

Missouri District Boys Camp Application 2019

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

ELECTIVES: Please number from 1-12 (1 being your favorite 12 being least favorite). Limited space is available. You will get to participate in 3 electives this year.

_____ Basketball _____ Legos _____ Rockets _____ Soccer

_____ Board Games _____ Nature Hike _____ Ropes Course _____ Worship Team

_____ Drama _____ Ping Pong _____ Science Experiments

_____ Duct Tape _____ Putt Putt _____ Shooting

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.

Missouri District Boys Camp Application 2019

- **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:** _____

FOOD ALLERGIES

All food is ordered for several camps at a time and the kitchen staff are cooking for hundreds of people at one time and unless it is a medical allergy, which the nurses will coordinate with the kitchen staff before camp, they will not be able to accommodate food preferences (vegan, no meat, etc) There are several options available, there is always a salad bar with a variety of choices, vegetables, cheeses, etc. Thank you for understanding, we want every child to come to camp and have a great experience.

- **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)

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.

Missouri District Boys Camp Application 2019

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: _____