

Arkansas District Camp 4:13 Mission Trip 2024

Youth Registration Form (ages 12-17) July 29 – August 2, 2024
at Mountain Valley Retreat Center, 1366 N Hwy 7, Hot Springs, AR 71909

MAIL COMPLETED APPLICATION TO:

ARKANSAS DISTRICT A/G CAMP 4:13; 10924 INTERSTATE 30; Little Rock, AR 72209

For more information email: pam@dagchurch.com or call 479-549-7070

CAMP 4:13 is a camp for individuals with Physical or Intellectual Disabilities. You will be assigned a team to work with during the week.

Cost: \$225.00 All registrations must be accompanied with a \$100.00 pre-registration fee which is **NON-REFUNDABLE** and **NON-TRANSFERABLE**. The remaining balance of \$125 will be due the first day of camp at registration. Parents, make checks payable to Arkansas District Camp and notate "Camp 4:13". All applications must be received by July 15th.

Last Name

First Name

Date of Birth (mo/day/yr) Age Sex (M/F) Grade (fall '24)

Email Address

Address

City

State

Zip

Parent/Guardian Name

Parent/Guardian Phone Number

Alternate Emergency Contact Person

Emergency Phone Number

PERSONAL EXPERIENCE-

Circle your experience. 0-no experience 3-very experienced.

With Physically Disabled	0	1	2	3	Wheel Chair Manipulation	0	1	2	3
Transferring People	0	1	2	3	With Hearing Impaired	0	1	2	3
Sign Language	0	1	2	3	With Visually Impaired	0	1	2	3
With Intellectually Disabled									
Low functioning	0	1	2	3					
High functioning	0	1	2	3					

Can you lift a person from a wheelchair with assistance? Yes No

Please list your preferences for working at camp: (1st, 2nd & 3rd choice)

_____ I prefer to work with guests Physically Disabled Intellectually Disabled No preference

_____ I prefer to work at activities (rec time)

_____ I prefer to work with Staff Children (age 3-11)

T-Shirt Size _____

Parents must fill out medical history and sign medical release.

The following information MUST BE COMPLETED: 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.

Is there any activity you do not wish him/her to participate in? YES NO (CIRCLE ONE) If YES, please explain in full: _____

Check if camper has had the following: Measles ___ Polio ___ Mumps ___ Chicken Pox ___ Whooping Cough ___

Please give the date of the last MMR/Tetanus shot _____

List any medication your student is allergic to: _____

WILL THIS CAMPER BE TAKING MEDS DURING CAMP? YES _____ NO _____

ALL PRESCRIPTIONS MUST BE IN THE ORIGINAL CONTAINER. OVER-THE-COUNTER DRUGS MUST BE BROUGHT IN THE ORIGINAL BOTTLE TO THE CAMP NURSE. THIS INCLUDES INHALERS

Insurance Carrier _____ Insurance Co. Phone Number _____

Grid for Insurance Carrier and Insurance Co. Phone Number

Policy Number

Grid for Policy Number

Group Number

Grid for Group Number

Subscriber

Grid for Subscriber

DOB

Grid for DOB

SS#

Grid for SS#

Name and address of Family Physician: _____

Physician's phone # () _____

Father or Guardian name _____ Phone # () _____

Employer, Name and Address: _____

Mother 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 complete.

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)

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

Camper Signature _____ Date _____

REQUIRED FOR ALL APPLICANTS

Pastoral Recommendation CAMP 4:13

This section is to be completed by the applicant (please print):

VOLUNTEER APPLICANT'S LAST NAME

FIRST NAME

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MAILING ADDRESS

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CITY STATE ZIP

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AREA CODE + PHONE NUMBER

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The section below is to be filled out by the applicant's Pastor or Youth

Pastor. The applicant is applying for a staff position at Camp 4:13. He/she will be working with people who have an intellectual and/or a physical disability. We appreciate your opinion in order to utilize them in the proper capacity. Please understand that the applicant **will not be approved** without this form on file for **2024**. A member of the church's pastoral staff who has known this applicant for a minimum of 6 months should fill out this reference. This recommendation should be mailed to the AR District **without returning it to the applicant** as soon as possible.

Please complete and return this form to:

AR DISTRICT EVENTS, 10924 INTERSTATE 30, LITTLE ROCK, AR 72209.

Please return this form NO LATER than JULY 15TH.

Please understand that your responses will be held in strictest confidence.

How long have you know this applicant? _____ Does this applicant attend all church services faithfully? Yes No

List any tendencies or traits that you feel might reduce the effectiveness of the applicant in this position. _____

To your knowledge, is the applicant free from the use of tobacco, alcohol, or other drugs? Yes No

Can you vouch for the moral integrity of this applicant? Yes No

Does this applicant have adequate spiritual maturity to pray with people in the altar? Yes No

Has this person been cleared through your church child/adolescent abuse prevention policy? Yes No

Is there any information about this applicant you feel would be necessary for us to know? Yes No

If yes, please explain. _____

Do you recommend this individual to work at an Arkansas District event? Yes No

Additional comments: _____

PASTOR'S NAME (First, Last)

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DAYTIME PHONE NUMBER

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POSITION _____

Date ____/____/____

SIGNATURE _____

Arkansas District Camp Parent Sheet
PARENTS: KEEP THIS FORM FOR YOUR RECORDS!!!

OPENING AND CLOSING for camps – Required Orientation begins at 10:00 Monday morning. Transportation is not provided. ALL CAMPERS MUST BE OFF THE GROUNDS BY 2:00 ON FRIDAY.

July 29 – August 2, 2024 at Mountain Valley Retreat Center, 1366 N Hwy 7, Hot Springs, AR 71909

REGISTRATION - The total cost of camp is \$225. Pre-registration fee is \$100, which is NON- REFUNDABLE AND NON-TRANSFERABLE. The balance of \$125 is due the first day of camp.

GENERAL INFORMATION AND POLICIES –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.) All individuals must stay out of the halls and rooms of the opposite sex. #All cars will be parked in the appropriate areas on Monday and remain so until checkout on Friday. # No swapping of rooms. You must stay where you are assigned. All items left at camp must be claimed within 2 weeks of camp attended. The AR DISTRICT will not be responsible for lost or stolen items. #Fireworks, smoking, 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.

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

MEDICATION: ALL PRESCRIPTIONS MUST BE IN THE ORIGINAL BOTTLE FROM YOUR PHARMACY and over-the-counter drugs must be brought in the original bottle to the camp nurse on Monday. Please place in a zip lock bag with the student’s name clearly written on the front of the bag along with the list of medications.

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 your insurance card front and back.

WHAT TO EXPECT AT CAMP - Amenities include air-conditioned dorms, canoes, swimming pool, ropes course, and more. You will be assigned projects each day that you will be expected to complete. You will be working with Physically and Intellectually challenged youth and adults. There is a concession stand and camp store filled with ice cream, candy, soft drinks, t-shirts, and novelties.

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, 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 - ALL CLOTHING MUST BE NO SHORTER THAN 2” ABOVE THE KNEE. #Shorts can be worn. Absolutely **NO spandex shorts, boxer shorts, or shorts shorter than 2” above the knee.** Swimsuits should be modest and may be worn inside the enclosed pool area only. Abbreviated attire such as half shirts, tank tops, sundresses, spaghetti straps or crop shirts will not be allowed, and should be left at home. Shirts and dresses that have ANY part of the back missing will not be allowed. **NO oversized armholes or sides cut out of shirts.** #Tight fitting clothing (pants and shirts) should be left at home. If you bring it, you will be asked to change. ALL CLOTHING MUST BE MODEST. Shoes must be worn at all times. All services are casual attire.

TELEPHONES – Kirk Anderson – 479-549-7409
AR District Office – 501.455.5444