



CHILDREN'S CAMPS \$190.00

JUNIOR CAMP

Speaker: Pastor Carla Durby

Grade: 5th & 6th

June 9-13, 2008

Registration Due: MAY 25

Director: Lydia Certain

Phone: 928-772-8793

MIDDLER CAMP

Speaker: Pastor Carla Durby

Grade: 2nd, 3rd, & 4th

July 14-18, 2008

Registration Due: JUNE 29

COST: \$190.00 You must pay \$25.00 (**NON REFUNDABLE**) when pre-registering. The balance of \$165 is due the first day of camp or you may pay the entire amount when pre-registering. There will be a **LATE REGISTRATION FEE OF \$25.00 ADDED TO ANY REGISTRATIONS THAT ARE NOT POSTMARKED BY THE CAMP DEADLINE.**

Payment is to be made out to your **LOCAL CHURCH** or see your children's director". **LOCAL CHURCH** will send a church check, *payable to AZ District Children's Camps*, for payment along with registration form to **Frankie Fugate, Children's Camp Registration, 10334 E Obispo Ave, Mesa, AZ 85212**

Campers may bring spending money for snacks. The suggested maximum amount is \$15.00.

SCHEDULE: Arrival: Camp will begin at 10:00 a.m. on Monday. Departure: Camp will end at 10:15 a.m. on Friday.

WHAT TO BRING: All personal property should be marked to avoid loss. Lots of sturdy play clothes, socks, hiking shoes, bed roll or sleeping bag, pillow, wash cloth, towel, comb or brush, toiletries, flashlight, Bible, pencil, notebook, sunscreen, and chapstick. There will be water games on the field. *It is the campers' responsibility to gather his or her belongings and bring them home on the last day of camp.*

NOTE TO PARENTS: We hope that this time of Christian Camping will make a real impression on the life of your child. The major purpose of camp is the "Spiritual Development of Youth". You may write to your camper at: Camp Pinerock, 1400 Pine Drive, Prescott, Arizona, 86301. Any postcards sent will be read aloud. Any notes written on the outside of the envelope will also be read aloud in Fun Time. Please do not ask your child to phone home. This causes homesickness and provides the opportunity for 911 prank calls. The campers' schedules are quite busy and there are only two pay phones available on the campground. The collect charge is high and it becomes difficult when 200 children want to use the phone. Please help us by not asking your child to call home during the week. Your help in this matter is appreciated. It is best that you do not plan to visit the camper during the week. Please be aware that some activities are off campus. When opportunity allows students may participate in skating, swimming, bowling, and other such activities that have been included in the schedule.

RULES:

1. Camp Curfew . . . according to each scheduled camp, is to be observed by ALL.
2. Wearing apparel must be in accordance with Christian modesty.
3. Any stipulated rules or regulations given by Camp Director or restrictions to boundaries and use of property are to be observed by all.
4. There is to be no defacing or vandalism of Camp Pinerock or the property of others.
5. Pinerock believes in a non-discriminatory policy in relation to race, color, or national origin.

VISITOR REGULATIONS: NO ONE of camping age who has not registered will be allowed at camp.

Arizona District Children's Camping Ministry 2008

Church: _____ Date: _____
Camp Attending: ____ Junior Camp (June 9-13, 2008) ____ Middler Camp (July 14-18, 2008) T-Shirt Size: ____
Child or Adult

Name: _____ Age: ____ Grade: (Sept. 08) ____ Birthday: _____

Street Address: _____ City: _____ State: ____ ZIP: _____

Home Phone: _____ Work or Cell Phone: _____ MALE: ____ FEMALE: ____
Please list two phone numbers in case of an emergency that you may be reached.

PARENT / GUARDIAN PERMISSION FORM

My signature below indicates my permission for my child, _____ to attend the
District Summer Children's Camping Program at Camp Pinerock in Prescott, Arizona on _____, 2008 with
_____ Church of the Nazarene.

(local Church)

My signature below also indicates that I understand that some of the activities will take place off of the Campgrounds
and I therefore give my permission for my students to be transported by the district or local leaders to such activities.

My signature below also indicates that I have read and approve the medical treatment authorization.

Signature of Parent or Legal Guardian

Date

MEDICAL TREATMENT AUTHORIZATION

In the event of illness or injury occurring to my child while on this travel / activity, I hereby give my consent for
medical or dental care deemed necessary by the attending health care provider or dentist. My child may be examined and any
necessary procedure (medical, dental, or surgical), anesthesia, or diagnostic procedures (lab or x-ray) may be performed under
the supervision of a member of the hospital or medical office staff furnishing such services.

I further acknowledge that I am financially responsible for any medical, dental, ambulance, or other health care
expenses or transportation of my child home, which might occur as a result of such injury.

I understand that, in the event of other than minor illness or injury, reasonable effort will be made to contact me.
IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____ Relationship: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Insurance No.: _____ Group No.: _____ Date of Last Tetanus: _____

List any health problems or allergies to food or medicine:

List any medications child takes and how they are to be taken: (medication brought to camp must be in original container)

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

LIABILITY RELEASE FORM

I, _____, Release the Church of the Nazarene and any other sponsoring children's activities
from legal suit, due to injuries that may occur during church related activities.

Signature of Parent or Legal Guardian

Date

Subscribed and sworn to me this _____ day of _____, 2008.

Notary Public

Commission expires

FORM MUST BE NOTARIZED
PLEASE ATTACH A COPY OF MEDICAL INSURANCE CARD