

***BOYS that have completed 2nd, 3rd, 4th, 5th or 6th grade***

**Early Bird- $195 (registered by 6-12-17)**

**Regular Price- $205 (registered by 7-3-17)**

**Late Registration $225 (registered after 7-4-17)**

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_

Sex: Male Grade completed: 2 3 4 5 6

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Father’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell/Work: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Mother’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell/Work: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Emergency Contact (if parents can’t be reached): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Other relevant custody information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church bringing Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roommate request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp T-Shirt (included in the price of camp)

**Youth:** Small Medium Large **Adult:** Small Medium Large XL XXL

**MEDICAL INFORMATION for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(camper’s name)

* Please provide a photocopy of medical insurance card (front & back).
* Medications: Please follow the following guidelines for the safety of your child and the camp nurse:
* Medication must be in the ***original container***
* The container must be specific as to when and how much should be taken
* Please attach a detailed ***list*** of all medications to be taken, the amount and when they should be taken.
* Over-the-counter medications: May the nurse administer over-the-counter medications/topicals for minor symptoms such as headaches, indigestion, diarrhea, constipation, insects, etc. YES \_\_\_ or NO \_\_\_
* Known allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Special Needs: Please list any conditions/special needs (physical or behavioral) or medical information that is important for the camp to know. (Examples: autism, asthma, epilepsy, allergic to stings, assistance with personal hygiene, bed wetting)

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**Indemnity and permission to get treatment for**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(camper’s name)

*I hereby authorize Pinecrest Camp and any designated Camp Director or Representative to consent to x-ray, examination, anesthetic, medical or surgical diagnosis, treatment or hospital care to be given to the named minor in the event of illness or injury. I authorize any physician or surgeon duly licensed to practice in the state of Missouri to examine and/or treat my child when the need for such examination or treatment is immediate and when efforts to contact me are unsuccessful. I further consent to examination of the minor child by a duly licensed physician with contacting me for the purpose of ascertaining whether or not any treatment or care may be required, and what, if any, activities or limitations thereon may be appropriate for the minor child during camp.*

*I also will not hold Pinecrest Camp or the Missouri District Church of the Nazarene or any of its representatives responsible in the event my child incurs loss or injury because said child has failed to follow the rules of safety set forth by this camp.*

Assent to abide by camp rules & guidelines

*We, parents and camper, agree to abide by the rules and guidelines set forth by the Missouri District Church of the Nazarene Children’s Camp Council and Pinecrest Campgrounds. I understand that if our child does not abide by these rules and guidelines he will be sent home without a refund. This includes a Closed Camp Policy, and the list of items campers a NOT to bring.*

Early departure

*We want each camper to be able to experience the entire week of camp without interruption. We highly recommend that you, as the parent, do whatever you can to allow your child to enjoy the benefits of the entire week. However, we realize that some campers may need to leave early. If you are aware of any such issue, let us know what day and time you will be picking up your child. Please be mindful that, once your child leaves, he cannot return to finish the week, and there will be no refund.*

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_

Camper’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Notarization required for application acceptance.)

Notary: