



**Registration deadline:
June 20**

**2010 Camp Registration July 4-9, 2010
Tusculum Church of Christ**

Camper's Name _____ M _____ F _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Date of Birth ____/____/____ Age _____ Grade Fall 2010 _____

Would like to room with (must be in same age group): _____

T-shirt size (Cost is included in registration fee) Circle one: Child size L XL or Adult size S M L XL 2X

Camper's are not allowed to drive to/from camp. Will your child need to ride the bus (the bus will leave from/return to the church parking lot): ____ to camp on Sunday ____ return on Friday

COST: \$195 (\$185 for each additional camper in the same family.) Camp staff children: \$125 each. If you need a scholarship, you must talk to Bill Peach before turning in your application. \$25 non-refundable deposit must accompany each application. The balance is due Sunday, June 27.

PARENT INFO:

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Day phone _____ Eve. Phone _____ Cell phone _____

2nd Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Day phone _____ Eve. Phone _____ Cell phone _____

PERSON TO NOTIFY IF PARENT/GUARDIAN CANNOT BE REACHED

Name _____ Relationship to Camper _____

Day phone _____ Eve. Phone _____ Cell phone _____

Please list the people authorized to pick up this camper. _____

The undersigned does hereby give permission for my child, _____ to attend Tusculum Church of Christ Summer Camp. I do hereby release, forever discharge and agree to hold harmless Tusculum Church of Christ and its directors, employees and agents thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in Summer Camp. Furthermore, I, and on behalf of my child-participant, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall arrange for transportation home.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name (please print): _____

For Office Use Only

Date Rec'd _____
Deposit Amt _____
Balance Due _____
Total Paid _____

CAMPER NAME: _____

MEDICAL INFORMATION

Insurance (please attach a copy of your insurance card):

Insurance Company _____

Policy Number _____

Primary Physician: _____ Phone _____

ALLERGIES (please list each allergy, reaction and treatment):

MEDICATION Please list all medication, including OTC, your child is currently taking:

Medication _____ Purpose _____ Dosage _____

Medication _____ Purpose _____ Dosage _____

Medication _____ Purpose _____ Dosage _____

Medication _____ Purpose _____ Dosage _____

The Camp Nurse will hold and dispense medication following doctor's instructions. Medication must be in its original container and labeled with your child's name and instructions.

Over the Counter (OTC) medications: Please list any OTC your child may **NOT** be given:

MEDICAL HISTORY Please list any past medical problems:

I authorize the Camp Nurse to assist my child in taking the above medications. OTC medication will be administered following manufacturer guidelines. I authorize the Camp Nurse to talk with my child's physician, pharmacist, or dentist should a question come up regarding my child's health. All health information is considered confidential and will be shared only on a need-to-know basis to ensure the safety of my child. I authorize the Camp Nurse, or an adult in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name (please print): _____



Camp Information

Date: July 4-9, 2010

Location: YMCA Hargis Retreat
928 Hargis Drive
Chelsea, Alabama
(205) 678-6512

Check-In: Sunday, July 4 4:00-5:30 p.m. (Parents staying for dinner must pay \$7.75 per person.)

Pick-Up: Friday morning, July 9. Campers must be picked up by 10:00 a.m.

Campers needing to leave camp at anytime must notify your counselor and Peach or Regina. You may only leave with an adult listed on your approved "pick up/return" list. Campers are not allowed to drive to or from camp.

Dress Code Policies

1. Dress must be modest. Shorts must come within a hand's width above the knee.
2. No sleeveless shirts, tank tops, spaghetti straps, "wife beaters" or cut out shirts.
3. No tight or low cut or short shirts (belly should not show when arms are raised).
4. No clothing or hats with suggestive or foul language or pictures. No clothing or hats with drugs/alcohol/tobacco related language, pictures or logos.
5. No holes in jeans or shorts.
6. No biker shorts, cheerleading shorts, etc.
7. Everyone must cover bathing suits coming and going to pool or lake (boys wear a shirt and girls wear a shirt and shorts, no see through cover-ups). Swimsuits may only be worn during designated swim times.
8. No bikinis or guys' speedos. Girls' bathing suit must be modest one piece or tankini.
9. Footwear must be worn at all times. Flip-flops may not be worn when participating in running activities. You may want to bring shoes to wear in the lake.

Visitors

Visitors may come:

Only on Thursday

Must follow camp dress code

Must pay for meals (Breakfast - \$5.75, Lunch - \$6.75, Dinner - \$7.75)

Cannot participate in games, water sports, or any physical activities

Must leave by 9:00 p.m. – cannot spend the night

Visitors any other day or a visitor not following camp dress code will be asked to leave.

Exceptions

Church elder & spouse

Staff and their spouse

Family/friends of camper being baptized