



**South Hills
Retreat Center
Summer Camp
2019 Kids Camp**

MEDICATIONS:

All medications, including vitamins, cough drops, etc., should be packed separately, **IN THEIR ORIGINAL CONTAINER**. The container shall be clearly labeled with the camper's name and turned in to the camp health person at the registration table.

SPECIAL HEALTH NOTE:

Please do not send your child/youth to camp with any of the following symptoms:

- Undiagnosed rash, sore or other skin condition
- Severe sore throat
- Excessive coughing
- Diarrhea or vomiting
- Fever
- Any other contagious disease or symptoms

- **SUPERVISION AND PARTICIPATION:**

Campers are under the supervision of a cabin counselor and the directors of the camp and are expected to abide by the rules and covenant of the camp at all times. Campers are expected to participate in ALL camp activities unless specifically excused by a doctor or parent in writing (pages 5 and 7 of Health & Signature pages). The ultimate result of non-cooperation and / or consistent behavioral problems will be expulsion from camp and a phone call to the parent to pick up the child. In this instance the Regional staff and the local pastor will also be contacted.

- **VISITATION DURING CAMP:**

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- Visits to campers during camp are discouraged. Unexpected visits can disrupt the program, community and operation of the camp and could be upsetting to your youth or other campers. Interruptions of group leaders and staff time hinder their effectiveness with the campers. For safety and security reasons for your child / youth, the camp staff will be on the lookout, and report any strangers wandering about amidst the campers during the week. Should a parent or guardian need to contact their child / youth, this should be done by **prior arrangement** with the camp Director. However, if parents feel the need to visit to be aware of curriculum, environment, activities, etc., please contact the Director two weeks before the camp so arrangements can be made. Each camp will have a unique schedule, so the best time for a visit can be determined by the camp Director. Any expense incurred by your visit will be entirely yours

- **DO NOT BRING ANY OF THE FOLLOWING:**

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- TV's or similar items, tobacco products of any nature, illegal drugs or alcohol, firearms, knives of any kind, fireworks, candles, matches, lighters, cell phones, laser lights or pointers, CDs; electronic games, Ipods, I pads or other tablets, computers/lap tops. If any of these items are desired or needed for the camp, the Director and counselors will arrange for and provide these items.

2018 SUMMER CAMPS PAPER REGISTRATION FORM - YOUTH
Central Rocky Mountain Region Christian Church (Disciples of Christ)

All forms and payment due to:

South Hills Retreat Center
1708 Heyburn Ave
Twin Falls, Id 83301

I am registering for:

Summer Camp, students going into 1st-3rd grade;
August 2nd-4th cost \$50 before July 1st or \$75. After
July 1st

CAMPER INFORMATION

Camper's Name _____

Parent/Guardian Name: _____

Home Address _____

City _____ State _____ Zip Code _____

Parent/Guardian phone(s) (cell) _____

(work) _____

Camper phone _____

2nd Family address/phone if needed

Birthdate _____ Grade completed _____

Male _____ Female _____

Camper e-mail _____

Parent e-mail _____

Would you prefer to receive camp information by **email** or **regular mail**?
(please circle one)

Home church _____

Other family members attending this camp? Name, relationship:

Emergency Contact Name _____ Relationship

_____ Phone _____

(other than parent listed above)

2nd Emergency Contact: Name _____ Relationship

_____ Phone _____

Transportation

**Persons designated to take child from camp (if not listed above),
provide name, address, phone number:**

Persons NOT permitted to take child from camp (we are aware that the
general public is not permitted, please list specific individuals that are of
concern):

CAMPER PROFILE AND DAILY LIVING SKILLS

Camper's Name (Please print)

Our camp staffs work in covenant with you the parents/guardians of the children and youth attending camp. The more information you supply about your daughter or son the better the staff can prepare for her or his presence in camp. This information is treated as confidential and is shared only among those working with the specific camp your child has registered for. If more room is needed for explanation, please attach another page. Thank you for helping us provide your child the best camping experience possible!

Please check all that apply

Social Abilities

- Participates and plays well with others
- Has some difficulty around other children
- Prefers limited contact with others
- Does not get along with others
- Prefers solo activities
- Shy, withdrawn
- Needs extra encouragement to participate
- Follows instructions well
- Participates well in group activity
- Is independent, doesn't need much support

Engages in harmful behavior to others:

- Never; Rarely*; Often*

*Please explain: _____

Engages in harmful behavior to self:

- Never; Rarely*; Often*

Need for Attention

- Satisfied with reasonable amount
- Requires more than an average amount
- Requires a high amount

Sleeping Habits and Routines

Has difficulty sleeping at night:

- Rarely; Sometimes; Always

Gets out of bed during the night:

- Rarely; Sometimes; Always

- Wets the bed at night

If difficulty sleeping usual intervention is:

Has your child/youth been away from home

- over night: Yes No

Meals and Eating Habits:

We provide three meals and one snack a day. Children used to open access to food whenever they are hungry may feel as if there is not enough food being served.

My child eats only at meal times: Yes; No

My child eats throughout the day: Yes; No

What do you hope for your child by attending camp?

Describe your child's strength and abilities (social skills, behaviors, etc)

Describe your child's challenges (social skills, behaviors, speech/language, activities, etc)

Does your child have an IEP or behavior plan in school? _____

If so does it contain any information we need to know? *(use back of page if more space is needed)*

Have significant events occurred in the camper's life recently (death, divorce, separation, etc.)? *(use back if needed)*

Photograph Reproduction Consent

I give my consent for photographs to be taken of my son/daughter during events sponsored in whole or in part by the Central Rocky Mountain Region (Disciples of Christ) to be reproduced and/or used in printed materials and websites which are the property of the CRMR (DOC) and the South Hills Retreat Center, or other partner agents of the CRMR (DOC). I am aware that these photos will not be sold or used for profit other than for their presence in promotional materials, and I am aware that I will receive no compensation for the use of these photos.

Yes No

Signature (parent or guardian if camper is under 18 years.)

Date

Dietary Restrictions

Please list any restrictions or food allergies and their severity.
Please note – if this section is left blank we will assume there are
no dietary restrictions or allergies.

___ Vegan ___ Vegetarian ___ Omnivore

Peanut Allergy :

___ Celiac Disease:

___ Lactose Intolerant: -

Other:

CRMR 2018 Summer Camps Health and Signature Pages

Page 4

Read This: Parent / Guardian signatures on page 6 must be notarized. All these Health & Signatures pages must be **mailed in by your church** to the Regional Office TOGETHER, fully filled out, and signed by the Camper, Parent/Guardian, Physician, Pastor and Notary by June 15th. Sending incomplete or late forms will be subject to the \$20 late fee and may result in the loss of opportunity to attend the desired camp. Space is limited, first come first serve, so have your church mail this in time. Registration fee includes all activities, activity supplies, lodging, meals, and snacks while at camp. Camp store, offering and meals to and from camp are not included

Refund Policy: All but \$30.00 returned up to 14 days before camp begins. No other refunds will be made. In the event the camp fills and you do not make it from the waiting list, you will receive a full refund.

2018 CRMR Camp Covenant

Camper Covenant of Conduct :

I will fully cooperate with the staff, Policies & Procedures, and program established by the CRMR so as not to discredit my parents, my pastor, my church, or myself. I agree to:

- Participate fully in all camp activities unless otherwise stated by parent/guardian/healthcare provider.
- Respect other campers, myself and staff, as well as camp facilities and others campers property.

- Refrain from bringing any electronic devices, fireworks, alcohol, tobacco or other drugs, firearms, matches/lighters and anything else that may distract myself or others from fully experiencing camp.
- Refrain from inappropriate sexual activity, "raiding", and sneaking out at night or other times.
- Give all prescription and non-prescription medications to the health staff in the original container
- Arrive on time and stay for the entire event. No visitors without advanced permission from Directors.

Camper Signature _____

Phone _____

Parent/Guardian Covenant:

I have read the Camper Covenant of Conduct, and I agree that my child is to be held accountable to the covenant. If the Directors decide my child needs to be sent home due to misconduct or illness I agree to come to camp and pick them up, at my expense. I will inform the Directors of any emotional, psychological, or family issues that might affect camp participation. I agree to update any information on these forms that has changed between now and the time camp begins.

Parent/Guardian Signature _____

Phone _____

Pastor Recommendation:

I recommend this camper as one who will cooperate with the staff, Policies & Procedures, and camp program. I will inform the Directors of any emotional, psychological, or family issues that might affect camp participation. The church and I will be in prayerful support for a successful event.

Pastor's Signature _____

Phone _____

CAMPERS MEDICAL HISTORY

Camper Name: _____

Health Insurance Company: _____ Policy # _____ Group # _____

Please include a copy of your medical insurance card and your child's current vaccine record

Date of most recent physical exam (must be within 12 months from start of camp)

Do you have any of the following conditions?

yes no Diabetes

Fever

yes no Epilepsy/Seizures

yes no Asthma/Reactive airway disease

yes no Enuresis/bed wetting

yes no History of alcohol or other drug use

yes no Other _____
prescribed?
appropriate medication if needed)

Allergies:

yes no Environmental/Hay

yes no Poison Ivy

yes no Insect Stings

yes no Medication

yes no Food

yes no Epinephrine/Epi pen
(*Please send

List any surgeries or serious injuries in the past two years:

Restricted Activities:

—

Dietary Restrictions:

—

Standard Over-the-Counter Medication:

The following medications can be administered by camp personnel if approval is given by the healthcare provider. Unless otherwise specified on this form, the route of administration, dosage, and schedule will be determined based on the manufacturer's instructions as appropriate for camper's age, weight etc. Generic equivalents of name brands may also be administered; please indicate if a child has an allergy to any specific medications. **Cross out those which your camper should not be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Diphenhydramine (Benadryl)
- Aloe Vera
- Claritin
- Antibiotic ointment
- Cough Drops
- Hydrocortisone cream
- Calamine/caladryl lotion
- Tums Antacid
- Prune Juice for constipation
- Solar Caine
- Sunscreen
- Mosquito spray/repellant
- Carmex or similar lip balm

Has the camper been taken off any medication for the summer? No Yes,

Is the camper on any prescription or non-prescription medication? No Yes
*If yes, please list exactly what, when, and why it is to be taken: (Attach additional information as needed)

Name of medication	dosage	frequency	purpose

Activity Release & Authorizations

Parental Liability and Activity Release:

My child, _____ will cooperate with the staff, rules, and program of the camp. I understand that I am responsible for my child's actions and will be held financially responsible for any damage done by my child. I will pay for any and all repairs incurred by such damage. I acknowledge that many of the camp/sport activities contain inherent risk of injury. Any controversy or claim arising out of or related to the student's participation in this camp shall be settled by binding arbitration pursuant to the applicable rules of the American Arbitration Association. I also give consent for my child to go on authorized trips away from camp premises. I understand photos and/or video will be taken throughout the camp session as part of the program, and I release any media to be used for promotional purposes only.

Parent / Legal Guardian Signature: _____ Date:

Authorization for Routine Medical Care

I hereby give permission for the designated Health Supervisor to provide routine medical care for my child for such minor injuries as scrapes and bruises, and to dispense the prescription and non prescription medications listed on my child's *Camper Health Statement* (see page 5).

Parent / Legal Guardian Signature: _____

Date: _____

Authorization for Emergency Medical Care

It is understood that South Hills Retreat Center and the camp program staff will make a conscientious effort to locate contacts listed on the form before any action is taken. I understand that my own insurance is primary, our church activities insurance is secondary; and the camp policy is third. I hereby consent to my child participating in all camp activities. I consent to any treatment deemed advisable in an emergency by an EMT, nurse, medical doctor, or other first-aid personnel. I will accept the expense of emergency medical or surgical treatment. I also give permission for the dispensing of listed medications to my camper as instructed. All health information I have provided on these forms is current and pertinent

Parent / Legal Guardian Signature:

Date:
