Youth Camp Information & Instructions ***June 18-24, 2017***

SPACE IS LIMITED!
To ensure you have your spot reserved --
please pre-register AND pay online at: CampWesley.com
(Click on "Youth Events" for forms)

- AGES: 12-18
- COST: $85.00 per camper
- REGISTRATION:
  - Sunday, June 18th, 3–5 PM in Dining Hall
  - Bring all forms & payment
  - Make checks payable to: Camp Wesley Youth Camp
  - *Payment may also be made through Paypal or Credit Card*

If you have any questions, please call:
Rev. Todd Hinson, Youth Camp Director @ 828-989-0033

Rules & Guidelines

- No tobacco, alcoholic beverages, weapons, or fireworks allowed
- No one can be out of dorms after lights out
- Dorms are off limits to the opposite sex
- No one is allowed on fire escapes unless it is an emergency
- Everyone should dress modestly
- Prescription drugs must be turned into the camp nurse at time of registration
- On time attendance is required at all services
- You must have parent/guardian permission to attend camp
- Youth must remain on camp grounds at all times with the exception of scheduled off-site activities – youth will be **required** to sign out if leaving camp for any reason

PLEASE NOTE: We will be going to the Quarry at Carrigan Farms again on Friday, or another day if the weather forces us. We will be eating lunch there and also enjoying some swimming and other recreational activities. **We ask that the girls wear a one-piece bathing suit or a shirt over their regular swimsuit.** All female swimwear must be approved by the women leadership of the youth camp. Thanks for your cooperation.

Any youth, who must leave camp for reasons such as a ballgame, work, etc., must prearrange this with the camp director as well as have written permission from the parent on file. No youth will be allowed to leave with anyone other than the parent/guardian without written permission.
NEW as of 2016: Sign out will be required to leave camp for ANY reason.

Updated 5/2017

Registration Form

NOTE: This page does not need to be completed if you have completed the online registration form.

Name _____ | Male ☐ Female ☐

Age _____ | Grade Completed Summer 2017 _____ | Birthdate ___ /___ / _____

Address _____

City _____ | ST _____ | Zip _____

Home Church _____

Student e-mail address _____

Parent e-mail address _____

Rooming preferences _____

_____

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Camp Wesley Youth Camp from June 18-24, 2017.

_____ _____

Parent/guardian signature Date

Student and Parent Consent Form

(Use ink to fill in all information on this form.)

For your information, we expect each student to conform to these rules of conduct:

No possession or use of alcohol, drugs, or tobacco
No student can drive unless previously cleared by the Youth Camp leadership
No fighting, weapons, fireworks, lighters, or explosives
No offensive or immodest clothing
Dorms are off limits to those of the opposite sex
Participation with the group is expected – on time attendance to all services required
Respect camp property and other people's property
Respect one another, staff, and adult leaders
Respect and comply with event schedules
Have lots and lots of fun!

Students who repeatedly fail to comply with these expectations may be sent home at their parents' expense.

Student Consent (Must be signed)

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Parent Consent (Must be signed)

Activities may include, but are not limited to: cookouts, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, volleyball, softball, baseball, camping, swimming, bowling, hiking, biking, concerts, Bible studies, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

(Student's Name) _____ has my permission to attend all youth activities sponsored by ***Camp Wesley Youth Camp*** from June 18-June 24, 2017.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Youth Camp and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Camp Wesley Youth Camp. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Camp Wesley Youth Camp, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Camp Wesley Youth Camp, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth camp staff member.

I/We give Camp Wesley permission to use any official photographs taken by camp officials that may include my/our child, to be used in Camp Wesley Publicity materials (Example: Brochures, internet, etc.).

Parent/Guardian signature: _____ Date: _____

CAMP WESLEY MEDICAL RELEASE FORM

(Use ink to fill in all information on this form. Please print.)

Name: _____ Age _____ Birthdate _____
LAST FIRST MIDDLE

❑ Male ❑ Female Address: _____

Phone _____ Cell _____

Medical insurance company _____ Policy # _____

Mother _____ Phone: Home _____ ☐Work ☐Cell _____

Father _____ Phone: Home _____ ☐Work ☐Cell _____

Emergency _____ Phone: Home _____ ☐Work ☐Cell _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a—
   ❑ good swimmer ❑ fair swimmer ❑ non-swimmer

2. Does your child have allergies to—
   ❑ pollens ❑ medications ❑ food ❑ insect bites Other: _____

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
   ❑ asthma ❑ epilepsy / seizure disorder ❑ heart trouble ❑ diabetes
   ❑ frequently upset stomach ❑ physical handicap

4. Date of last tetanus shot: _____

5. Does your child wear ❑ glasses ❑ contact lenses

6. Please list and explain any major illnesses the child experienced during the last year:

   Additional comments:

   Should this child's activities be restricted for any reason? Please explain:

7. Medications (List here or on a separate sheet)_____

My child/teenager may be administered over the counter medications.

Parent/Guardian Signature _____ Date_____

I understand that the camp staff and volunteers will use their best efforts to supervise; however, I also understand the camp staff is not responsible for loss of personal property or bodily injury. If I cannot be reached at the time of an emergency and if treatment is urgent in the judgment of the camp staff and medical authorities, I authorize and direct the camp staff members present to send my child (*properly accompanied*) to the hospital or the most easily accessible medical facility. I understand that I will assume full responsibility for the payment of any services rendered.

Parent/Guardian Signature: _____ Date: _____

****Note – This document is to remain active for a year from the date in which it is signed.***

Updated 5/2017

NO DRAMA AGREEMENT

Event: Camp Wesley Youth Camp 2017
Date: June 18-24, 2017

I agree that I will be an example and a Christian witness during the event that is listed above. I choose to use words and actions that are positive, encouraging, uplifting and polite. I promise to set an example of how a Christian student is supposed to behave.

I understand that the listed event is intended to honor God and be enjoyed by **all** who participate. Therefore, I promise that I will **NOT** perform any of the following actions or behaviors:

- Start and/or participate in drama of any kind.
- Make fun of or pick on other people.
- Lie, gossip or start rumors about other people.
- Complain and/or display an unthankful attitude.
- Show disrespect in any way, form or fashion to any of the counselors, campers or leaders.
- Take something that belongs to someone else.
- Participate in verbal, physical or psychological abuse.
- Make sexual advances toward anyone.
- Participate in a fight.

I understand if I violate any of the stated rules above that I will be asked to leave camp, I will not be able to return, and I will not receive any reimbursement for my registration fee(s).

_____ _____
Student's Printed Name Student's Signature

_____ _____
Youth Pastor/Leader's Signature Date

Updated 5/2017