

Midsouth Covenant Camp 2019

TO: Midsouth Conference Churches and Friends
FROM: Midsouth Covenant Camp Registrar
DATE: February 1, 2019
RE: 2019 Midsouth Camp Registration

Midsouth Covenant Camp has been a significant faith-building experience for hundreds of campers since 1989... that's 30 years! We are looking forward to another exciting week on July 28 - August 3, 2019. We ask that you will help us promote this unparalleled spiritual opportunity.

The Camper Registrations will be handled through the Midsouth Conference office. You may register by mail, FAX or scanned forms. These are important dates to remember:

- **The deadline for early registration deposits & paperwork is June 15th**
- **All registration paperwork must be submitted to the Midsouth office by July 15th**
- **All camp fees are to be paid in full by July 28th at camp check-in**

If you have questions please contact:

Kim Kelley, Midsouth Camp Registrar
302 S. 20th St., Suite A
Rogers, AR 72758
Phone (479) 631-1212 & FAX (479) 202-4678
Email: kim@midsouthcov.org

The CILT (Counselors In Leadership Training) program during camp provides an excellent opportunity for high school youth (entering grades 10-12) who are interesting in acquiring additional skills as leaders and counselors. Enclosed is a separate application and reference forms for interested students to complete and send to the above address. It must be submitted by June 1st. *Once a CILT is accepted, the camper registration forms also need to be filled out for the CILT.* The CILT will then send the completed paperwork to the camp registrar by July 15, 2019. If you have questions concerning CILTs or adult counselors, please contact Dale Lusk, the Camp Director. His contact information is (956) 458-9568 and dale.lusk@covchurch.org

Please note that we do not require medical exams, *but we DO need a copy of each camper's current immunization (shot) record submitted by July 15, 2019 with the other paperwork.

Enclosed are information sheets and registration forms for students (entering grades 2-12) who want to attend camp this summer. For additional registration forms, please copy forms just as you have received them, and collate application packets as needed. We can also email you the electronic forms so you can have them as Word documents. Please contact the Midsouth office if you want this option.

Clothing policies will be strictly enforced. Refer to the *2019 Camp Information Sheet* for details.

Camp payments can be made online! Go to www.midsouthcov.org and click on the link to the Midsouth Covenant Camp page. *Please help the Midsouth Camp save on credit card processing fees by choosing the "electronic check" payment option at online checkout.* You will receive an email confirmation of any payments made. **Please do not use the Frontier Camp website to register or make payments.**

Registration Form – 1

Please complete Registration Forms 1-4 for each camper or CILT. Fill out the Medication or Special Dietary Requests forms if needed. Mail, FAX or scan all completed paperwork (forms 1-4 & shot record) to: Midsouth Covenant Camp, 302 S. 20th Street, Suite A, Rogers, AR 72758 (FAX# 479-202-4678 or kim@midsouthcov.org)

CILTs must first apply for a position before completing these registration forms. Contact Dale Lusk for CILT questions. All camp paperwork must be postmarked by July 15, 2019. Cancellation notice must be received by July 26, 2019 for full refund. Should a camper withdraw during the camp session, no refund will be made unless a licensed physician has ordered the withdrawal because of a physical illness or accident. Please contact Kim Kelley (479-631-1212) at the Midsouth Conference office if you have questions.

| General Information | |
|--|---|
| Last name: _____ | First name: _____ Nickname: _____ |
| Parent e-mail: _____ | |
| Address: _____ | City: _____ State: ____ ZIP: _____ |
| Home phone: _____ | Birth date: _____ Male ____ Female ____ |
| Father's name: _____ | Work/cell phone: _____ |
| Mother's name: _____ | Work/cell phone: _____ |
| Camper lives with: _____ | Grade entering this fall _____ |
| Your Covenant home church: _____ If you are attending at the invitation of a friend or family member, please list your home church _____ | |
| Name of friend: _____ | Friend's church: _____ |
| Your choice of <i>one</i> cabin mate of the same age and gender group: _____ | |

| Payment Information |
|--|
| Check the appropriate option below and make checks payable to "Midsouth Covenant Camp" or go online to www.midsouthcov.org to make payments. All registration forms 1-4 must include a \$50 deposit to reserve a place for each camper. <u>All camp fees must be paid in full by July 28, 2019.</u> |
| <input type="checkbox"/> \$450 Early registration fee (\$50 deposit & paperwork due by <u>June 15</u> , and \$400 balance due July 28) |
| <input type="checkbox"/> \$350 CILT registration fee (CILT application due by <u>June 1</u> , and \$350 balance due July 28 th) |
| <input type="checkbox"/> \$500 Regular registration fee (\$50 deposit & paperwork due by <u>July 15</u> , and \$450 balance due July 28) |
| <input type="checkbox"/> My child will be receiving a scholarship from _____ (Amount \$ _____) *You are responsible for arranging the scholarship payment to be paid in full by July 28 th |

| T-Shirt Information |
|--|
| <i>Each camper will receive a camp t-shirt if registered by July 15. If you want to purchase an extra camp t-shirt (\$10 each) you must notify the camp registrar by July 15, 2019. No extra t-shirts will be available for purchase at camp.</i> |
| Check the appropriate t-shirt size: <input type="checkbox"/> Child medium <input type="checkbox"/> Adult small <input type="checkbox"/> Adult XL <input type="checkbox"/> Child large <input type="checkbox"/> Adult medium <input type="checkbox"/> Adult XXL <input type="checkbox"/> Adult large |

**Registration Form - 2
Transportation Release Form**

Every child must have this form on file in order to be accepted at camp.

Please choose from the following options and return to the registrar by July 15, 2019. *If your plans for picking up your child changes, please give a revised transportation form to the registrar by July 28, 2019.*

___ My son/daughter _____
(name)
has my permission to leave Frontier Camp with any driver from
_____ church.

___ My son/daughter _____
will be riding home with _____
(name of specific driver)

If there is someone your child should NOT be released to, please complete the following:

___ My son/daughter _____
may NOT leave the Frontier Camp facility with _____

Parent/Guardian Signature _____

Date _____ Phone _____

Registration Form - 3

| | | |
|----------------------------|-----------|--------------|
| Camper's name _____ | DOB _____ | Gender _____ |
| Parent/Guardian Name _____ | | Phone _____ |

INSURANCE AND PUBLICITY RELEASE

Midsouth Covenant Camp has limited accident and sickness insurance coverage on each camper. Expenses over and above this coverage must be paid by the primary insurance covering the camper or the responsible party. Parents or guardians must sign the following release:

I have read and understand the limited medical insurance coverage. I give permission to the staff of Midsouth Covenant Camp and/or Frontier Camp to seek the needed medical treatment, hospitalization and/or surgery for my child should an illness or accidents occur while at camp. **I understand that every effort will be made to contact the parents or guardians should a medical need arise. Permission is granted to the Midsouth Covenant Camp Ministry to use my child's photograph or likeness in Midsouth Covenant Camp publications including advertising.**

Signature of Parent or Guardian **Date**

PERSONAL INSURANCE INFORMATION

Name of family member covering child: _____

Employer _____ Insurance Company _____

Policy or ID # _____ Customer Service Phone # _____

Please check if your child does not have personal insurance coverage. Campers may attend camp even if your family does not have personal insurance coverage. Additional medical costs not covered by the limited camp insurance coverage will be the responsibility of the camper's family to pay.

EMERGENCY COMMUNICATION PROCEDURE

In the event of an emergency at camp, Midsouth Camp staff will contact parents/guardians at the emergency contact phone number listed on the registration form. A copy of the emergency contact list will also be located at the Midsouth Conference Office. If for some reason Camp staff is unable to contact parents/guardians, the Midsouth Conference office will make contact.

If parents or guardians are not available in an emergency, please notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

HEALTH HISTORY

***REQUIRED - please attach a copy of your child's current immunization (shot) record.** Please check all that apply and give approximate dates. **All medicines, prescriptions or over-the-counter drugs are to be given to the Camp Health Worker upon arrival at camp and must be in the original packaging and containers.** Medications will be administered as directed on the attached "Camper Medication Form." Dietary modifications must be noted on the "Special Dietary Request Form."

| | | |
|----------------------------|-----------------------|-----------------------|
| Recent ear infection _____ | <u>Allergies</u> | <u>Illnesses</u> |
| Heart problems _____ | Hay fever _____ | Chicken pox _____ |
| Seizures _____ | Poison ivy _____ | Measles _____ |
| Diabetes _____ | Insect stings _____ | German measles _____ |
| Behavior problems _____ | Penicillin _____ | Mumps _____ |
| Asthma _____ | Other allergies _____ | Other illnesses _____ |

Current injuries, chronic illnesses, or other important health information _____

****For campers ages 13 and older, please indicate if they are able to swim: Yes No**
(campers not able to swim or younger than 13 are required to take a swim test)

Registration Form - 4

**PARENT/GUARDIAN AUTHORIZATION, LIMITED RELEASE,
COVENANT NOT TO EXECUTE, AND MEDICAL RELEASE**

Frontier Camp, Inc. requires a parent or guardian of all minor guests or campers to sign this form before the minor participates in **any GENERAL CAMP ACTIVITIES or PROGRAMS, HORSE/EQUINE ACTIVITIES, WAKEBOARD/CABLE PARK ACTIVITIES, BOATING/AQUATIC ACTIVITIES, LAKE SWIMMING ACTIVITIES, SKATEPARK ACTIVITIES, or ROPES COURSE/CHALLENGE ACTIVITIES.**

The undersigned acknowledges that, while minors attend Frontier Camp and participate in the camp's activities and programs, certain risks and dangers may occur. The undersigned further recognizes that these risks may include physical, emotional or psychological damage or injury, not excluding fatality, due to accidents or disease that may occur or result from any general camp activities or programs, horse/equine activities, wakeboard/cable park activities, boating/aquatic activities, lake swimming activities, skatepark activities, and ropes course/challenge activities. (The undersigned acknowledges that Frontier Camp, Inc. may take photographs or video of the minor named below to be used in promotional materials.) The undersigned parent/guardian and minor understand and assume all risk of participating in the above activities, and agree to abide by all policies and procedures of Frontier Camp, Inc., in order to maintain the utmost level of safety. With respect to horse/equine activities, House Bill 280 took effect on September 1, 1995, and contains the following warning:

Warning

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE & REMEDIES CODE) A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

In consideration of the above, the undersigned, for himself or herself and on behalf of the below-named minor in any capacity, WAIVES LIABILITY and RELEASES the directors, officers, employees, and agents of Frontier Camp, Inc. in their individual capacities from any claim or judgment based on negligence or other ground of liability, whether for bodily injury, property damage or loss, or otherwise.

In further consideration of the above, the undersigned, for himself or herself and on behalf of the below-named minor in any capacity, COVENANTS NOT TO EXECUTE on any asset of Frontier Camp, Inc. or of its directors, officers, employees, or agents for any judgment or claim for negligence or otherwise. Instead, the undersigned agrees to limit the satisfaction of any judgment to the available proceeds of any applicable insurance policy of and covering Frontier Camp, Inc.

The undersigned also gives permission to the staff of Frontier Camp, Inc. to administer or obtain any **MEDICAL** attention or treatment of the minor named below for any illness, accident or injury occurring or identified during the minor's stay at Frontier Camp.

The undersigned fully understands this form, and has the capacity to sign on behalf of the minor named below.

PARENT OR GUARDIAN HAVING CUSTODY OR CONTROL:

Parent/Guardian Name printed: _____ Signature: _____

Minor's name: _____ Date: _____

Camper Medication Form

This form must be completed for any prescription or over-the-counter medication sent to camp. All medications need to be brought to camp in the original packaging and prescription containers.

Camper: _____

Cabin: _____

Please check when to give medications:

| Name of Medication | For | Dose | Break -fast | Lunch | Dinner | Bed- time | As Needed |
|----------------------------|------------|-------------|------------------------|--------------|---------------|----------------------|----------------------|
| Example: Albuterol Inhaler | Asthma | One burst | | | | | x |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |

Special medication or care instructions: _____

Parent/Guardian Signature: _____ Date: _____

Camper Special Dietary Request Form

*dietary request form must be submitted by July 15, 2019

Individual's Name: _____ Phone Number: _____

Parent/Guardian Name: _____ Email Address: _____

Age (please circle one): Child (2-12) Teen (13-17) Adult (18 +)

Group Name: Midsouth Covenant Camp Leader's Name: Dale Lusk

Food Allergies

Please check all allergies that apply and note severity and other information:

____ Peanuts / peanut products _____

____ Shellfish _____

____ Soy products – please specify _____

____ Eggs _____

**Please specify if allergy is limited to eating plain eggs or if it includes eggs used as an ingredient in another dish (i.e. baked goods, etc.).*

____ Dairy _____

**Please specify if allergy is limited to eating/drinking dairy products or if it includes dairy products as an ingredient in another dish (i.e. baked goods, etc.).*

____ Oats / grains _____

____ Tree nuts (almonds, etc.) _____

____ Corn products – please specify _____

____ Chocolate / cocoa _____

____ Other – please specify _____

Digestive Disorders (i.e. IBS, GERD, etc.) Please specify any restricted foods:

Celiac Disease and Gluten Intolerance – Please specify any special instructions:

Note: Due to the limited availability of gluten-free products near Frontier Camp, please be prepared to bring some meal alternatives to camp with you (i.e. snacks, etc.) or contact Frontier Camp immediately so other arrangements can be made.

Vegetarian – Please specify any special instructions:

Note: At this time, our kitchen is NOT equipped to accommodate requests for VEGAN options. If your diet includes vegan items, please bring food to camp with you for the week.

Diabetic – Please specify any special instructions and **circle one:** Type I Type II
