

\*Boy's Camp: JULY 18-23, 2010 [camp \\*for ages 11-13 OR rising 6, 7th, or 8th grades-fall 2010](#)

\*Girl's Camp: JULY 25-30, 2010 [camps start on Sunday, end on Friday 10AM after breakfast](#)

## ELK SHOALS INTERFAITH CAMP REGISTRATION

### Camper Registration/Medical Release Form

Please print clearly or type:

Please attach recent photo:

First name middle name last name home phone number:

Mailing ADDRESS: city state zip code

Age date of birth tee-shirt size: Adult S, M, L, XL grade in school (fall/2010) camper: social security number (optional)

Mother's full name Mother's Social security number: (optional)

Father's full name Father's Social security number: (optional)

e-mail address: PHONE: work # cell phone # home/other #

Person to notify in case of emergency; other than parent/guardian: name/relationship/phone number(s):

Family doctor's name: address: doctor's phone number

Medical insurance company: NAME/POLICY NUMBER: attach a photocopy (front/back) Of insurance card (REQUIRED)

NAME OF INSURED: CAMPER'S LAST TETANUS SHOT DATE: required to attend:

Name and address of employer insurance is obtained through phone number (employer):

**Please NOTE: you may choose not to release social security numbers. These numbers are only necessary in the event of emergency treatment at the hospital/emergency room, and may be provided at that time.**

Please list ANY special needs (A.D.D., etc.), medications, health conditions (such as diabetes) or allergies (bee stings, medications, foods, etc) on the above line; use another sheet if needed

*In the event that emergency treatment is required and I cannot be contacted, I give my permission for the staff of Elk Shoals United Methodist Camp to obtain any and all services required to secure the safety and health of my child. Furthermore, I hereby release the staff, board members, funding districts, and all other employees or entities affiliated with Elk Shoals United Methodist Camp from any liability arising from the above actions. I agree that the staff shall notify me as soon as reasonably possible.*

PRINT NAME of parent or legal guardian (DATE) signature of parent or legal guardian

Faith affiliation: mail application to:  
Elk Shoals United Methodist Camp  
PO BOX 208  
West Jefferson, NC 28694

Name/Phone:

Mosque Church Synagogue

For further info: Please call: 336-877-4607

**Camp Health Exam for Campers, Staff and Adults: To be completed by MEDICAL PRACTITIONER:**

*Physical exams are valid for 1 year from date of last exam.*

***A current school medical form may be substituted for this section.***

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ May participate in all camp activities

\_\_\_\_\_ May participate except for:

\_\_\_\_\_

Blood pressure: \_\_\_\_/\_\_\_\_ Pulse: \_\_\_\_\_ Height:: \_\_\_\_\_ Weight: \_\_\_\_\_

Is this individual taking prescription or over-the-counter medications? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list: Medication and Dose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this individual have allergies? Yes No

Explain: \_\_\_\_\_

*Please attach allergy treatment plan for severe allergies requiring medications*

Does the individual require a special diet? Yes No Explain:

Does the individual have special needs? Yes No Explain:

ATTACH copy of Immunization Record:

	Yes	No	Had Disease		Yes	No	Had Disease
Measles				Hepatitis B			
Mumps				Diphtheria			
Rubella				Pertussis			
Chickenpox				Polio			
Tetanus *Date _____							

Print name of medical care provider:

\_\_\_\_\_

Medical care provider's address:

\_\_\_\_\_

*street city state zip*

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date signed

**Date of Exam** \_\_\_\_/\_\_\_\_/\_\_\_\_

ELK SHOALS / AIC Interfaith Camp  
Medical ~ Photography/Videotaping ~ Travel

**Permission Form**

Camper FULL Name: \_\_\_\_\_

I, \_\_\_\_\_, hereby give my permission for the  
(print-parent's/guardians name)

health care supervisor to administer the prescribed medication to my child.

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

SIGNATURE (parent/guardian) \_\_\_\_\_ DATE \_\_\_\_\_

Please note: OVER THE COUNTER medication (including tylenol/acetaminophen/aspirin) will not be administered to minors without the express permission of the parent/guardian/attending physician.

Please list all OTC medications that may be given: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE (parent/guardian) \_\_\_\_\_ DATE \_\_\_\_\_

\*please note: all medications must be in the original container, clearly labeled with the camper's name, name of medication, and dosage.

Please use this to provide any additional information about the participant's behavior, and physical, emotional, or mental health issues (such as food/drug allergies or physical/health restrictions) about which the camp should be aware:

*In the event that emergency treatment is required and I cannot be contacted, I give my permission for the staff of Elk Shoals United Methodist Camp to obtain any and all services required to secure the safety and health of my child, including transport to the nearest treatment facility. Furthermore, I hereby release the staff, board members, funding districts, and all other employees or entities affiliated with Elk Shoals United Methodist Camp from any liability arising from the above actions. I agree that the staff shall notify me as soon as reasonably possible.*

SIGNATURE (parent/guardian) \_\_\_\_\_ DATE \_\_\_\_\_

I GIVE MY PERMISSION FOR \_\_\_\_\_, to be interviewed, photographed, or videotaped for use such as camp promotions, brochures, broadcast and news media, or internet.

SIGNATURE (parent/guardian) \_\_\_\_\_ DATE \_\_\_\_\_

I GIVE MY PERMISSION FOR: \_\_\_\_\_, to be transported in camp authorized vehicles for on-site or off-site camp planned activities.

SIGNATURE (parent/guardian) \_\_\_\_\_ DATE \_\_\_\_\_

**To: Campers Registered to Attend Camp Elk Shoals Interfaith Camp 2010**

Camp Elk Shoals staff is delighted that you have chosen to spend a week of your summer in the great outdoors! We expect that your Elk Shoals camp experience will be fun, that you will make lots of new friends and develop a sense of unity and co-operation through team exercises and character building events.

This camp will offer you the opportunity to practice your religion and observe the faith practices of the other Abrahamic faiths. Each faith group will have their own leader for Worship, and you will be asked to respect each groups prayer and worship times.

At check-in, our camp nurse will meet with you. We want to ensure that you are not running a fever or, have been in recent contact with others with communicable sickness or have any injury that would prevent you from participation in camp activities.

Also, we will go over the medication forms and you will check-in any meds that will need to be given to you during the camp week. Part-time attendance is not permitted. Campers who cannot stay for the entire program will not experience the full benefit of the camp. Disruptive campers will be sent home and parents will be responsible for their transport.

**Campers are responsible for any damage to camp property above normal wear and tear. Do not bring cigarettes, matches, alcohol, tobacco or other harmful drugs, fireworks, radios, Cell phones, electronic games, skateboards, tape or CD players to camp. We also prefer that you leave any expensive items or jewelry and monies at home, as the camp cannot be held responsible for loss. Snack foods/drinks will not be allowed in any dorm rooms and must be kept upstairs. The vending machines have been removed from the Lodge, so you will not need to bring "canteen money".**

Registration starts at 3:30 on Sunday of your camp week, and camp ends after Breakfast/ pack-up and cleaning on Friday (approx 10am)

The TOTAL fee for the Camp is 150.00. Please mail the completed registration forms and \$50.00 application fee for each camper to: (Scholarships are available-please complete form)

Elk Shoals Camp/AIC    PO Box 208    West Jefferson, NC 28694

**DEADLINE for camp application is MAY 30. NO EXCEPTIONS. If you withdraw your application by JUNE 15, your \$50.00 will be returned to you. If your child attends camp, your \$50.00 application fee will be applied to the total camp fee. The remaining \$100.00 may be paid upon arrival at camp. (Cash or Check only, sorry, we are unable to accept credit/debit cards).**

APPLICATION FOR  
CAMPER FEE SCHOLARSHIPS:

A limited number scholarships are available for campers who truly need financial assistance in order to attend camp. If you are unable to pay the full \$150.00 per camper, please complete and submit this form.

I would like to request camper scholarship assistance in the amount of:

- \$25.00
- \$50.00
- \$75.00
- \$100.00

for my child to attend Elk Shoals/AIC Interfaith Camp.

**DEADLINE for camp application is MAY 30. NO EXCEPTIONS. If you withdraw your application by JUNE 15, your \$50.00 deposit will be returned to you. If your child attends camp, your \$50.00 application fee will be applied to the total camp fee. The remaining fee due may be paid upon arrival at camp. (Cash or Check only, sorry, we are unable to accept credit/debit cards).**

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

CAMPER

NAME \_\_\_\_\_

## INTERFAITH CAMPERS:

The following checklist is a good guide for packing:

---

- Laundry bag (to store your dirty clothes)
- Blanket or Sleeping Bag
- Twin size sheets for bunk bed, pillow and pillowcase
- Towels/washcloths
- Toiletries (soap,shampoo,deodorant,toothpaste/brush, Personal items, etc.)
- CLOTHES for both COOL AND WARM WEATHER
- Light jacket or rain poncho
- LOTS OF SOCKS
- AT LEAST TWO PAIRS OF TENNIS SHOES OR SHOES SUITABLE FOR HIKING
- River Shoes (to wade/fish/swim-old tennis shoes may be used)**  
**(barefoot wading is not permitted)**
- Strap-less shoes, or open toed shoes will not be allowed on hikes or for games.
- Swimwear and tee-shirt for swimming (to prevent sunburns)  
Swimmers will be required to wear tee-shirts for swimming/water activities (no exceptions).
- Sunscreen **(NON-AEROSOL)**
- WATER/CANTEEN BOTTLE (label with camper name)

**ALL CLOTHING AND SHOES must be labeled with camper name or initials.**

**All MEDICATIONS must be properly labeled and in the Original container.**

*See you at camp!*

*Pete and Peggy and Staff*

