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# CAMP AGAPE

SC COGOP SUMMERYOUTH CAMPING MINISTRY

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## 2018 Camper Application



If you have access to the internet via computer, smart  
phone, tablet and a debit or credit card  
Please fill out your application  
online at  
[campagapesc.org](http://campagapesc.org)

# 2018 CAMPER APPLICATION

ALL AREAS MUST BE FILLED OUT & SIGNED, OR APP WILL  
BE RETURNED!

**MAIL TO:**  
Camp Agape  
1030 East McIver Road  
Darlington SC 29532  
**Online Applications:**  
[www.campagapesc.org](http://www.campagapesc.org)

| Camp                        | Dates           | Early Bird*                    | After May 1                    |
|-----------------------------|-----------------|--------------------------------|--------------------------------|
| Senior Camp (Ages 15-18)    | June 11-16      | <input type="checkbox"/> \$135 | <input type="checkbox"/> \$145 |
| Junior Camp (Ages 12-14)    | June 24-29      | <input type="checkbox"/> \$135 | <input type="checkbox"/> \$145 |
| Freshman Camp (Ages 9-11)   | June 18-23 **   | <input type="checkbox"/> \$135 | <input type="checkbox"/> \$145 |
| Short Stuff Camp (Ages 5-8) | June 30- July 3 | <input type="checkbox"/> \$110 | <input type="checkbox"/> \$120 |

\*\*Freshman camp is now a weeklong camp\*\*      \*\*You MUST attend your age camp\*\*

Go to [campagapesc.org](http://campagapesc.org) for more camp information.

## Payment Information

Please pay full tuition if possible. In the event, the applicant is unable to attend camp, tuition (\$10.00 deposit non-refundable) is refundable or transferable.

Application must be accompanied by a minimum \$10.00 non-refundable deposit (Money Order, Cashier's Check, Visa/MasterCard, or Church Check. No personal checks accepted.)

Camp Registration Amount: ☐ \$10.00 Deposit      ☐ Payment in Full \$ \_\_\_\_\_

Number Snack Cards: \_\_\_\_\_ X \$5/card = \$ \_\_\_\_\_ Total Payment: \$ \_\_\_\_\_

Payment made by: \_\_\_\_\_

Card Number: \_\_\_\_\_ CVV# (last 3 # on back of card): \_\_\_\_\_

Name on Card: \_\_\_\_\_ Exp date: \_\_\_\_\_

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

Billing Zip Code: \_\_\_\_\_ (Office only/Processed: \_\_\_\_\_)

\*PLEASE PRINT INFORMATION CLEARLY\*.

|                                                                             |                                                                           |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Camper's First Name                                                         | Camper Last Name                                                          |
| Gender:      MALE      FEMALE                                               | RACE: BLACK    WHITE    HISPANIC/LATINO    ASIAN<br>OTHER: _____          |
| DATE OF BIRTH:<br>MONTH: _____ DAY: _____ YEAR: _____                       | AGE: _____ SHIRT SIZE: Youth: YS YM YL<br>Adult: S M L XL<br>2X 3x 4x     |
| STREET ADDRESS:                                                             | CITY: _____ COUNTY: _____                                                 |
| STATE: _____ ZIPCODE: _____                                                 | PARENT EMAIL: _____                                                       |
| SCHOOL LUNCH:(For grant purposes only)<br>FREE      REDUCED      FULL PRICE | PARENT/GUARDIAN GENERAL ANNUAL INCOME RANGE:<br>(For grant purposes only) |
| PARENT/GUARDIAN NAME:                                                       | RELATIONSHIP TO CAMPER:                                                   |
| BEST CONTACT PHONE NUMBER:                                                  | EMERGENCY CONTACT PERSON:                                                 |
| RELATION TO CAMPER OF EMERGENCY CONTACT PERSON:                             | EMERGENCY/BEST CONTACT PHONE NUMBER:                                      |

|                          |         |
|--------------------------|---------|
| NAME OF CAMPER'S CHURCH: | PASTOR: |
|--------------------------|---------|

**PARENTAL PERMISSION:**

1. Camper has my permission to be baptized; if they choose to while they are at camp.

(Often during the camping experience campers who say no when filling out the application change their mind and want to be baptized. checking no on this sections means your camper does not for any reason have your permission to be baptized)

CIRCLE: YES NO

2. Camper has my permission to swim.

( ALL campers are required to pass a swim test given by a certified lifeguard and are issued an armband before they are allowed to swim in the deep end of the pool)

CIRCLE: YES NO

If your camper needs sunscreen or other swim devices, please send them to camp with your child and list the items below.

**HEALTH INFORMATION:**

1. Please list any Medical Health Issues:

2. Medications Currently Taking:

3. Allergies to MEDICATION:

4. Allergies to NATURE:

5: Allergies to FOOD:

6: SPECIAL NEEDS:

We welcome ALL children to Camp Agape, and we want to understand how to serve all camper needs. If your child has an IEP (individual education plan) BIP ( Behavioral Intervention Plan) 504 ( American's with Disabilities Act plan) or other special requirements or accommodations in school or at home PLEASE list them below, so we can best serve and meet the needs of your camper.

7. DATE OF LAST TETANUS SHOT: \_\_/\_\_/\_\_

**HEALTH INSURANCE:**

Do you have health insurance? Yes ☐ No ☐

YOU MUST PROVIDE your insurance information below and bring a copy of the insurance card to camp.

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

In the event of an accident, injury, sickness, or any medical emergency, I understand that reasonable effort will be made to contact me, the camper's parent/guardian, or other person indicated above. If I cannot be reached, I give my permission to the camp administration and physician selected to secure proper treatment, to hospitalize, to order injection, anesthesia, and surgery for my child. I also understand that MY medical insurance will be given and billed by the hospital & doctors. Camp Agape will not be liable for the counter medications (Aspirin, Tylenol, Pepto Bismol, etc.) to my child except for any medication listed above. I must send all medications my child takes to camp with my child. I ACCEPT RESPONSIBILITY FOR AND AGREE TO FINANCIALLY REIMBURSE FOR ANY DAMAGE MY CHILD MAY CAUSE TO CAMP PROPERTY.

Parent/Guardian Signature\_\_\_\_\_

### **Photo Release**

By entering Camp Agape and participating in the activities, I hereby grant Camp Agape on behalf of myself and on behalf of my child, the irrevocable right and permission to photograph and/or record me or my child relating to Camp Agape and to use the photograph and/or recording for all purposes, including advertising and promotional purposes, in any manner and all media now or hereafter known, in perpetuity throughout the world, without restriction as to alteration. I waive any right to inspect or approve the use of the photograph and recording, and acknowledge and agree that the rights granted to this release are without compensation of any kind.

Parent/Guardian Signature\_\_\_\_\_

### **CAMPER COMMITMENT**

I understand and am willing to abide by and respect all camp rules, including the dress code. I understand that failure to abide by the rules and discipline of Camp Agape and the camp staff, will forfeit my experience as a camper and I will be asked to leave the camp. I understand that NO weapons, cell phones, CD's, DVD's, handheld video games, e-cigarettes, tobacco, alcohol or drugs in any form will be allowed.

Camper Signature\_\_\_\_\_

### **CHECK OUT INFORMATION**

For the safety of all campers, a photo ID is required before campers are released. For the Camper's protection, please list anyone to whom they are NOT to be released and the relationship to the camper.

\_\_\_\_\_

### **Camp Agape Head Lice Policy**

**PLEASE! PLEASE! PLEASE! CHECK YOUR CHILD'S HEAD BEFORE COMING TO CAMP! WE DO NOT WANT TO HAVE TO SEND A CHILD HOME FOR SOMETHING THEY CANNOT HELP.**

Lice checks are conducted at the start of registration at every camp.

Camp Agape is an NO NIT / NO LICE campus. All those infected must leave campus for treatment for a minimum of a 24 hour period. They may only return without any sign of live lice or nits.

**If you find lice or nits; the following treatments are recommended:**

#### **Over-The-Counter Treatments:**

Head lice may be treated with shampoos specifically labeled for head lice. Read and follow the directions carefully. Many of these shampoos are insecticides and should be used with caution, especially on children and by pregnant or nursing women. If your child has allergies or asthma, please consult with his/her physician. If the package directions indicate, apply a second treatment 10 days later to kill lice that hatch after the initial treatment. Do not over apply.

### **Removal of Head Lice and Nits:**

Lice shampoos do not remove the eggs from the hair. The eggs must be combed out and manually removed. Sit behind your child in a room with good lighting to comb through the hair, one section at a time. Use a fine-toothed nit comb. These combs are sold at most stores or may be included in packages of the chemical treatments. Combs with metal teeth spaced close together work best. Your child's hair should be clean, wet, well combed or brushed to remove tangles before using the louse comb. A conditioner may be used to lubricate the hair. Divide hair into small sections. Comb through each section until no more lice or nits are observed. Clean the comb frequently with a paper towel to remove any lice or eggs. Continue to comb daily until no live lice are discovered for 3 weeks. Adult female lice cement eggs to the base of the hair shaft near the scalp. Combs, brushes, hats and other hair accessories in contact with an infested person should be washed in hot water (130°F) to dislodge any lice or nits and should not be shared with other family members.

### **Alternative Treatments:**

Other products such as essential oils, food oils, salts, mayonnaise, etc., have not been studied sufficiently to determine effectiveness. Do not apply any household insecticide, (i.e., Raid) or other chemicals not specifically labeled for treating head lice on people. Well-intentioned parents treating their children with toxic or flammable substances, or hair dryers, have caused injuries and death. Because it is easy to burn the hair and the scalp, this method is not recommended.

### **Prescription Medications:**

In some cases, the over-the-counter products fail to eliminate live lice. Your child's physician may then order a prescription for treatment of head lice. Ask your physician, the school nurse or pharmacist if you don't fully understand the directions.

### **Treatment of clothes/household cleaning:**

All items your child has been in contact with in the past two days such as towels, pillowcases, sheets, pajamas, clothes, coats, hats, and similar items should be washed in hot water (130°F) and dried on high heat for at least 30 minutes. Items that cannot be washed may be stored in a tightly sealed garbage bag for two weeks or may be placed in a freezer or outdoors (if temperatures are below freezing) for 24 hours. Lice in the environment (not on the head) usually die within a day, and the eggs generally cannot live much longer. Vacuuming the house, mattress and furniture are recommended. Using household insecticides to treat the home, vehicles, carpets or furniture is not recommended and may unnecessarily expose your household to harmful chemicals.

### **Packing List**

- Shampoo, soap, toothpaste, toothbrush, deodorant, etc
- Sheets and Blanket for Twin Bed or Sleeping Bag
- Towels - for the pool and showers
- Clothes that can be worn to recreation & outdoor activities (t-shirts/shorts for each day)
- Clothes that can get messy
- Appropriate Swimwear
- Shorts should fall at mid-thigh or longer. Basketball shorts are normally appropriate for camp activities.
- Sneakers/ tennis shoes for rec/outdoor activities (NO NEW SHOES)
- Bible, notepad, pen, and backpack to carry things
- Water bottle
- Sunscreen
- Emergency Poncho & Ziploc bag
- Optional spending money for snacks, CA Adventure Store & offering

**Do Not Bring:** radios, iPods, CD players, handheld game systems, roller blades, skateboards, alcohol, tobacco, illegal drugs, fireworks, water guns, or any weapon.

**Clothing Safety Policy:** Please do not wear clothing that has spaghetti straps (except for sleepwear) Any clothing that promotes alcohol, tobacco, illegal drugs, racism, sexism, hatred of any group or person. Also, clothing that is excessively short or tight fitting.

- ***SHORTS:*** Shorts should fall at mid-thigh or longer on the person wearing them. (This applies to male/female whether campers/staff).  
Basketball shorts are usually appropriate for female and male staff/campers during camp activities.
- ***SWIMWEAR for Lake & Pond:*** Due to insurance, watercraft equipment, and camper safety during water activities. Swimwear must be one-piece bathing suits; campers must wear swim suits without metal buttons, no cutoff jeans, and no loose strings. These items can become tangled in equipment, damage equipment, or come off exposing camper.
- ***LIFE JACKETS for Lake & Pond:*** ALL CAMPERS and STAFF will wear a life Jacket for all and any water activities that are conducted in or within 20ft of the lake & pond.

**No cell phones.**

All Camp Directors will have a mobile phone that will be available for kids to be in contact with parents in case of an emergency.

**All campers and staff are asked to:**

Rule 1: Be where you need to be and when you need to be there

Rule 2: Move as a group and not as an individual

Rule 3: Be teachable, flexible, compliant, and respectful

*We are a Christian camp; we wish to maintain a high standard in all we do & most of all protect your wellbeing. If you are pulled aside and quietly and discreetly asked to change, please don't be offended. We're here to keep you safe in all aspects mentally, physically, emotionally and spiritually. We love you!*

Thank you again for allowing Camp Agape to serve your family this summer.

In HIS service,

*Mandy*

Amanda L. McLaughlin, OM, MSW  
Camp Agape' Program Coordinator  
843-617-5318 Cell

Revised 7/17