

Completed Registration Packet Includes: For District Use Only

- Registration Form
- Camp Arrowhead Participation Release
- Medical Information Form
- Photocopy Shot Records
- Ropes Course Permission—junior track only

This form needed for registration—
Primary & Junior Tracks

Children's Camp Registration Form

Give this form and your check to your Pastor or Children's Director in time to be mailed by May 1, 2009.

Contact Information:

PLEASE PRINT CLEARLY

Camper Name: _____ Birthdate: ____/____/____ Age: _____ Gender: _____

Parent or Guardian: _____ E-mail: _____

Home Address: _____
(Street & Number) (City) State (Zip)

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Social Security Number: _____ - _____ - _____ Grade Completed: _____

Home Church _____ (or church attending with)

Important Information:

2 Separate Camp Weeks! - We are back to 2 separate weeks of camp because of our growth!

Camp Attending: _____ Primary (must have completed 1st-3rd grades) _____ Junior (must have completed 4th-6th grades)

Dates: PRIMARY CAMPERS July 7-10, 2009 JUNIOR CAMPERS July 13-17, 2009

Times: Camp begins at 2:00 pm with registration— Please note the registration room will not open until 2:00 pm

CAMP IS OVER AT 9:00 AM ON FRIDAY—PLEASE MAKE SURE ALL CHILDREN ARE PICKED UP!

Costs: Early Bird (pre-registered by May 1st) = \$140 PRIMARY— \$150 JUNIOR

ALL PAPERWORK (except shot records) MUST BE POSTMARKED BY JUNE 1st TO GET THE EARLY BIRD PRICE!

Regular (*postmarked by June 16th) = \$165 PRIMARY— \$175 JUNIOR

***These prices are based on the PAPERWORK being completed and turned in.**

Late (postmarked after June 16th) = \$200 PRIMARY—\$210 JUNIOR

Ropes Course Permission—only Juniors will participate

_____ YES my child has permission to participate in the Camp Arrowhead Ropes and Challenge Course.

_____ NO my child does not have permission to participate in the Camp Arrowhead Ropes and Challenge Course.

Roommate Preference:

1st Choice _____ 2nd Choice _____

Amount Paid = _____ Date Paid: _____

PASTORS: Send Applications & ONE CHURCH CHECK to:

Rena Fowler
2000 Kimberly Dr.
Arlington, TX 76010

MAKE CHURCH CHECKS PAYABLE TO **WTD NAZARENE CHILDREN'S MINISTRIES**

ALL FEES ARE NON-REFUNDABLE BUT TRANSFERRABLE

DEADLINE FOR LATE REGISTRATIONS – JULY 1! WE WILL NOT ACCEPT LATE REGISTRATIONS AFTER JULY 1!!!

IMPORTANT NOTES:

- Campers will not be guaranteed a BED if their registration is received after JULY 1.
- A photocopy of current **SHOT RECORDS** must be sent with this camper registration form
- **MEDICAL INFORMATION**—Please DO NOT photocopy the medical info page on the back of this registration form. Send them as separate pages. THANK YOU!!

Insurance Information:

INSURANCE INFORMATION: Our camp insurance is designed to provide emergency care for the camper who becomes ill or has an accident while in attendance at or participating in any properly supervised activity sponsored or approved by the Camp. Its coverage and benefits are limited.

In case your child becomes ill or has an accident while at Camp Arrowhead, the following information must be provided in full:

Do you have medical insurance coverage for your child? (circle one) YES NO If yes, please provide:

Name of Insurance Company _____ Policy or Group# _____

Complete Mailing Address _____

Phone (____) _____ Insured's Name and Social Security Number _____

I hereby authorize medical treatment for my child in case of illness or accident during camp. I authorize the release of any medical information necessary to process a claim and request payment of medical benefits to the party who accepts the assignment. I hereby approve this application form and certify to its correctness and expressly waive any and all claims against the West Texas District Church of the Nazarene and/or any of its Boards and its representatives, because of any illness, injury, or damage to the person or property of the above applicant in connection with, or incident to Camp Arrowhead. I further acknowledge that I have read and reviewed the Camp Arrowhead Policies (provided with this Application) with my child(ren) and we hereby agree to abide by each of those guidelines.

SIGNATURE OF PARENT OR GUARDIAN _____

DATE: _____

Children's Camp Medical Information Form

This form needed for registration—
Primary & Junior Tracks

The Camp Board of the West Texas District Church of the Nazarene will accept the parent/guardian filling out and signing this health history form and waiver in lieu of a physician's examination. However, for our insurance to be in effect, this form must be filled in **completely** and signed by the camper's parent or guardian.

Personal Information:

Name: _____	DOB: _____	Sex: _____	Age: _____	Height: _____	Weight: _____
Church Attending With: _____	Address: _____	City: _____	State: _____	ZIP: _____	
Known Drug Allergies: _____			SS# _____		
Personal Insurance: _____			Group/IDnumber _____		

Health History:

Check any illness the camper *has ever* experienced

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies | <input type="checkbox"/> Sinus Infections | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Dizziness/fainting | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Urinary infection | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Blood condition | <input type="checkbox"/> Earaches |
| <input type="checkbox"/> Surgeries | <input type="checkbox"/> Physical handicaps | <input type="checkbox"/> Injuries | <input type="checkbox"/> Eye condition |
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Depression | <input type="checkbox"/> Emotional problems | <input type="checkbox"/> Breathing difficulties |
| <input type="checkbox"/> Reactions to bee/insect stings | <input type="checkbox"/> Cancer | <input type="checkbox"/> High blood pressure | |

1. Explain any of the conditions checked above: _____

2. Is your child currently taking any medication(s)? NO YES

If yes, please state name of medication(s) and prescription instructions.

Medication Name _____	Dose _____	Times _____	Reason Taken _____
Medication Name _____	Dose _____	Times _____	Reason Taken _____
Medication Name _____	Dose _____	Times _____	Reason Taken _____
Medication Name _____	Dose _____	Times _____	Reason Taken _____

When brought to camp: ALL PRESCRIPTION MEDICATIONS MUST BE IN THE CONTAINER WITH THE PHARMACY LABEL AND CURRENT INSTRUCTIONS

**Note: if you use an inhaler, you must bring it to camp with you...no exceptions*

3. What non-prescription medications do you give permission for your child to take at camp?

Pain Relief or Fever Control (Tylenol, Advil, etc.) Decongestant (Sudafed, etc.) Antihistamine (Benadryl, Claritan, etc.)

Others: _____
(ANY MEDICATIONS SENT WITH YOUR CHILD MUST BE IN A CONTAINER WITH IDENTIFICATION OF MEDICATION AND DOSES TO BE GIVEN.)

4. Does your child have any condition that limits physical activity or sports? NO YES

Describe: _____

5. Date of last Tetanus injection (if unknown, please indicate such) _____

Emergency Contact:

NOTIFY: Name: _____	Relationship: _____
Home phone: (____) _____	Work phone: (____) _____
Alternate person: _____	Cell: (____) _____
Relationship to Camper: _____	Phone: (____) _____
Parent / Guardian Signature _____	Date: _____