

Bible Camp 2016 Application



Sign-up Deadline
May 29

Dates: June 26-July 1, 2016

Location: Valley View

Camper Information:

Name: _____ M___ F___ Birthday: ___/___/___

Address: _____ City: _____ State ___ Zip _____

Grade in school for Fall 2016 _____ T-shirt Size: S M L XL 2XL 3XL

Will your child need a ride to church building on the bus on Friday- Yes No

There will be no bus on the way to camp on Sunday.

Other siblings attending camp: _____

Parent Information:

Parent/Guardian Name: _____

Day Phone _____ Evening Phone _____ Cell _____

Second Parent/Guardian Name: _____

Day Phone _____ Evening Phone _____ Cell _____

Emergency Contact If parent/guardians cannot be reached:

Name: _____ Relationship to student: _____

Day Phone _____ Evening Phone _____ Cell _____

People Cleared to pick up your student:

Is your student cleared to ride with another teen to come home Friday: Yes No

Which student(s) _____

Permission and Liability Release:

The undersigned does hereby give permission for my child, _____ to attend Tusculum Church of Christ Summer Camp. I do hereby release, forever discharge and agree to hold harmless Tusculum Church of Christ and its directors, employees and agents thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in Summer Camp. Furthermore, I, and on behalf of my child-participant, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. It be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall arrange for transportation home.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

***Keep this page to aid you as you pack and prepare for camp!**

Pricing Information

- \$170- First Student from a family
- \$160- Second Student from the same family
- \$150- Third Student from same family
- Free- Fourth Student from same family

A Few notes about pricing:

- This year all canteen and craft charges are built into registration.
- If any spots remain available after the May 29th deadline, you may register late, but you will be subject to a \$30 late charge. No registration will be accepted after June 12.
- The balance is due Sunday, June 12.

Scholarships:

If you need a scholarship, you must talk to Bill Peach before turning in your application & get his signature here: _____

Other Information:

Camper Ages: Campers must be 9 years old by the first day of camp to attend camp. Eight year olds may attend if a parent attends camp with him/her.

Camp Location:

Valley View Camp
7352 Swift Rd
Grennbrier, TN 37073
615-448-7890

Check-in: Sunday June 27 3:00-4:30 PM

Pick-up: Friday, July 1 by 10:00 AM

***If a camper must check out of camp early, please check out with your counselor, Peach, or Chris Kirby**

Packing List

- A Bible with your name in it.
- Pencil/pens and notebook
- Sleeping bag or twin sheets and blanket and pillow
- Towels and wash cloths- it's a good idea to have your name on them
- Toiletries- Please bring your own soap, toothpaste, toothbrush, etc... It's good to have a bag to keep these items in.
- A swimsuit and cover up if you want to swim
- Flashlight
- Jacket or sweatshirt in case we have a cool evenings. A rain jacket or pancho is also a good idea.
- Shoes: shower shoes, old shoes that can get dirty and wet, possibly an extra pair.
- Bag for dirty clothes. We do not want dirty stinking clothes all over our cabins!
- Blanket for sitting on the ground
- A hat
- Sunscreen and bug spray
- A great, Jesus focused attitude!

Dress Code Expectations:

- Modesty!
- Shorts should be within one hand length above the knee
- No sleeveless shirts, tank tops (guys or girls!), spaghetti straps, or cut out shirts
- No tight, low cut, or short shirts (belly should not show with raised arms)
- Keep in mind we could get wet, white shirts are discouraged.
- No profanity, inappropriate pictures, or drug/alcohol/tobacco related material
- No holes in pants or shirts
- No biker shorts, cheerleading shorts, or short running shorts
- Anyone (guys or girls) should have something to cover-up while going between cabins and the pool or lake. Swimsuits should only be worn during swimming times.
- Swimwear- No bikinis for girls- please wear modest one-piece or tankini swimsuits that covers the stomach. Guys- no tight Speedo type trunks.
- Footwear should always be worn outside of cabins. Flip-flops will not be permitted during running activities. This is for the safety of our students. If you'd like to play in the lake you might want to have shoes you can wear in the water.

Visitors

Any nonpaying visitor to camp must keep these things in mind:

- No one may visit any day other than Thursday unless preapproved by Chris or Peach.
- Visitors must follow camp dress code
- Visitors must pay for meals (B.fast- \$5; Lunch- \$6; Dinner- \$7)
- Visitors cannot participate in games, water sports, or any physical activities
- Visitors must leave by 9:00 PM and may not spend the night without preapproval.

Medical Information Page

Camper Name _____

Insurance (please attach a copy of your insurance card)

Insurance Company: _____ Policy # _____

Primary Physician: _____ Phone _____:

Allergies (please list each allergy, reaction, and treatment

Medication Please all medication, including OTC, your child is currently taking:

Medication: _____

Purpose: _____ Dosage _____ Times: _____

Medication: _____

Purpose: _____ Dosage _____ Times: _____

Medication: _____

Purpose: _____ Dosage _____ Times: _____

**The Camp Nurse will hold and dispense medication following doctor's instructions. Medication must be in its original container and labeled with your child's name and instructions.*

List any medication (including OTC) your child may NOT be given:

MEDICAL HISTORY Please list any past medical problems:

I authorize the Camp Nurse to assist my child in taking the above medications. OTC medication will be administered following manufacturer guidelines. I authorize the Camp Nurse to talk with my child's physician, pharmacist, or dentist should a question come up regarding my child's health. All health information is considered confidential and will be shared only on a need-to-know basis to ensure the safety of my child. I authorize the Camp Nurse, or an adult in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print): _____