

Camp Coordinator/ Camper Registration Packet



2019 Youth Camp



**2019 Camp Coordinator
Information for Registration**

1. **Before the Camper Registration Forms are handed to parents please do the following:**
 - a. Set a deadline for parents to return Camper Registration Forms and \$60 registration deposit. *(If early bedding online was completed, the deposit is paid.) Please remember that all camps are on a first come first served basis. If early bedding was NOT completed, mail your applications as early as possible. Meeting the deadline date does not ensure acceptance to camp. The balance of \$100 will be due on the first day of camp. All campers will receive a t-shirt. That cost is now included in the full registration fee for camp. Blisters Packs are also available for pre-order at \$1.50 each.*
 - b. Fill in your personal information, church name and city on the original Camper Registration Form. Fill in the church deadline you set on the original Camper Registration Form.
 - c. Duplicate Camper Registration Forms and the Parent Information Sheet as needed.
 - d. Distribute forms to parents. It is very important that they receive all four pages of application plus the parent sheet.
 - e. Work with your pastor to make a special effort to recruit workers, both male and female, from your church to come with your students to camp. Volunteers are needed to fill the many jobs at camp.
 - f. **Please mail in volunteer worker and camper forms at the same time.**
Mail registration forms to:
Youth Camp, 10924 Interstate I-30, Little Rock, AR 72209

2. **When the Camper Registration Forms are turned in to the coordinator:**
 - a. Make sure the parent's check is made payable to the church.
 - b. Look over the application to see if the following is filled out correctly and is legible:
 - i. All registration pages are filled out completely
 - ii. Appropriate camp is circled or highlighted
 - iii. Age and gender of camper is listed
 - iv. Insurance information is filled out and complete
 - v. Emergency information/Send a copy of the completed medication form
 - vi. Parent's signature
 - vii. Make sure the camper is attending the age-appropriate camp.
 - viii. In the top right hand box, enter the camp attending and initial that the form is complete.

Due to possible cancelations and additions on the first day of camp, please only send the amount of deposit requested.

3. **Prior to Camp (approximately 2 weeks):**

- a. You will be mailed a confirmation sheet showing all campers that are registered for camp. Please check the list carefully to ensure we have the correct name and gender listed for each camper. Do NOT pay attention to room numbers (if listed) as they will probably change. The 100's and 300's are the male rooms and the 200's and 400's are the female rooms.
- b. Call the Youth Camp office at 501.455.5444 immediately with any corrections once you have thoroughly reviewed your church confirmation.
- c. Let the parents know that their student has been accepted to camp.

4. **First Day of Camp:**

- a. Assign one adult to register the students at camp. This person will need one church check for the amount due or you may use a credit card to pay the balance.
- b. Any student that has not pre-registered will need to bring a completed Camper Registration Form including the medical form and insurance form to be put on a waiting list for a bed. If a registration form is brought to camp without the proper signatures, they **WILL NOT** be allowed to stay.
- c. Beds will be released if the coordinator has not contacted the camp office at 501.624.1542 by the end of registration on the first day of camp.

Regarding Volunteer Workers . . .

All background information MUST accompany the volunteer's application. Any applications that do not include, the Authorization & Release of Info forms (a 2-page form), the National Background Check (or a \$25 payment and request for our office to run the NBC), Pastoral Recommendation and the Camp Training forms will be returned to sender which may result in that volunteer not getting a bed. The Volunteer applications and background checks **must be submitted at the same time as the camper's applications**. Mail your Child Maltreatment form to **their** office as soon as possible in order for us to receive the cleared form in our office by the deadline date of March 25. If you have any questions you may contact the camp office directly at 501.455.5444.

REMEMBER: All background checks and information are due annually. This includes:

1. **The Authorization and Release of Information forms (2 pages)**
2. **The National Background Check**
3. **The Arkansas Child Maltreatment Report (CMCR)**
4. **The Pastoral Recommendation.**

Our office can run the National backgrounds for you for \$25 per person. If your church runs them annually then you may send our office a copy, but it must be current for 2019. **The Arkansas Child Maltreatment needs to be filled out and mailed directly to THEIR office.** Do NOT mail that form to the district office. Camp Training is also required for any workers who have not completed the training in the past.

2019 Youth Camp Dates and Speakers

Camp 1: June 3-7 / Garland Owensby

Camp 2: June 10-14 / Eric Hoffman

Camp 3: June 17-21 / Lee McBride

Camp 4: June 24-28 / Jayme Montera

DRESS CODE - IT APPLIES TO ALL GENDERS, CAMPERS AND LEADERS.

- ALL CLOTHING MUST BE MODEST. IF IN DOUBT, DON'T BRING IT!
- Shorts can be worn during the daytime activities ONLY. They are NOT to be worn DURING services. Shorts should be no shorter than 2" above the knee.
- Swimsuits are to be worn in the enclosed pool area only. Please wear a modest swimsuit.
- Absolutely NO tank tops, spaghetti straps or low cut tops. Shirts should not reveal any part of your midriff or back. NO oversized armholes or sides cut out of the shirts.
- Tight fitting clothing (tops and bottoms) should be left at home. This includes yoga pants, leggings and jeggings. If you wear it, you will be asked to change.
- Shoes must be worn at all times. Shoes that cover the whole foot must be worn while at the Go-Kart track.
- For Evening Services - ABSOLUTELY NO SHORTS! - Girls/Ladies may wear modest dresses, skirts, or long pants. Dress/skirt length should touch the TOP OF THE KNEE. (Please note that the allowed length for dresses/skirts is NOT the same as shorts.) Guys/Men must wear long pants - this means clean and with no holes in them - and a shirt.
- NO hats, sunglasses, or bandanas (dew rags) are allowed in the evening services.
- IF A STUDENT OR A LEADER VIOLATES THE DRESS CODE AT ANY TIME, THEY WILL BE ASKED TO CHANGE.

Concerning food allergies.

If an adult worker or camper that is attending camp has a medically diagnosed food allergy or has a restricted diet, please contact our office at the time you send in the registration forms. Our office will need a written note from their physician stating that the said person has this medical condition. At that time, arrangements can be made for that person to bring their own food to camp. There is a refrigerator available to keep cold items in and arrangements can be made to use the microwave at meal times. We do not have the manpower or time to cook for everyone that may have food allergy issues. However, we do want to be as accommodating to as many possible. These accommodations are restricted to medical conditions only. Thank you in advance.

Arkansas District Youth Camps 2019

Camper Registration Form (grades 7 through 12)

Camp # _____
 Coordinator _____
 Initials _____

➔ Registration fee: \$160 (includes T-shirt) – Postmarked by March 25
\$185 March 26 – April 1

*All registration forms must be accompanied with a \$60.00 deposit which is NON-REFUNDABLE and NON-TRANSFERRABLE. (Deposit not required to accompany this form if participated in online early bedding.)
 The remaining balance of \$100 will be due on the first day of camp at registration.*

**Note: NO Camper Registrations will be accepted postmarked AFTER April 1, after that you must sign up on the waiting list the first day of desired camp and the fee will be \$175 if camper is admitted (t-shirt not included).
 ALL Camps and bedding are FIRST COME, FIRST SERVE.
 Meeting the deadline date does NOT secure admittance!**

Camp T-shirt: Size ___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL (T-shirts are included in the fee for all campers)

Option to pre-purchase:

Medication Blister Pack: \$1.50 each ___

Please add the additional amount due to your deposit or final balance payment.

**Parents: Make checks payable to your local church. Individual checks will not be accepted.
 NO CHECKS CAN BE CASHED AT CAMP.**

(Please Print) All registrations must be given to CHURCH CAMP COORDINATOR.

Registering through local church: City _____ Church Name _____
 Camp Coordinator's Name _____ Daytime Phone Number _____
 Coordinator's Address _____ City _____ State _____ Zip _____
 Coordinator's Email Address _____

Place an "X" in the blank beside the camp # you plan on attending.

___	Youth Camp #1: (June 3-7)	Speaker: Garland Owensby	Church Deadline: _____
___	Youth Camp #2: (June 10-14)	Speaker: Eric Hoffman	Church Deadline: _____
___	Youth Camp #3: (June 17-21)	Speaker: Lee McBride	Church Deadline: _____
___	Youth Camp #4: (June 24-28)	Speaker: Jayme Monterera	Church Deadline: _____

Camper Last Name _____ First Name _____

Date of Birth (mo/day/yr) _____ Age _____ Sex (M/F) _____ Senior Year (2019-2025) _____ Will camper be 18 or > at time of camp? _____
 Yes No

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____ Parent/Guardian Phone Number _____

Email Address _____

Emergency Contact Person _____ Emergency Phone Number _____

Is there anyone we should NOT release your child to? Please list complete name(s).

Camper's Insurance Information

The following information MUST BE COMPLETED:

Insurance Carrier

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Insurance Co. Phone Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Policy Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Group Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Subscriber

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DOB

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SS#

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Family Physician: _____

Address: _____ Physician's phone # (____) _____

Father or Guardian name: _____ Phone # (____) _____

Employer Name and Address: _____

Mother or Guardian name: _____ Phone# (____) _____

Employer Name and Address: _____ Phone# (____) _____

Please attach a copy of your insurance card (front and back).

I hereby certify that all above information is true and accurate to the best of my knowledge.

Signature _____ Date _____

Emergency Consent: I, the undersigned, parent or legal guardians of the participant, a minor, hereby authorize the director or other responsible staff acting on behalf of the Arkansas District Council, to act as my Agent, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the above emergency contact.

Parent initials _____

Waiver of Liability, Disclaimer, and Permission: I, the parent or guardian of the above named individual, acknowledge that participation in all camp-related activities necessarily involves risk of physical injury. I further acknowledge that the programs of Arkansas District Camps are primarily administered by adults, who volunteer their time. I attest that my child is physically capable to participate in this event. However, should directors, representatives or volunteers determine in their sole discretion that completion or participation in any games or events would be injurious to my child's health, or should my child become ill or injured, I consent to his or her removal and treatment by any physician or medical care provider at the direction of the event director and/or assistant. I give my permission for free use of any videotape, photographs, audiotapes, or any other visual or audio reproduction in which my student may appear by the Arkansas Assemblies of God. I release the Arkansas Assemblies of God from any liability connected with the use of picture or voice recording as part of any promotion.

Parent initials _____

Discipline/Property Consent: I understand that the Arkansas District Camps and the rented facility make rules and guidelines that my student will abide by while attending camp. I understand that if my student misbehaves and does not respond in a positive manner, I may be called to pick him/her up. Warnings will be given, but if inappropriate behavior continues, I will come and get him/her and no refund will be issued. In addition, I will pay for any damage that is done to the camp or to personal property belonging to another individual. I give permission to the camp director and/or assistant camp director to inspect the contents of any or all of my child's personal belongings, and to withhold and/or dispose of any improper or illegal contents.

Parent initials _____

Parent /Guardian Signature _____ Date _____
(Required if under age 18)

I verify that the information requested is correct and I agree to conform to all camp regulations and dress code.

Camper Signature _____ Date _____
(Required if 18 or older)

PARENTS: Please complete this medication form. List one (1) camper per form.

Please list all medications including prescriptions and/or over-the-counter drugs that will be taken at camp in the space provided below.

WILL THIS CAMPER BE TAKING MEDS (Prescription or OTC) DURING CAMP? YES _____ NO _____

ALL PRESCRIPTIONS MUST BE BLISTER PACKED.

Check here if camper requires a blister pack. If marked, these will be mailed at one time to your youth leader/camp coordinator at the church's mailing address. Do not include liquid medications or inhalers in blister packs. ALL OVER-THE-COUNTER DRUGS & INHALERS MUST BE BROUGHT IN THE ORIGINAL BOTTLE TO THE CAMP NURSE.

Please place ALL meds inside a zip lock bag with student's name & church clearly marked on the outside.

If a camper must have an inhaler with them at all times, a parent/guardian must complete the self-administration consent form enclosed in this packet.

The following information **MUST BE COMPLETED**:

Student's Name: _____

Church Attending: _____

Camp # attending: _____ Coordinator's name: _____

Is there any information we should have regarding the welfare of this camper: handicaps, restrictions, diets, etc.? If this is not enough space, please attach a detailed sheet.

Check if camper has had the following:

Measles___ Polio___ Mumps___ Chicken Pox ___ Whooping Cough ___

Date of the last MMR ___/___/___ Date of last Tetanus shot ___/___/___

Is there any activity you do not wish him/her to participate in? ___ YES ___ NO

If yes, please explain in full. _____

List any medication allergies: _____

List information concerning all medications to be given at camp by the camp nurse.

Medication (other than Tylenol)	Dosage	Time to be given



***Make a copy of this form and send with your camper's registration form. The original copy should accompany your camper's zip lock bag of medications on the first day of camp. Please include a copy of your Insurance card in case of emergency.**

MEDICATION SELF-ADMINISTRATION CONSENT FORM
(INHALER and/or AUTO-INJECTABLE EPINEPHRINE)

Camper's Name (Please Print) _____

Type of inhaler _____

This form is good for the camping year 2019. This consent form must be updated anytime the camper's medication order changes and renewed each year and/or anytime a camper changes camps.

The following must be provided for the camper to be eligible to self-administer rescue inhalers and/or auto-injectable epinephrine. Eligibility is **only** valid for this camp for the current year.

- a written statement from a licensed health-care provider who has prescriptive privileges that he or she has prescribed the rescue inhaler and/or auto-injectable epinephrine for the camper and that the camper needs to carry the medication on his/her person due to a medical condition;
- the specific medications prescribed for the camper;
- an individualized health care plan developed by the prescribing health-care provider containing the treatment plan for managing asthma and/or anaphylaxis episodes of the camper and for medication use by the camper during camp hours; and
- a statement from the prescribing health-care provider that the camper possesses the skill and responsibility necessary to use and administer the asthma inhaler and/or auto-injectable epinephrine.

If the camp nurse is available, the camper shall demonstrate his/her skill level in using the rescue inhalers and/or auto-injectable epinephrine to the nurse.

Rescue inhalers and/or auto-injectable epinephrine for a camper's self-administration shall be supplied by the camper's parent or guardian and be in the original container properly labeled with the camper's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

Campers who self-carry a rescue inhaler or an epinephrine auto-injector shall also provide the camp nurse with a rescue inhaler or an epinephrine auto-injector to be used in emergency situations.

My signature below is an acknowledgment that I understand that the Arkansas District Council of the Assemblies of God, the Arkansas District Camps, and constituents, shall be immune from civil liability for injury resulting from the self-administration of medications by the camper named above and that the camper is agreeing to maintain the inhaler and not allow any other person to use it.

Parent/Guardian Signature _____ Date _____

Arkansas District Youth Camp Info Sheet

LEADERS AND PARENTS: READ & KEEP THIS FORM FOR YOUR RECORDS!!!

OPENING AND CLOSING for camps - Registration begins at 12:30 PM on Monday. REGISTRATIONS close precisely 2 hours after opening. Campers that do not call or arrive by 2:30 PM will forfeit their beds. Camps will close at 10:30 AM on Friday. No lunch will be served on opening or closing day of camps. **ALL CAMPERS MUST BE OFF THE GROUNDS BY NOON ON THE CLOSING DAY.**

REGISTRATION INFO - The total cost of camp is \$160 (postmarked by March 25). T-shirts are included in the camp fee! Camp is first come, first serve. Meeting the deadline date does NOT secure admittance. Late registration (postmarked March 26 – April 1) will be \$185 (\$160 registration fee + \$25 late fee). The deposit of \$60, which is NON-REFUNDABLE and NON-TRANSFERABLE along with pre-purchase additional amounts (dvds & medication blister packs) are required with camper application. Any remaining balance must be paid no later than the first day of camp. Make checks out to the camper's church.

Late registrations (not postmarked by March 25), are subject to be separated from the church group in rooming and teaming. Camper registration forms will NOT be accepted postmarked after April 1. Campers pre-registered for one camp who need to transfer to another camp may do so if there is room in the camp that they wish to transfer to. However, you must contact the office if a transfer in a camp needs to take place. **On-site Registration** - Campers may show up at camp on the first day to see if they can get in a bed where a pre-registered camper did not show. A Waiting List sheet will be posted no later than 11:00 a.m. on the first day of camp for campers to sign up for a cancelled bed. At 2:30 p.m. on the first day of camp beds will be released. These **bed assignments will also be given on a FIRST COME FIRST SERVE BASIS.**
NOTE: Each on-site camper registrant must bring a camper registration form (including medications and medications permission form) completely filled out and signed by a parent or the camper will not be allowed to stay.

GENERAL INFORMATION AND POLICIES FOR PARENTS, CAMPERS, & LEADERS –

- **NO SWAPPING OF ROOMS. YOU MUST STAY WHERE YOU ARE ASSIGNED. IF ROOMING ASSIGNMENTS NEED TO CHANGE, THE DEAN WILL TAKE CARE OF THIS AFTER REGISTRATION IS CLOSED AND ALL CAMPERS ARE ACCOUNTED FOR.**
- **NO checks will be cashed at camp.**
- **NO VISITORS WILL BE ALLOWED TO VISIT CAMP AT ANY TIME WITHOUT PRIOR CLEARANCE FROM THE CAMP DIRECTOR.**
- No camper will be allowed to leave the campgrounds once they have registered until closing time, unless there is written permission from the parents/guardian and approval from the camp director. (ID must be shown at the time of check out to verify.)
- **NO shaving cream will be allowed unless for personal use.**
- All individuals must stay out of the halls and rooms of the opposite sex.
- All cars will be parked in the appropriate areas on the opening day and remain so until the closing day.
- All items left at camp must be claimed within 2 weeks of camp attended.
- Multi-media players, firearms, knives, weapons, communicative devices or clothing and other articles displaying questionable content are NOT allowed.
- Cell phones, iPods, or electronic devices are not allowed. Students found with any of these items will have them confiscated until the closing day. The AR DISTRICT will not be responsible for lost or stolen items.
- Fireworks, smoking (including e-cigarettes), alcoholic beverages, or drugs are NOT allowed on the campgrounds.
- Public Displays of Affection are not allowed.
- We reserve the right to inspect all personal belongings. The holding and/or disposal of improper contents are the right of the camp staff.
- No food or drinks are allowed in the dorm at any time. No food, including candy, should be brought or mailed to the camper.
- Friends and family can write: Camper's Name - Camp #, c/o Mountain Valley Retreat Center, 1366 N Highway 7, Hot Springs, AR 71909. (Please allow 3-4 days for delivery.)

CAMP PROPERTY DAMAGE – Charges for items broken/damaged during camp will be billed to all parties/individuals involved.

MEDICATION: ALL PRESCRIPTION MEDS MUST BE BLISTER PACKED and over-the-counter drugs, liquid meds, or inhalers must be brought in the original bottle to the camp nurse on Monday or beginning day of Camp.

INSURANCE - At least one qualified medical person is on duty during camp. Our camp provides a supplemental insurance for those injured at camp. Please include a copy of the front and back of your insurance card.

WHAT TO EXPECT AT CAMP - Amenities include air-conditioned dorms, go-carts, swimming pool, and more. Daily activities include special assemblies, awesome services, recreation and more. There is a concession stand and camp store filled with ice cream, candy, soft drinks, t-shirts, and novelties.

TELEPHONES – Camp Office (FOR EMERGENCY USE ONLY) – 501.624.1542 or AR District Office – 501.455.5444 or mcleghorn@araoq.org.

NOTE: CAMPERS WILL NOT BE ALLOWED TO USE THE PHONE OR CELL PHONES ONCE THEY ARE ON THE CAMPGROUNDS. PLEASE DON'T ASK YOUR STUDENTS TO CALL. THE ONLY CALLS ACCEPTED WILL BE EMERGENCY CALLS ONLY.

ITEMS TO BRING - Bible, sheets (for twin bed), blankets, pillow, towels, toiletries, money (cash only; no checks will be cashed at camp), swim suits, casual clothes, dress clothes for evening services. A bag for wet clothes, and a bag for dry clothes. Please clearly label all items. **Campers** are responsible for personal belongings. **AR Camps are not responsible for lost/stolen items.** Do not send irreplaceable items.

DRESS CODE –It applies to all genders - campers and leaders.

- ALL CLOTHING MUST BE MODEST. IF IN DOUBT, DON'T BRING IT!
- Shorts can be worn during the daytime activities ONLY. They are NOT to be worn DURING services. Shorts should be no shorter than 2" above the knee.
- Swimsuits are to be worn in the enclosed pool area only. Please wear a modest swimsuit.
- Absolutely NO tank tops, spaghetti straps or low cut tops. Shirts should not reveal any part of your midriff or back. NO oversized armholes or sides cut out of the shirts.
- Tight fitting clothing (tops and bottoms) should be left at home. This includes yoga pants, leggings and jeggings. If you wear it, you will be asked to change.
- Shoes must be worn at all times. Shoes that cover the whole foot must be worn while at the Go-Kart track
- For Evening Services – ABSOLUTELY NO SHORTS! – Girls/Ladies may wear modest dresses, skirts or long pants. Dress/skirt length should touch the TOP OF THE KNEE. (Please note that the allowed length for dresses/skirts is NOT the same as shorts.) Guys/Men must wear long pants – this means clean and with no holes in them – and a shirt. Also, NO hats, sunglasses, or bandanas (dew rags) are allowed in the evening service. IF A STUDENT OR A LEADER VIOLATES THE DRESS CODE AT ANY TIME, THEY WILL BE ASKED TO CHANGE.