

Preesentating...



Return This Page With Your Payment

St. John's Camp

Summer Camp 2009

July 26 - August 1, 2009

Registration Form

* Please print *

Name: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone Number: (____) _____ **Gender:** Male Female

Parent(s)/Guardian(s) Name(s): _____

Parent's Work Phone Number(s): (____) _____ (____) _____
Father Mother

School grade **Fall, 2009:** 6 7 8 9 10 11 12 College Freshman

EARLY BIRD PRICE!!! - payments made *on or before* April 1st : \$325

AFTER APRIL 1ST: \$350

TOTAL AMOUNT DUE: NO LATER THAN July 24, 2009

We must limit registrations to those who have PAID IN FULL by this date.

Make checks payable to: St. John's Camp

Memo: Summer Camp 2009

PARENTS: Please fill out, sign, and **RETURN with your payment:**

- 1) The Medical Information Form;
- 2) The Parental Release Form
- 3) The Camp Rules and Discipline Procedures Form



Camper Medical Information

Please print in ink

Medical insurance company _____ Policy # _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a—
 good swimmer fair swimmer non-swimmer
2. Does your child have allergies to—
 pollens medications food insect bites
If any, please list: _____

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap

4. Date of last tetanus shot: _____

5. Does your child wear glasses contact lenses

6. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

PLEASE RETURN THIS PAGE

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games outdoors, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Camp Director prior to coming to Camp..*

(CamperName) has my permission to attend all camp activities sponsored by St. John's Camp Programs (hereinafter the "Camp") from 7/26/2009 to 8/1/2009. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Camp and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Camp. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Camp, its board, directors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Camp, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the child named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a Camp staff member.

Parent/Guardian Signature: _____ Date: _____

PLEASE RETURN THIS PAGE

CAMPERS and PARENTS:

Please READ and SIGN

below so that any misunderstanding about camp rules and procedures can be avoided. The Camp Director and all the Camp staff members thank you in advance for your cooperation in making this year's camp a *safe* and *enjoyable* experience for everyone involved.

CAMP GUIDELINES and DISCIPLINE PROCEDURES

- No leaving the campgrounds without permission. (No driving around camp)
 - No fighting: this will be grounds for immediate dismissal.
 - No leaving your sleeping quarters after "Lights Out."
 - No skipping any *scheduled activities* without staff permission.
 - No two piece swimsuits or sexually provocative clothing. (No tank-inis)
 - **No stereos, Discman's, tape players, radios, or clock radios, PERIOD.**
(This includes counselors. We are here for a retreat from our media driven world into the long forgotten world of *Silence*. There will be a couple of radios brought down for teachings and activities. These should be the only ones there.)
 - **No Smoking**
 - No Monetary Gambling.
 - Whatever the Camp Rivervale Campground Rules are: to be explained there
- For any situation during the week that the staff believes needs some correction or improvement, the following **FOUR STEPS** will be followed:
- 1) Discussion with camper to make sure he/she understands what is asked for in the guideline.
 - 2) If the behavior persists, a formal warning will be given by staff.
 - 3) A camp privilege (s) will be suspended, such as swimming.
 - 4) If the above steps fail to remedy the situation, the camper's parents will be immediately called and asked to pick the camper up—**CAMP IS OVER.**

"I have read and understand the camp guidelines & procedures written above."

Camper Signature

Parent/Guardian Signature

Please mail this registration with your payment to:
St. John's Camp Programs
688 N 750 W
Waynetown, IN 47990

KEEP THIS PAGE



Dear Parents of Summer Campers,

Thanks so much for allowing your kids to come to our Summer Camp this year, perhaps for the first time! We believe they will have a great time, and experience a small taste of God's Kingdom that will help form them for a lifetime in His service.

We have not been able to collect everyone's camper fees in past years, even months after camp is over, and the camp programs can't afford to make up the difference. Therefore, unless other arrangements have been made prior to camp,

Each camper's FULL registration fee is due, at the LATEST, UPON ARRIVAL AT CAMP.

We must limit registrations to those who have paid in full by this time. (Please contact the Camp Director at 317-460-8574 if you have any questions regarding the cost or deadline for Summer Camp.)

Saint John's Camp knows how instrumental and formative camps can be for our youth. Our campers walk away impacted and renewed in their love for God and the people they interact with on a day to day basis. We do our best to make sure that no camper is deprived of this experience because of financial reasons. We offer partial scholarships on a first come, per needs basis. If you are unable to make a full payment for camp at the time of registration, please apply for a scholarship. We are also always willing to work out a payment plan with you! If you are unable to pay for part or all of camp, PLEASE don't skip registering simply based on monetary constraints. There are donors who contribute to the Camp's Scholarship Fund every year. Again, please just apply for a scholarship during the registration process , or contact the Camp Director, and we will work with you to ensure your campers get to come! Don't miss the camp experience because of financial reasons! Just attach this form to your child's registration with the amount of scholarship money you are requesting. Thank you!

(Due to limited resources and a desire to help as many as possible FULL SCHOLARSHIPS ARE NOT AVAILABLE.)

PLEASE RETURN THIS PAGE

(Please complete form below for scholarship consideration, and attach it to your registration form.)

Camper's Name: _____

Scholarship Amount Requested: \$ _____

Amount Enclosed: \$ _____