

# Arkansas District Camps 2024 Camper Registration Form

Camp # _____
Coordinator _____
Initials _____

**Fees & Deadline:** \$60 Non-Refundable deposit required with form unless camper participated in online early bedding. The remaining balance is due on the first day of camp.

Youth Camp Registrations may not be accepted postmarked AFTER March 28.  
 Kids Camp Registrations may not be accepted postmarked AFTER April 4.  
 A \$25 late fee will apply after these dates.

**T-shirt Size:** YS\_\_\_\_ YM\_\_\_\_ YL\_\_\_\_ AS\_\_\_\_ AM\_\_\_\_ AL\_\_\_\_ XL\_\_\_\_ 2XL\_\_\_\_ 3XL\_\_\_\_ 4XL\_\_\_\_

**(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.**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Youth Camp #1:</b> \$160 (May 29-June 1) | <input type="checkbox"/> <b>Kids Camp #6:</b> \$185 (July 1-5)    |
| <input type="checkbox"/> <b>Youth Camp #2:</b> \$185 (June 3-7)      | <input type="checkbox"/> <b>Kids Camp #7:</b> \$160 (July 6-9)    |
| <input type="checkbox"/> <b>Youth Camp #3:</b> \$185 (June 10-14)    | <input type="checkbox"/> <b>Kids Camp #8:</b> \$160 (July 10-13)  |
| <input type="checkbox"/> <b>Youth Camp #4:</b> \$185 (June 17-21)    | <input type="checkbox"/> <b>Kids Camp #9:</b> \$185 (July 15-19)  |
| <input type="checkbox"/> <b>Youth Camp #5:</b> \$160 (June 24-27)    | <input type="checkbox"/> <b>Kids Camp #10:</b> \$185 (July 22-26) |

Camper Last Name  First Name

Biological Gender

Date of Birth (mo/day/yr)  Age at camp  (M/F)  In Foster Care?  Senior Year  Will camper be 18+ at time of camp? Yes  No

Address

City  State  Zip

Parent/Guardian Name  Parent/Guardian Phone Number

Email Address

Alternate 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

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Insurance Co. Phone Number

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

Policy Number

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

Group Number

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

Subscriber

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

DOB

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SS#

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Name of Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's phone # (\_\_\_\_) \_\_\_\_\_

Father or Guardian name: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

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Mother or Guardian name: \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

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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 the student's name & church clearly marked on the outside.

If a camper must always have an inhaler with them, 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 2024. This consent form must be updated anytime the camper's medication order changes and renewed each year and/or anytime a camper changes camp.

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 Camp Info Sheet

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

**OPENING AND CLOSING for camps** - Registration begins at 11:30 AM on the first day and closes at 1:30 PM. Campers who do not call or arrive by 1:30 PM will forfeit their beds. **Camps will close at 10:30 AM on the last day of the 3-day and 5-day camps. Youth Camps 1 & 5 will close at 5:00 PM on the last day.**

**Camper registration forms may NOT be accepted postmarked after March 28 (Youth Camp) or April 6 (Kids Camp) due to availability.**

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 to a camp needs to take place.

**On-site Registration** - A Waiting List sheet will be posted no later than 10:00 AM on the first day of camp for campers to sign up for a canceled bed. At 1:30 PM on the first day of camp beds will be released.

**NOTE:** Each on-site camper registrant must bring a camper registration form (including medications and medications permission form) filled out and signed by a parent or the camper will not be allowed to stay. The camp t-shirt is not available for on-site registrations.

### **GENERAL INFORMATION AND POLICIES FOR PARENTS, CAMPER, & LEADERS -**

- **IF ROOMING ASSIGNMENTS NEED TO CHANGE, THE DEAN WILL TAKE CARE OF THIS AFTER REGISTRATION IS CLOSED AND ALL CAMPERS ARE ACCOUNTED FOR.**
- 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 checkout to verify.)
- All individuals must stay out of the halls and rooms of the opposite sex.
- Multi-media players, firearms, knives, weapons, and communicative devices are not allowed. Clothing and other articles displaying inappropriate 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, and 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 is 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 to: Camper's Name - Camp #, c/o Mountain Valley Retreat Center, 1366 N Highway 7, Hot Springs, AR 71909. (Please allow 5-7 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 and checked in to the camp nurse on the beginning day of Camp.**

**SPECIAL NOTES:** Please check your child's head for headlice before camp. If a student is found to have lice during camp, they will be sent home. If a student runs a fever higher than 100.4°, they will be sent home. For students with diagnosed food allergies, personal food may be brought and stored in the designated area of the cafeteria. Special menu accommodations are not available.

**INSURANCE:** At least one qualified medical person is on duty during camp. Our camp provides 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, a swimming pool, and more. Daily activities include special assemblies, church services, recreation, and more. There is a concession stand and camp store filled with ice cream, candy, soft drinks, t-shirts, and novelties. Recommended allowance is \$5-10 per day per student.

**TELEPHONES:** Camp Office (FOR EMERGENCY USE ONLY) - 501.624.1542 or AR District Office - 501.455.5444, email at studentmin@araog.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), swimsuits, casual clothes, dress clothes for evening services, closed-toe shoes, a dirty laundry bag. Please clearly label all items. **Campers** are responsible for personal belongings.

### **DRESS CODE: Applicable to all genders - campers and leaders.**

- ALL CLOTHING MUST BE MODEST. IF IN DOUBT, DON'T BRING IT!
- Shorts can be worn during daytime activities and afternoon services ONLY. Shorts should be mid-thigh or longer.
- Swimsuits are to be worn in the enclosed pool area only. Please wear a modest swimsuit.
- 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 shirts.
- Tight-fitting clothing (tops and bottoms) should be left at home. If you choose to wear jeggings/leggings, you must have a top of appropriate length. The appropriate length will be determined by camp staff and deans.
- Shoes must always be worn. Shoes that cover the whole foot must be worn while on the Go-Kart track.
- **For Evening Services (Youth Camp)** - No shorts allowed. - 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. Also, NO hats, sunglasses, or bandanas (do-rags) are allowed in the evening service.
- Shorts are allowed in Kids Camp services. Students may change clothes if desired before each service.
- IF A STUDENT OR A LEADER VIOLATES THE DRESS CODE AT ANY TIME, THEY WILL BE ASKED TO CHANGE.