades 1-3 POWER Camp, July 17-21, Completed Grades 4-5

Camper Name:

Sex: Male Female

Address: State: Zip:

Phone (H): Phone (C):

E-Mail:

Home Church: Pastor:

Last Grade Completed: Date of Birth: Age:

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

Shirt Size: Adult S M L XL XXL XXXL (Camper shirts included/leaders shirts \$15)

Media Release

"Virginia District Children's Ministries has permission to use images of my child in print, video, or digital media for the purposes of promoting and/or memorializing District Children's Camps." I do consent to the media release I do not consent to the media release.

Pickup Release

"In the event that my child would need to be picked up from the campgrounds, by someone other than a parent, the following list of persons is authorized for transportation of the child. I understand that only persons listed will be able to leave the campground with my child and that identification will be required before allowing any child to leave."

Name	Relationship to child
<input type="text"/>	

My child will travel to and from camp by way of planned transportation provided by Church.

Medical Treatment Release

"I hereby authorize medical treatment for the above named camper in case of illness or accident during the Virginia District Children's Camp as designated by the dates marked above. I hereby validate with my signature this registration form and do expressly waive any claims against the Virginia District Church of the Nazarene. And any of its boards and/or any of its representatives because of illness, injury or damage to person or property of the above named applicant in connection with, or incident to, the Virginia District Children's Camp Program."

PARENT /GUARDIAN NAME:

PARENT SIGNATURE: DATE:

CAMPER MEDICAL INFORMATION

Camper Name:

Insurance Carrier: Policy #: Subscriber:

Date of last Tetanus shot Date of Last Physical

In order that the camp nurse may properly oversee medication distribution, for your child, send all medications (prescription and OTC) your child is taking in a clear zip-lock bag with child's name. Each medication should be in original container with child's name and directions clearly labeled. These will be turned in to the nurse at registration check-in. If this information changes before the start of camp, please send clearly written updated medication instructions for the camp nurse.

Name of Medication	Dosage	Reason Taken
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>

Please check the boxes below for the medications the camp nurse is allowed to administer to your child as needed:

Tylenol (acetaminophen) Motrin (ibuprofen) Pepto-Bismol antibiotic ointment (Neosporin)

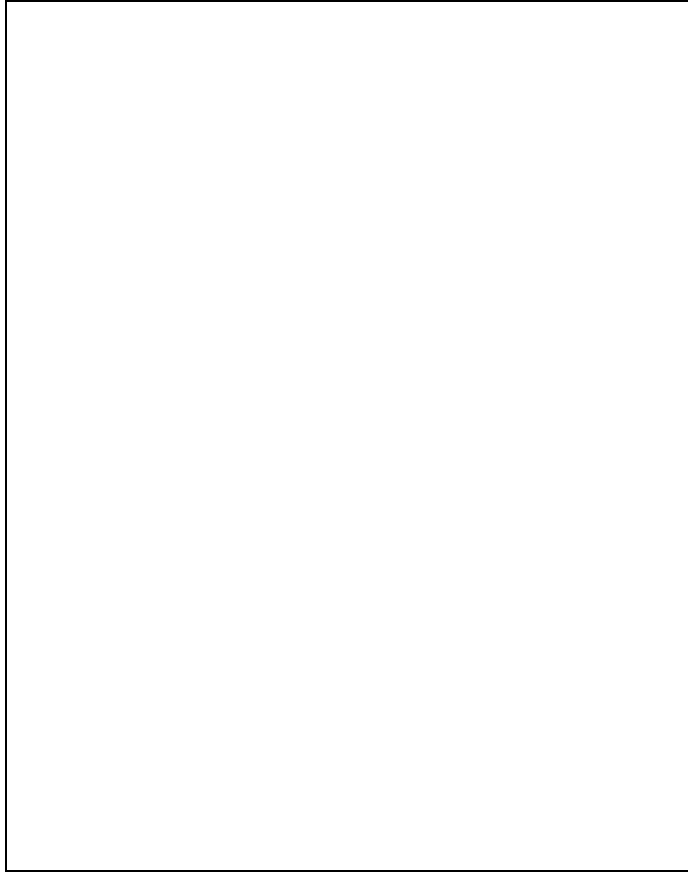
Please briefly list the child's medical conditions, special needs, allergies and restrictions that camp staff needs to know.

Medical Conditions and Special Needs

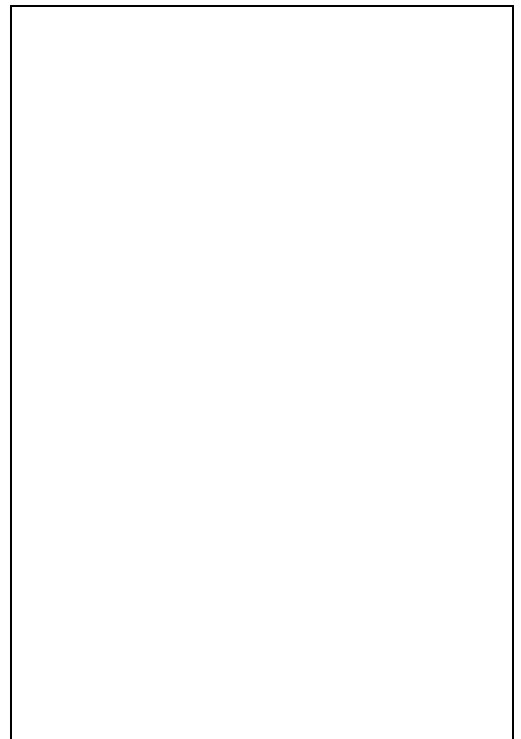
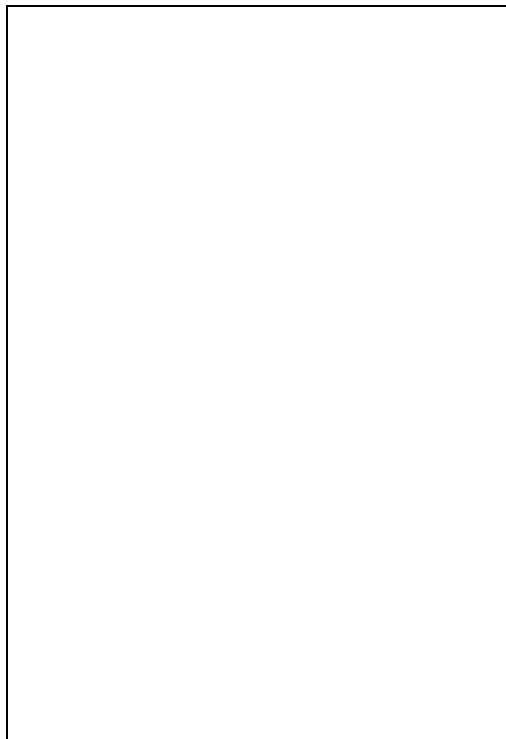
Allergies of the Camper

Restrictions from any Activities

Attach Photo Here (Required)



Attach Insurance



PARENTS' CHECKLIST- REMOVE

Read and use the following for your information to prepare your child for a great camp experience.

_____ If you did not include your child's photo and copy of insurance card with forms you must provide at camp registration.

_____ **Don't forget ...**

- Check your child for head lice. Make sure your child is lice and nit free before coming to camp.
- **You Do NOT** send extra money with your child? All snacks are included in the camp fee.
- Mark **ALL** your child's personal belongings with proper identification
- The Camp Director is Lynn Riddle. (540-366-8701 or lriddle@Juno.com)

Did your camper pack...?

- | | | |
|--|--|---|
| <input type="checkbox"/> Towels | <input type="checkbox"/> Soap | <input type="checkbox"/> Sheets (Required) |
| <input type="checkbox"/> Washcloths | <input type="checkbox"/> Beach Towel | <input type="checkbox"/> Pillow |
| <input type="checkbox"/> Sleeping bag or blanket | <input type="checkbox"/> Casual clothes | <input type="checkbox"/> Swim Suit (no bikinis) |
| <input type="checkbox"/> Sweater or Jacket | <input type="checkbox"/> Shower shoes | <input type="checkbox"/> Cover up for pool |
| <input type="checkbox"/> Bible | <input type="checkbox"/> Notebook | <input type="checkbox"/> Pencil or pen |
| <input type="checkbox"/> Toothpaste | <input type="checkbox"/> Toothbrush | <input type="checkbox"/> Toiletries |
| <input type="checkbox"/> Tennis shoes | <input type="checkbox"/> Dirty clothes bag | |

Medicine (*must be in original bottle or package, labeled and in a zip lock bag with specific instructions inside and turned in when you register the day of departure.*)

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

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

Cell Phones, Radios, iPods, iPads, Nooks, Kindles, MP3 Players, any type electronic games / knives, fireworks, firearms, tobacco, alcohol / two-piece swimsuits, short shorts, halter-tops, spaghetti straps.

Any camper who leaves the campground permission will be sent home. Each camper must obey the camp rules. This enables us to operate a safe camp for your child. Any serious discipline problem or serious violation of camp rules may result in the dismissal of a child from camp.

Parent Information: **Do not send application to Camp Address**

- Camp Address: 1151 High School Rd., Buckingham, VA 23921, 540-366-8701 (540-312-9190 After July10th)
- Camp Mailing Address: P.O. 110 Box Buckingham, VA 23921 (**Do Not Send Campers Application to this Address**)
- Camp Location: Hwy 60, 1 mile west of the intersection of Highways 60 and 15, near Dillwyn, VA