

## Arizona Mission Center Camp Registration 2010

Senior High Camp (grades 10-12+1) June 12- 18     
  Junior High Camp (grades 7-9) July 24-30     
  Junior Camp (grades 4-6) June 12-16

**GENERAL INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_ Gender  female  male  
 Social Security Number \_\_\_\_\_ Primary Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_  
 Zip/Postal Code \_\_\_\_\_ Religious Affiliation/Home Church \_\_\_\_\_  
 Name of Parent/Guardian \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Additional Parent/Guardian Next of Kin \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Persons allowed to pick child up from event \_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCY NOTIFICATION (Please provide two persons)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

**FEE SCHEDULE Camperships available – contact pastor and THEN camp director**

If received postmarked 60 days prior to camp:      \_\_\_\_\_ \$190 Sr. High/Jr. High camp  
    \_\_\_\_\_ \$150 Jr Camp  
 If received postmarked 1-59 days prior      add \$10 to each camp  
 If received on day camp begins      add \$25 to each camp  
 If your camper brings first-time campers, subtract 10% of your total per newcomer.

*Please mail registrations forms to camp directors. Fees are due upon arrival at camp or before.*

Senior High Camp Bruce Moore 12835 E. Mercer Ln. Scottsdale, AZ 85259 480-860-5010	Junior High Camp Donald Welch 567 W. Pantera Ave. Mesa, AZ 85210 480-730-1952	Junior Camp Kim Wolf-Mercer 4532 W. Keim Dr. Glendale, AZ 85301 623-930-8157
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**MEDICAL & INSURANCE INFORMATION**

Allergy to foods, medications, plants or insects (if none, so state) \_\_\_\_\_  
 Is camper currently under a physician’s care for any acute or chronic medical condition? \_\_\_\_\_  
 If yes, please explain \_\_\_\_\_  
 Does camper carry NON-PRESCRIPTION medication? (If none, so state) \_\_\_\_\_ **If yes, consult Camp Nurse**  
 Medication(s) and purpose \_\_\_\_\_  
 Does camper carry PRESCRIPTION medications? (if none, so state) \_\_\_\_\_ **If yes, consult Camp Nurse**  
 Medication(s) and purpose \_\_\_\_\_  
 What medications has your child been on over the past 6 months? \_\_\_\_\_  
 \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Office Address \_\_\_\_\_  
 Hospital/Clinic of Choice (if applicable) \_\_\_\_\_  
 Health Insurance Provider \_\_\_\_\_ Phone \_\_\_\_\_  
 Policy Holder’s Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Other Information \_\_\_\_\_

***Please attach a copy of both sides of your insurance card.***

**HEALTH INFORMATION**

Has camper ever had any of the following? (Please check if yes and provide month and year of latest occurrence)

- anemia  appendicitis  asthma  bronchitis
 chicken pox  diabetes  epilepsy  frequent colds
 fractures (describe)  heart trouble  heart murmur
 HIV  hepatitis  kidney trouble  measles
 mumps  pneumonia  rheumatic fever  scarlet fever
 sinusitis  sore throats  tuberculosis  whooping cough
 other

Please list camper's major operations or serious injuries (describe and give dates)

Please list camper's immunization dates for the following (or attach a copy of health card)

- DPT booster diptheria booster tetanus small pox
Typhoid tuberculin measles mumps
Polio vaccine other

What contagious disease(s) has the camper been exposed to recently?

Please check any of the following conditions that apply to the camper:

- vision problems  hearing problems  hernia  fainting  diarrhea
 constipation  sleep-walking  bed-wetting  nosebleeds
 recent emotional upset - death of loved one, divorce of parents, etc. Please explain

Please describe any other medical, emotional, psychological, dietary, or physical conditions that could affect the camper's experience at event:

**Permission for Medical Treatment**

I, the undersigned parent, legal guardian, or next of kin, hereby authorize any necessary medical treatment for this camper. I also guarantee payment of all chargers incurred during this medical treatment

Parent/Guardian signature Date

**Photo Release**

In consideration of the right of the camper to participate in this event, I give consent to and authorize the taking of photographs or videotapes in which the applicant may appear. I waive all right of privacy in and to any said photographs or videotapes.

Parent/Guardian signature Date

**Activity Consent**

I specifically consent to the camper's participation in this event. I certify that the camper has the necessary skills to participate in any of the approved activities (e.g., boating is approved, camper can swim). I specifically do NOT want the camper to participate in the following activities:

Parent/Guardian signature Date

**Liability Release**

The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to prove a safe accident-free environment, incidents may occur. In consideration for being accepted by Congregation/Mission Center, Community of Christ, or participation in this event, we do for ourselves (and on behalf of my child-participate) hereby release forever, discharge, and agree to hold harmless the camp and the Community of Christ, and the directors 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 this event. Furthermore, we (and on behalf of my child-participant) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participating in recreating and work activities involved therein. Further, authorization and permission is given to said organization to furnish any necessary transportation, food, and lodging for this participant. The undersigned further agrees to hold harmless and indemnify said organization, its directors, employees, and agents, for any liability sustained by said organization as the result of negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto. Both parents must sign unless parents are separated or divorced, in which case custodial parent must sign.

Parent/Guardian signature Date

Parent/Guardian signature Date

## Camp Rules (Campers and Parents Review Together)

Camp should be an enjoyable time of sharing and growing together. These rules will help us have a better and safer camp. Parents are responsible for reviewing the following rules with their camper, and by sending their camper, parents agree to come to the campground to pick up their camper should it become necessary due to violations of camp rules. Campers are responsible for complying with camp rules and may be asked to leave the campgrounds for violations of camp rules.

1. **PARTICIPATION:** Campers are required to attend all activities, on time, unless excused in advance by staff.
2. **COOPERATION:** Campers will be under the supervision of counselors and other staff members, and must be cooperative. Campers will be assigned responsibilities including dining hall cleanup and setup, cabin cleanup, and camp cleanup. Campers must be helpful, supportive and cooperative.
3. **CLOSED CAMPGROUND:** Campers are not permitted to leave the campgrounds, except for supervised activities, without prior permission of the camp director. Campers are not encouraged to bring a car to camp, but if it necessary for a camper to drive to camp, the car keys must be turned in to the camp director upon arrival and returned to the camper when the camp is over.
4. **ELECTRONIC DEVICES:** Campers are not encouraged to bring electronic devices. Specific rules regarding electronic devices are left to the discretion of the camp director. The Community of Christ is **NOT** responsible for lost or damaged personal electronic devices.
5. **ALCOHOL, TOBACCO, or DRUGS: **Strictly Prohibited****
6. **FIREARMS OR FIREWORKS: **Strictly Prohibited****
7. **HEALTH AND SAFETY:** All medications whatsoever must be turned into the camp nurse upon arrival. The nurse will see that the drugs are dispensed as needed. Campers should be healthy upon arrival.
8. **PRIVACY:** Campers are prohibited from being in a cabin area and bathroom that is designated for the opposite sex.

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_