

Naz Kidz Summer Church Camp 2010

North Central Ohio District Church of the Nazarene

Summer Camp Application



TRANSFORMED

ROMANS 12:2

FUEL

July 31 August 3

(completed 1st, 2nd, 3rd)

Registration Deadline: July 18

\$120 (\$145 postmarked after July 18)

Send forms to:

Camp Registrar

P.O. Box 947

Mt. Vernon, Ohio 43050

August 3 -- August 7

(completed 4th, 5th, 6th)

Registration Deadline: July 18

\$135 (\$160 postmarked after July 18)

Send forms to:

Camp Registrar

8600 State Road

North Royalton, Ohio 44133

Camper's Name _____ **Gender:** Male or Female

Camper's Address _____

City _____ State _____ Zip Code _____

Date of Birth ____/____/____ Grade COMPLETED: **1st 2nd 3rd 4th 5th 6th**

Parent or Guardian's Name _____

Address _____

City _____ State _____ Zip Code _____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

E-Mail Address _____

Church Affiliation & City _____

Has this child previously attended a NCO District camp? **YES or NO**

Bunkie Request: 1st preference _____ 2nd preference _____

If camper is NOT to return home with parent, guardian or church, please indicate who is authorized to pick up your child at the conclusion of camp:

Name _____ Phone # (____) _____

Does this camper currently have a custody agreement or do not release agreement in place? **YES or NO**

If **YES**, please attach a photocopy of said agreement. This is to ensure the safety and well being of the child. Any questions or concerns may be directed to District Camp Directors: Phil Hurlbert 216.9561937 or philhurlbert@sbcglobal.net or Johnny Edler 740.383.6021 or jedler@mfcn.org Thank you for your cooperation.

With my signature, I hereby validate this application form and do expressly waive any and all claims against the NCO District Church of the Nazarene and/or any of its Boards and/or any of its representatives, because of illness, injury, or damage to the person or property of the above names applicant in condition with, or incident to, the NCO Children's Camp Program.

Parent/Guardian Signature _____ Date _____

NCO District Church of the Nazarene

Camper Medical Form

Camper's Name _____ **Gender:** Male or Female

Indicate Known Allergies: Please indicate treatment given and medications needed.

Seasonal: _____

Poison Ivy, Oak, Sumac: _____

Medications – Prescribed/Over the Counter: _____

Food: _____

Indicate Medications at Camp: Please list any and all medications to be administered at camp.

Name of Medication _____ Dosage Schedule _____

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Name of Medication _____ Dosage Schedule _____

**Medications MUST be in the original container and will not be administered otherwise.
Medication will be documented and administered by a state licensed RN.**

Dietary Restrictions or Special Needs: _____

Camper Subject to: ___fainting ___convulsions ___bed wetting ___behavioral/mental disabilities

___other – brief explanation _____

Recent Injury/Serious Illness: (brief explanation) _____

Physical/Personal Limitations: (brief explanation) _____

Emergency Contact(s)

1. Name _____ Relationship _____

Home # (____) _____ Cell # (____) _____

2. Name _____ Relationship _____

Home # (____) _____ Cell # (____) _____

I hereby give consent for the camp nurse to dispense over the counter medication, such as, but not limited to, Tylenol, Ibuprofen to the camper named above. I also hereby authorized the release of all medical information to an attending physician in case of an emergency. In the event that I cannot be reached immediately, I hereby give permission to a licensed nurse to secure proper emergency medical care for illness or injury incurred during camp for camper named above.

Parent/Guardian Signature _____ Date _____

Camper Information

Things you need to know . . .

LET'S GET REGISTERED ► Thoroughly complete the registration/medical form attached. Fill out a separate sheet for each child. Anyone not registered by the stated deadline, must contact the camp registrar regarding available space. There is an early bird price for registrations/payments made by the stated deadline. After the deadline there will be a \$25.00 late fee which will be STRICTLY ENFORCED.

PARENT COUNSELORS ► Campers whose parents apply and are accepted as a counselor or a staff member will attend camp for ½ the regular cost of camp. Please contact your Pastor, SS Superintendent, Children's Pastor or Director for more information.

BUNKIE REQUESTS ► All requests must be indicated on the camper application. We strive to honor these requests with preferably 3 and no more than 4 per church in one group.

ARRIVAL/DISMISSAL/VISITATION ► Camper **check in** will begin at **12:00 noon** on the first day of camp. All camp visitors must have prior consent of the camp director. Camper **dismissal** will be at **12:00 p.m.** the last day of camp.

COUNTY HEALTH DEPT. REQUIREMENTS ► We are mandated by the county health department to conduct head lice checks. This process is done in private and is completed by county officials. Anyone being found to have head lice and or nits will be sent home. *Refunds will be issued via USPS and could take up to 30 days to process.*

EARLY RELEASE ► Reasons for early release are as follows, but are not limited to:

1. Campers with fever, vomiting, diarrhea, etc. will be sent home by the camp medical director
2. Campers in direct violation of camp rules may be expelled by the camp director.
3. Parents or responsible party must respond to early release in a timely manner. *No refunds can be given for early release.*

GETTING PACKED ► Campers will **need to bring:**

- ✓ Sleeping Bag or sheet/blanket
- ✓ Pillow
- ✓ 2 bath towels
- ✓ Toiletries
- ✓ Shower shoes
- ✓ Complete change of clothes for each day of camp
- ✓ 2 pair of old shoes
- ✓ Swimsuit & beach towel ► girls must wear modest one piece
- ✓ Rain gear
- ✓ Insect repellent
- ✓ Flashlight
- ✓ Garbage bag for dirty clothes
- ✓ BIBLE

► Campers **DO NOT bring:**

- ✓ New clothes
- ✓ New shoes or **Skate Shoes**
- ✓ Snack food
- ✓ Video games/electronics
- ✓ Pagers/Cell Phones
- ✓ Skateboard

SEND MAIL ► Campers love to get mail from home. Camp address: **Pleasant Valley Ranch**
4023 Ohio 603
Perrysville, OH 44864-9633
(419) 938-3441

Please be advised: Campers will not be permitted to carry or use cell phones at camp. If family communication is necessary, it must be done through the camp director. This regulation is in the best interest of the campers.

Registrar's Use ONLY

Date Rec'd _____ Paid \$ _____ Cash _____ Check# _____

Scholarships: Parent/Quizzing Amount Given \$ _____ Balance Due \$ _____