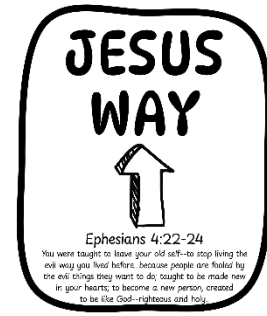


Camp Wesley Junior Camper Information & Instructions: June 19-21, 2025

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



- AGES: 5-11; COST: \$50 (Overnight Camp, **Thur 6/19@3:00pm** – **Sat 6/21@2:30pm**)
- CHECK-IN: Thursday, June 19th, 3-5 PM at the Tabernacle
- Bring all Health & Medical forms, and any remaining balance, June 19th
- **Registration fee must be paid at time of registration**
- CHECK-OUT: Instructions will be emailed. **There will be a closing FAMILY celebration rally after lunch on Sat, June 21st@1:30pm. Children can be picked up after the rally.**

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 ANY electronic devices (cell phones, 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/room
- No one is allowed on fire escapes unless it is an emergency
- Everyone should dress modestly
- Prescription drugs must be in original containers with child's name and turned into the camp nurse at registration
- On-time attendance is required at all services and activities
- You must have parent/guardian permission to attend camp
- Children must always remain on campgrounds
- If we plan to do off-site activities, we will have parent/guardian sign release form

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

PLEASE NOTE: We will have a 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 :)

- | | |
|---|--|
| <input type="checkbox"/> Bible | <input type="checkbox"/> bag for laundry |
| <input type="checkbox"/> 2 towels | <input type="checkbox"/> comfortable clothes (for Friday & Saturday) |
| <input type="checkbox"/> sleeping bag or linens | <input type="checkbox"/> PJs & other necessities :) |
| <input type="checkbox"/> pillow | <input type="checkbox"/> flashlight |
| <input type="checkbox"/> TENNIS SHOES & SOCKS! | <input type="checkbox"/> medical forms signed, with meds in original bottles |
| <input type="checkbox"/> toiletries & sunscreen | <input type="checkbox"/> clothes & bathing suit for messy/water games |

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

MEDICAL RELEASE FORM 2025 | CAMP WESLEY Children's Ministries

(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 _____

Secondary 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 _____ insect bites _____ food _____

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 other _____

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) _____

7. My child may be administered over the counter medications. YES NO

Parent Consent (Must be signed)

(Student's Name) _____ has my permission to attend all activities sponsored by **Camp Wesley's Camp Children's Ministries (Camp Wesley CM)** from June 14-June 29, 2025.

This consent form gives permission to seek whatever medical attention is deemed necessary and releases Camp Wesley CM 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 CM. 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 CM, 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 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 CM, 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 CM 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.

I/We give Camp Wesley CM 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: _____

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

Revised 3/2025