

TO: Midsouth Covenant Churches
FROM: Midsouth Covenant Camp Registrar
DATE: March 31, 2010
RE: Camper registration forms and CILT applications for 2010 Camp

Midsouth Covenant Camp has been a significant faith-building experience for hundreds of campers for 20 years. We are looking forward to another exciting week, August 8-14, 2010. We ask that you will promote this unparalleled spiritual opportunity at your church. This year the *Camper Registration* will be handled through the Midsouth Conference office. You may register by mail, FAX, email (PDF files) or register online (see information below). If you have questions please contact:

Midsouth Camp Registrar
302 S. 20th St., Suite A
Rogers, AR 72758
Phone: (479) 631-1212
Email: office@midsouthcov.org

You may also contact Dale Lusk, Camp Director (see contact information below).

The CILT (Counselors In Leadership Training) program during camp provides an excellent opportunity for high school youth who are interesting in acquiring additional skills as leaders and counselors. Enclosed is a separate application for interested students to complete and send to Dale Lusk. It must be submitted by June 1st.

Dale's contact information is:

1614 Thornwood Dr.
Mission, TX 78574
Phone: (956) 458-9568
Email: dale@covmerge.org

Once a CILT is accepted, Dale will mail the application packet to the CILT. The CILT will then send the completed packet to the camp registrar.

Enclosed are information sheets and *five* registration forms for children and junior high youth who want to attend camp this summer. For additional registration forms, please copy forms front to back just as you have received them, and collate application packets as needed. Note that Registration Form 5 (Adult) is to be signed by adult counselors age 18 and older. Registration Form 5 (Child) is for children under age 18 and is to be signed by a parent or guardian. We will also Email you the forms so you can have them as Word documents.

Frontier Camp's clothing policies will again be strictly enforced this year.

*Camp registration is now available online! Go to www.midsouthcov.org and click on the link to the Midsouth Covenant Camp. Payment can be made online or by mail. You will receive an email confirmation and a link to fill out forms #2-5 (form #1 is done online).

Registration Form - 3

Camper's name _____	DOB _____	Gender _____
Parent/Guardian Name _____	Phone _____	
Address _____	City _____	State _____ ZIP _____

INSURANCE AND PUBLICITY RELEASE

Midsouth Covenant Camp has limited accident and sickness insurance coverage on each camper. Expenses over and above this coverage must be paid by the primary insurance covering the camper or the responsible party. Parents or guardians must sign the following release:

I have read and understand the limited medical insurance coverage. I give permission to the staff of Midsouth Covenant Camp and/or Frontier Camp to seek the needed medical treatment, hospitalization and/or surgery for my child _____ should an illness or accidents occur while at camp. **I understand that every effort will be made to contact the parents or guardians should a medical need arise. Permission is granted to the Midsouth Covenant Camp Ministry to use my child's photograph or likeness in Midsouth Covenant Camp publications including advertising.**

Signature of Parent or Guardian

Date

PERSONAL INSURANCE INFORMATION

Name of family member covering child: _____

Employer _____ Insurance Company _____

Policy or ID # _____ Customer Service Phone # _____

Please check if your child does not have personal insurance coverage.

EMERGENCY CONTACTS

If parents or guardians are not available in an emergency, please notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

HEALTH HISTORY

Please check all that apply and give approximate dates. All medicines, prescriptions or non-prescriptions, are to be given to the Camp Nurse upon arrival at camp. Medications will be administered as directed.

Recent ear infection _____	<u>Allergies</u>	<u>Illnesses</u>
Heart problems _____	Hay fever _____	Chicken pox _____
Seizures _____	Poison ivy _____	Measles _____
Diabetes _____	Insect stings _____	German measles _____
Behavior problems _____	Penicillin _____	Mumps _____
Asthma _____	Other allergies _____	Other illnesses _____

Operations or serious injuries _____

Chronic or recurring illnesses _____

Dietary modifications required _____

Details/comments/other restrictions/medication requirements _____

Registration Form - 4 Required Health and Physical Examination

Notice to Parent/Guardian: **American Camping Association guidelines REQUIRE that you take your child to his/her health care provider for a physical exam prior to camp. This is to ensure that he/she is physically able to participate in the activities of camp and, at the time of the exam and is free of any communicable diseases. A physical exam performed any time within 24 months prior to the start of camp is acceptable. This could be an exam required for sports, scouting, or the like. Your health care provider's general physical form is acceptable.**

Health and Physical Examination	
<p>Date of exam _____ Height _____ Weight _____ B/P _____ Vision _____</p> <p>Wear glasses/contacts? Yes ___ No ___</p> <p>The above named person is currently under treatment for a chronic medical condition: ___ Yes ___ No If "Yes", please describe condition and treatment:</p> <p>_____</p> <p>_____</p> <p>The above named person is currently under treatment for an acute medical condition: ___ Yes ___ No If "Yes", please describe condition and treatment:</p> <p>_____</p> <p>_____</p> <p>Has this person been under treatment for any type of seizure disorder? ___ Yes ___ No If "Yes", please describe type and treatment:</p> <p>_____</p> <p>_____</p> <p>Does this person routinely take any medications for ADD/ADHD or any related problem? ___ Yes ___ No If "Yes", what medications? _____ Will this be continued at camp? ___ Yes ___ No</p> <p>Medications or treatments to be continued at camp: _____</p> <p>_____</p> <p>Please list any restrictions this person should have relative to camp activities, including horseback riding and water sports:</p> <p>_____</p> <p>In my opinion, the above-named person is fully able to participate in all camp activities with any exceptions noted above.</p> <p>Signature of Health Care Provider _____</p> <p>Address, City, State, ZIP _____</p> <p>Phone _____ Date _____</p>	
<p>IMMUNIZATION HISTORY Provide dates or attach a photocopy of the child's official immunization record. Check here ___ if your child has none of these immunizations. If the child is exempt from immunizations, please provide a statement of exemption and waiver.</p> <p>DPT Series _____ DPT booster _____ Tetanus booster _____</p> <p>Polio (OPV) _____ Polio booster _____ Hepatitis B series: 1st _____ 2nd _____ 3rd _____</p> <p>MMR (measles, mumps, rubella) _____ MMR booster _____</p> <p>TB test _____ Result _____ Hepatitis A Series: 1st _____ 2nd _____ 3rd _____</p> <p>Rvsd 2010</p>	

**REGISTRATION FORM – 5 (ADULT AGE 18 AND OLDER)
LIMITED RELEASE AND COVENANT NOT TO EXECUTE,
AND MEDICAL RELEASE**

Frontier Camp, Inc. requires all campers to sign this form before participating in **any GENERAL CAMP ACTIVITIES or PROGRAMS, HORSE/EQUINE ACTIVITIES, BOATING/AQUATIC ACTIVITIES, SKATEPARK ACTIVITIES or ROPES COURSE/CHALLENGE ACTIVITIES.**

The undersigned acknowledges that, while campers attend Frontier Camp and participate in the camp's activities and programs, certain risks and dangers may occur. The undersigned further recognizes that these risks may include physical, emotional, or psychological damage or injury, not excluding fatality, due to accidents that may occur or result from any general camp activities or programs, horse/equine activities, boating/aquatic activities, skate park activities, or ropes course/challenge activities. The undersigned acknowledges that Frontier Camp, Inc. may take photographs or video of the camper named below to be used in promotional materials. The undersigned agrees to abide by all policies and procedures of Frontier Camp, Inc. in order to maintain the utmost level of safety.

With respect to horse/equine activities, House Bill 280 took effect on September 1, 1995, and contains the following warning:

Warning

Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

In consideration of the above, the undersigned, for himself or herself and on behalf of the below-named camper in any capacity, **RELEASES** the directors, officers, employees, and agents of Frontier Camp, Inc. in their individual capacities from any claim or judgment based on negligence or other ground of liability, whether for bodily injury, property damage or loss, or otherwise.

In further consideration of the above, the undersigned, for himself or herself and on behalf of the below-named camper in any capacity, **COVENANTS NOT TO EXECUTE** on any asset of Frontier Camp, Inc. or of its directors, officers, employees, or agents for any judgment or claim for negligence or otherwise. Instead, the undersigned agrees to limit the satisfaction of any judgment to the available proceeds of any applicable insurance policy of and covering Frontier Camp, Inc.

The undersigned also gives permission to the staff of Frontier Camp, Inc. to administer or obtain any **MEDICAL** attention or treatment of the camper named below for any illness, accident or injury occurring or identified during the camper's stay at Frontier Camp.

The undersigned fully understands this form, and has the capacity to sign it.

Signature: _____ Date: _____

Counselor's name printed (age 18 and older): _____

Adult Release

REGISTRATION FORM – 5 (CHILD UNDER AGE 18)
**PARENT/GUARDIAN AUTHORIZATION,
LIMITED RELEASE AND COVENANT NOT TO EXECUTE,
AND MEDICAL RELEASE**

Frontier Camp, Inc. requires a parent or guardian of all campers to sign this form before the camper participates in **any GENERAL CAMP ACTIVITIES or PROGRAMS, HORSE/EQUINE ACTIVITIES, BOATING/AQUATIC ACTIVITIES, SKATEPARK ACTIVITIES or ROPES COURSE/CHALLENGE ACTIVITIES.**

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The undersigned also gives permission to the staff of Frontier Camp, Inc. to administer or obtain any **MEDICAL** attention or treatment of the camper named below for any illness, accident or injury occurring or identified during the camper's stay at Frontier Camp.

The undersigned fully understands this form, and has the capacity to sign on behalf of the child camper named below.

PARENT OR GUARDIAN HAVING CUSTODY OR CONTROL:

Name printed: _____ Signature: _____

Camper's name: _____ Date: _____

Minor Release