

DALLAS DISTRICT KIDZ KAMP APPLICATION 2017



MONDAY, JULY 17 - FRIDAY, JULY 21

A COLLAGE OF FUN!

FRIENDS, GAMES, SWIMMING, CRAFTS AND LOTS OF FUN!

AT

SCOTTSVILLE CAMP AND CONFERENCE CENTER IN SCOTTSVILLE, TX

REGISTRATION INFORMATION

CHECKS PAYABLE TO: RICHARDSON CHURCH OF THE NAZARENE

****EARLY BIRD RATE*: \$190 by Sunday, June 4***

Fee & Application turned in to RCN CHILDREN'S MINISTRY

LATE REGISTRATION: \$225 by Wednesday, June 28

Fee & Application turned in to RCN CHILDREN'S MINISTRY

NO Registrations will be accepted after June 28

NO Walk up Registration

QUESTIONS CONTACT: RCN/LOCAL CAMP COORDINATOR, BESS GEIGER

District Kidz Kamp Director – Beth Bidle- Rush beth@yourchurch.org call: 214-570-5600

DALLAS DISTRICT KIDZ KAMP INFORMATION

JULY 17-JULY 21, 2017

FOR GRADES COMPLETED 1st-6th

Theme: Masterpiece – Genesis 1:27

“So God created human beings in his own likeness. He created them to be like himself. He created them as male and female.”

Participants of Camp: Completed 1st –6th grade

Dates and Times:

RCN Transportation will leave at 11am from the church.

Camp begins Monday, July 17 at 2 pm – Friday, July 21 at 11:45 am

RCN Transportation will return on Friday at 3pm to the church

Cost of Camp:

Early Registration: \$190 per camper on Sunday, June 4

Late Registration: \$225 per camper by Wednesday, June 28

NO REGISTRATION WILL BE ACCEPTED AFTER JUNE 28

Checks Payable to: Richardson Church of the Nazarene

Camp Location:

TO WRITE TO YOUR CAMPER, MAIL EARLY TO

(Name of Camper)

c/o SCOTTSVILLE CAMP AND CONFERENCE CENTER

PO BOX 307

SCOTTSVILLE, TX 75688

Physical Location:

400 Harkins Lane, Marshall, TX 75672

Camper Mail: If you would like to “send” your camper mail you can drop it off at registration with the day you would like it “delivered.”

Counselors: For the safety and security of your children and in order to have enough adult counselors for this year’s Kids Camp, each church is asked to supply at least 2 counselors. Please indicate who is coming to serve as a counselor (21 or older) **from your church** to ensure we have enough adults.

Please use the following guidelines according to the gender of the

campers: 1-7 campers: two counselors

8-14 campers: three counselors

15-21 campers: four counselors

Scholarships: A limited number of scholarships are available on a first come/first served basis. Please contact the Debbie Lindquist, district registrar for more eligibility requirements.

DISCLAIMER:

Dallas District is not responsible for any lost or stolen items you bring on the trip.

Please be aware that what you bring on the trip is your responsibility. If you are

potentially concerned your item may be stolen, broken, pawned or e-bayed, then

you may think about leaving your said item at home.

PACKING LIST

Please label all items

- Swimsuit & Cover-up
 - Tennis Shoes and an extra pair of shoes/flip flops
 - 8 Sets of not new clothes to wear and play in (1 set to play in the mud)
 - Jacket/Sweatshirt
 - Bedding
 - Pillow
 - Sleeping Bag
 - Twin Size Sheet
 - Blanket
 - Towels & Washcloths
 - Toiletries
 - Brush/Comb
 - Toothbrush/Toothpaste
 - Shampoo
 - Soap,
 - Deodorant, etc
 - Sunscreen
 - Bug Spray
 - Flashlight w/extra Batteries
 - Bible. Notebook & Pen/Pencil
 - Activity/Reading Books
 - Medicine to Check-in to the Nurse at Registration
- DO NOT BRING:** 
- Cell Phones
 - Money
 - Electronic Games & Devices
 - Spaghetti Strap or strapless shirts
 - Things that will get you in trouble (guns, fireworks, weapons, water guns, shaving cream, illegal drugs, alcohol, tobacco, etc.)

2017 Dallas District Kidz Kamp Registration Form

Camper's Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Gender(circle one): Male or Female Grade (Completed Spring '17): _____ Age: _____ Birthday: ___/___/___

T-shirt size (circle one) Youth size: Small Medium Large X-Large Adult sizes: Small Medium Large X-Large

Parent(s)/Guardian Name: _____ Cell Numbers: _____

_____ Cell Numbers: _____

Parent's E-Mail Address: _____

Local Church _____ Pastor's Name _____

Church Register With (if different than above) _____

Name of Adult Worker(s) from your church who are coming to camp: _____

Special Notes: (desired roommate, etc.) _____

Additional Emergency Contact Information

In an Emergency, parents are contacted first. List an additional contact person.

Name: _____ Relationship: _____

Phone #: _____ Cell #: _____

Camp Dismissal

I authorized camp staff to release my child to the following the individuals, other than yourself: Camper will only be released to yourself or to these listed. 1) _____ 2) _____

Camper Agreement

Camper Expectations: Respect yourself, others and the campgrounds.

- Follow the schedule
- Do not use language that is abusive to staff or fellow campers.
- Take care of the camp property (Fines for damages or vandalism are a minimum of \$50, plus cost of repairs)
- Dress Modesty. Shorts should be fingertip length and NO spaghetti straps or strapless shirts.
- Do not bring audio/video equipment, cell phones, video games, or music players

I agree to abide by all the rules of the camp and campgrounds.

Camper Signature: _____

MEDICAL INFORMATION

(PLEASE ATTACH A COPY OF INSURANCE CARD)

Family Doctor _____ Phone Number _____
Insurance Company _____ Policy Number _____
Group Number/ID Number _____ Date of Last Tetanus Booster _____
Known Allergies _____

MEDICAL HISTORY (Please circle all that apply):

- Appendix removed
- Fainting spells
- Heart problems
- Seizures
- Asthma
- Other: _____
- Diabetes
- Chicken pox
- Tuberculosis
- HIV positive
- Autism
- Prosthetics
- Sleep Walking
- Bed Wetting
- Special Needs

IF MEDICATIONS ARE TO BE GIVEN AT CAMP PLEASE COMPLETE THE AUTHORIZATION TO ADMINISTER MEDICATION FORM (SEE ATTACHMENT)

Special Medical Notes:

*****ALL STUDENTS WILL BE CHECKED FOR LICE AT REGISTRATION.
ANYONE WITH LICE WILL BE SENT HOME.
Please check your students prior to arrival a camp.**

AUTHORIZATION TO ADMINISTER MEDICATION

**** This form must be completed in its entirety to allow the required medication to be administered at camp. ****

I hereby authorize administration of the following medication(s) by the nurse at Camp Scottsville for my child:

Child's Name _____

Date of Birth (DD/MM/YYYY) _____

Signature of Parent or Guardian _____

Date Signed (DD/MM/YYYY) _____

ALL MEDICATIONS MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE/PACKAGE INCLUDING OVER THE COUNTER Medications arriving in any other fashion will NOT be accepted.

Name of Medication	Dosage	Reason/Special Instructions	Dosing Schedule						
			Breakfast	Lunch	Dinner	Bedtime	Other, specify time period	As Needed	

- Notes:
1. **All medications must be in their original container.**
 2. Prescriptions will be given in accordance with Pharmacy label instructions. The Pharmacy label must reflect the current dose to be given.
 3. Over the counter medications will be given in accordance with age guidelines shown on the label, unless accompanied with signed Doctor's Orders.
 4. Please send only the amount needed for the time of camp.
 5. Please place each camper's medications in their own gallon sized zip lock bag with Child's name shown on the bag.
 6. Medications must be given to the nurse at Camp Scottsville during registration.

ACTIVITIES STATEMENT AND AUTHORIZATION FOR MEDICAL AND SURGICAL CARE:

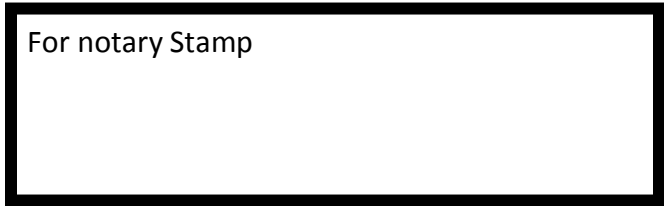
I hereby give my permission for _____ to participate in all camp- sponsored activities, including service projects on and off the campgrounds with the exception of the following: **(list restrictions. If none, state "none".)** _____

This is also a release to authorize certified personnel of the Dallas District Camp Coordinating Board to call an authorized doctor and to administer medical aid and treatment for my child at any time when they believe an emergency exists. This would include all treatment such as emergency or prescription medication, minor or major surgery, hypodermic injection (including tetanus booster), and the like. In the event of any surgical procedures or major injury, parents will be contacted by phone.

PARENT

DATE

WITNESS



Notary signature: _____

**Scottsville Camp & Conference Center
400 Harkins Lane P.O. Box 307 Scottsville Texas 75688 (903)938-5847**

**PARTICIPATION & ACTIVITIES WAIVER AND RELEASE OF LIABILITY
READ CAREFULLY**

In consideration of SCCC furnishing services and/or equipment to enable me to participate in activities, including but not limited to: swimming, biking, paintball, canoeing, paddle boating, archery, skating, basketball, volleyball, football, baseball, bonfires, fishing, low ropes course, hot air ballooning, slip and slide, tug of war, I agree as follows: I fully understand and acknowledge that; (1) risks and dangers exist in my use of equipment and my participation in activities; (2) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (3) these risks and dangers may be caused by the negligence of the owner, employees, officers or agents of SCCC: the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (4) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, weather caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of SCCC, or by any other person. I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify SCCC and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of misuse of equipment or my participation in activities, I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers, or employees of SCCC. This waiver is good until July 22, 2017

I HAVE READ THE ABOVE WAIVER AND RELEASE. BY SIGNING THIS WAIVER AND REALEASE, I AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE SCCC FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

PARTICIPANT'S NAME: _____

EXCLUDED ACTIVITIES: _____

SIGNATURE OF PARENT/GUARDIAN: _____

SIGNATURE OF PARTICIPANT: _____