Camp Wesley Junior Camper Information & Instructions: June 15-17, 2017



Please pre-register AND pay online at: CampWesley.com (Click on Children's Events for forms)

- AGES: 7-11
- COST: $40 if registered by June 4th; $55 after June 4th
- CHECK-IN: Thursday, June 15th, 1–3 PM in Dining Hall
  Bring all forms & payment if not done online
  Make checks payable to: Camp Wesley

Questions, please call or e-mail: *Rev. Stephanie Young, Children's Ministries Director*
980-521-0341, children.campwesley@gmail.com

Rules & Guidelines

- Please do not bring cell phones, radios, cd players, iPods, MP3 players, computer games, iPads, etc.
- "Silly String" and shaving cream are NOT permitted
- No one can be out of dorms after lights out nor allowed in anyone else's dorm
- No one is allowed on fire escapes unless it is an emergency
- Everyone should dress modestly
- Prescription drugs must be in original containers and 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
- Children must remain on camp grounds at all times

No child will be allowed to leave with anyone other than the parent/guardian without written permission.

PLEASE NOTE: We will be having water games and a messy games day. Make sure your child has extra clothes and a bathing suit WITH cover-up for these activities **AND** an extra towel because their towel will get dirty from the games.

Here's your checklist :)

☐ Bible
☐ 2 towels
☐ sleeping bag or linens
☐ pillow
☐ TENNIS SHOES!
☐ toiletries & sunscreen
☐ flashlight
☐ comfortable clothes (for Friday & Saturday)
☐ PJs & other necessaries :)
☐ Registration form online or bringing it w/camp fee
☐ Your medical form signed and ready
☐ clothes & bathing suit for messy/water games

THAT'S IT…just bring a big smile and come ready to have fun!

Registration Form



Camp Wesley Juniors 2017

NOTE: Do not complete if you have completed the online registration form.

Age _____ Birthdate ____ /____ / _____ Male ☐ Female ☐

Name _____

Address _____

City _____ | ST _____ | Zip _____

Home Church _____

Parents'/Guardians' information:

Father _____ E-mail _____ Phone _____

Mother _____ E-mail _____ Phone _____

Rooming preferences? _____ _____

We can't promise, but we'll try to get you with your friends ☺

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 Juniors Children's Camp on June 15-17, 2017.

_____ _____

Parent/guardian signature Date

____ I GIVE _____ I DO NOT GIVE permission for the promotional use of photos and videos taken during the normal operation of Camp Wesley or its activities. These photos/videos may be used for promotional purposes in print, DVD form, on the internet, etc. ****IF** names are used, they will only be first names! Usually no names are used at all in publications, flyers or promotional items.** Safety of your child is of utmost importance to us.

PARENT/GUARDIAN SIGNATURE _____

MEDICAL RELEASE FORM 2017 - *Must be filled out*

CAMP WESLEY "Camp Juniors" *(Use ink to fill in all information on this form. Please print.)*

Name: _____ Age _____ Birthdate _____ ❑Male ❑Female

Address: _____

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. Does your child have allergies to—
   ❑ pollens ❑ medications_____ ❑ food _____ ❑ insect bites _____
   Specific info – Reaction_____ Treatment _____
2. 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
3. Date of last tetanus shot: _____
4. Does your child wear ❑ glasses ❑ contact lenses
5. 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:

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

My child/teenager may be administered over the counter medications. ❑ YES ❑ NO

Parent Consent (Must be signed)

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 Junior Children's Camp. I also understand the camp staff is not responsible for loss of personal property or bodily injury, and the camp staff and volunteers will use their best efforts to supervise. However, I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Camp Wesley Junior Children's 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 and authorize and direct the camp staff members present to send my child (properly accompanied) to the hospital or the most easily accessible medical facility. In the event treatment is required from a physician and/or hospital personnel designated by Camp Wesley Junior Children's 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 and understand that I will assume full responsibility for the payment of any services rendered. This consent form releases Camp Wesley and its staff of any liability against personal losses of named child. 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 camp staff member.

Parent/guardian signature: _____ Date: _____

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