



## CHILDREN'S CAMPS 2009

**COST: \$195.00**

### JUNIOR CAMP

Grade: 5<sup>th</sup> & 6<sup>th</sup>

June 8-12, 2009

Registration Due to District: MAY 21

Reg Due in Local Church:

### MIDDLER CAMP

Grade: 2<sup>nd</sup>, 3<sup>rd</sup>, & 4<sup>th</sup>

July 6-10, 2009

Reg Due to District: JUNE 24

Reg Due in Local Church:

Director: Pastor Frankie Fugate

Co-Director: Pastor Carl Wren

Pastor Frankie's Phone: 623-332-5516

**COST: \$195.00** You must pay \$25.00 (NON REFUNDABLE) when pre-registering. The balance of \$170 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 East 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 and we will be swimming at the YMCA. *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.

**2009 Arizona/Southern Nevada  
Children's Camping Ministry**

Church: \_\_\_\_\_  
Cabin (Camp Use Only): \_\_\_\_\_

Junior Camp ( June 8 to 12, 2009)     Middler Camp ( July 6 to 10, 2009)     Counselor/Staff

**2009 CAMP HEALTH AND RELEASE RECORD**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade (Sept 09) \_\_\_\_\_ Sex:    M    F  
 Birth Date \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Parent/Guardian 1: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email : \_\_\_\_\_  
 Parent/Guardian 2: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email : \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 If Parent/Guardians are not available in an emergency, notify:  
 1. \_\_\_\_\_ Phone: \_\_\_\_\_  
 2. \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Insurance #: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Copy of Insurance Card is attached.     Copy of Immunization Record is attached.

**IMPORTANT: Please notify the Program Director if this child has been exposed to any communicable diseases three weeks prior to coming to camp date.** Please state type of exposure:

GENERAL HEALTH QUESTIONS: does student have/or ever had:	Yes	No		Yes	No	Please provide details here for questions answered yes:
Recent Illness or Injury			Blood Clotting Problems			
Chronic or Recurring Illness or Condition (Diabetes, Cancer, etc)			Stomach/ Bowel Problems			
Surgery			Skin Problems			
Frequent Headaches			Diabetes			
Seizures			Emotional / Psychiatric Problems			
Fainting Spells or Dizziness			Walking/Orthopedic Problems			
Breathing Problems/Asthma			Vision Problems			
Heart Problems			Ear Problems			
Bed wetting			Night mares			
Sleepwalking			Other:			

ALLERGIES:	Yes	No	Unknown	Anaphylactic	Epi pen required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hay Fever					Give details, past reactions and usual treatment:
Bee Stings					
Peanuts					
Medication					
Food Allergies (Please list)					
OTHER (latex, etc.)					

(For Female) Has this person Menstruated? Yes  No  If not, has she been told about it? Yes  No

**NUTRITIONAL INFORMATION:** please check all that apply  Does not eat red meat     Does not eat pork     Does not eat eggs  
 Does not eat dairy products     Other \_\_\_\_\_

**MEDICATION:** will your child require medication while at camp?  Yes  No  Maybe

*Please bring all medications usually taken, in original containers, and enough for entire stay at camp (include an extra dose for accidental spills).  
**Prescription bottle instructions must match information provided below.***

Medication	Dose	Times taken each day	Reason/ Diagnosis	Special instructions

Please check boxes as appropriate below:

OTC Medication:	Yes	No	Dose Based on weight/age per package instructions:	Other dosage Instructions:
Acetaminophen/Tylenol			<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen/Advil/Nuprin			<input type="checkbox"/>	<input type="checkbox"/>
Antacids			<input type="checkbox"/>	<input type="checkbox"/>
Antihistamine/Allergy			<input type="checkbox"/>	<input type="checkbox"/>
Topical Hydrocortisone			<input type="checkbox"/>	<input type="checkbox"/>
Ear & Eye Drops			<input type="checkbox"/>	<input type="checkbox"/>
Skin disinfectant/antiseptic			<input type="checkbox"/>	<input type="checkbox"/>
Topical antibiotic ointment			<input type="checkbox"/>	<input type="checkbox"/>
Sun Screen			<input type="checkbox"/>	<input type="checkbox"/>
Sunburn treatment			<input type="checkbox"/>	<input type="checkbox"/>
Aloe vera			<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>

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 student to be transported by the district or local leaders to such activities.

My signature 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.

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 \_\_\_\_\_, 2009

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission expires

FORM MUST BE NOTARIZED

PLEASE ATTACH A COPY OF MEDICAL INSURANCE CARD AND IMMUNIZATION RECORD