



2013 TRI-AREA SUMMER CAMP FORMS

For the Northeast, North Texas, and Trinity-Brazos Areas

Participant Registration

This **COMPLETED FORM** must be on file with the area **BEFORE** the camper will be permitted to enter camp. Information will only be shared with the directors of the camp and your child's counselors. Please make sure the boxes are clearly marked which camp (s) you will be attending. *****Please print or type*****

*: UCC

| Camp Name <input checked="" type="checkbox"/> (please check) | Grade Completed | Dates |
|---|--|------------------------|
| <input type="checkbox"/> Grand Camp I * | Age 4 – grade 3 w/Grandparent | May 31 – June 2 |
| <input type="checkbox"/> Grand Camp II * | Age 4 – grade 3 w/Grandparent | August 30- September 1 |
| <input type="checkbox"/> Discovery * | Grades 2 nd – 3 rd w/ Parent | May 24-26 |
| <input type="checkbox"/> Family Camp * | All Ages – at least 1 child under age 18 | June 7-9 |
| <input type="checkbox"/> JYF I | 4 th – 5 th | July 8-12 |
| <input type="checkbox"/> JYF II * | 4 th – 5 th | July 15-19 |
| <input type="checkbox"/> Chi-Rho (Main Side) NEA | 6 th – 7 th | June 24-29 |
| <input type="checkbox"/> Chi-Rho I (Creative Side) NTA | 6 th – 7 th | June 17-22 |
| <input type="checkbox"/> Chi-Rho II (Creative Side) TBA* | 6 th – 7 th | June 24-29 |
| <input type="checkbox"/> Eighters * | 8 th | June 30 – July 6 |
| <input type="checkbox"/> Niner's Youth Conference * | 9 th | June 17-22 |
| <input type="checkbox"/> NEA CYF Conference | 9 th – 10 th – 11 th - 12 th | June 24-29 |
| <input type="checkbox"/> TBA CYF Conference * | 10 th – 11 th – 12 th | June 10-15 |
| <input type="checkbox"/> NTA CYF Conference | 10 th -11 th – 12 th | July 22-27 |
| <input type="checkbox"/> Equine Camp * | 6 – 12 th | August 5-9 |

*:UCC

Camp Name: _____ Date of Camp: _____

Participant's Name: _____ Sex: M or F Age: _____

Family Member Adult/Youth Name(s) attending with (Grand/Discovery/Family Camps **only**) _____

Address: _____ City: _____ State: _____ Zip: _____

Camper's Home Phone: (____) ____ - ____ Birth Date: ____/____/____ Grade completed: _____

Parent/Guardian's Names: _____

Mother's Phone: Home (____) ____ - ____ Office: (____) ____ - ____ Cell: (____) ____ - ____

Father's Phone: Home (____) ____ - ____ Office: (____) ____ - ____ Cell: (____) ____ - ____

E-mail Address for Camper Letter: _____ ☐ Check here for a copy in the mail, otherwise, camper letters will be sent via e-mail. They are also on-line.

T-Shirt: **YOUTH M L** or **ADULT S M L XL XXL**

Sponsoring Church: _____ Minister/Youth Minister: _____ Minister's Cell Phone #: _____

Does the camper have previous camping experience? **YES NO** Where? _____

Please initial here _____ if you **DO NOT** want your voice, picture, image/ likeness, or video used for church promotional purposes including but not limited to web sites, flyers, slide shows at church functions, and video clips. (The Areas would seek permission for major advertisements where you would have a primary role.)

Please list any special dietary needs (i.e., vegetarian, vegan, gluten free, etc.) _____

Equine Camp only: Do you have any previous horsemanship/riding experience? Describe. _____

Disciples Crossing 2013 Camp Health Record Form

Name _____ Gender **M** **F** Date of Birth _____

Parent/Guardian/Spouse's Name _____

Parent Phone Numbers: home _____ work _____ cell _____

Address _____ City _____ State _____ ZIP _____

Please fill insurance section out completely to expedite medical treatment.

| | |
|---------------------------------------|--|
| Insurance Company _____ | Group # _____ |
| Insurance Company Claim Address _____ | Phone #: _____ |
| Individual/ Parent's Policy # _____ | Relation of Participant to Policy: _____ |
| Other Insurance Information _____ | Camp Participant's Social Security # _____ |
| Emergency Contact Name _____ | Relation to participant _____ |
| Emergency Contact Phone: home _____ | work _____ cell _____ |

Unless it is a pre-existing condition, camp insurance will cover up to its insurance maximum and then your private insurance will be billed.

| | |
|---|--|
| <p>Medical Information</p> <p>Significant allergies (specify)</p> <p><input type="checkbox"/> Food, Plant/Pollen, Medicine/Drug, Insect Sting, etc.: _____</p> <p>_____</p> <p>_____</p> <p>Give dates and types of operations in the last two years: _____</p> <p>Doctor's Name: _____ Doctor's # _____</p> <p>Date of last Tetanus Shot: _____ Date of Last Health Exam: _____</p> <p>Has the Participant Been Exposed to Any Contagious Disease? If so, what and when? _____</p> <p>Is the Camper Currently Under Physician's Care for Medical Problems? _____</p> <p>Detail any Physical, Mental, Behavioral, Educational, or Emotional Limitations: _____</p> <p>_____</p> <p>Has the participant ever required psychiatric counseling (including depression), hospitalization, or medication? If yes, please specify: _____</p> <p>_____</p> <p>Any Recent Illnesses? _____</p> <p>_____</p> | <p>Diseases, Chronic or Recurring Illness: (Check all that apply and explain)</p> <p><input type="checkbox"/> Asthma: _____</p> <p><input type="checkbox"/> Bleeding Disorder: _____</p> <p><input type="checkbox"/> Dermatological Condition: _____</p> <p><input type="checkbox"/> Diabetes: _____</p> <p><input type="checkbox"/> Ear Infections: _____</p> <p><input type="checkbox"/> Heart Defect: _____</p> <p><input type="checkbox"/> Seizures: _____</p> <p><input type="checkbox"/> Stomach Condition: _____</p> <p><input type="checkbox"/> Emotional: _____</p> <p><input type="checkbox"/> Blood Pressure: _____</p> <p><input type="checkbox"/> Headaches: _____</p> <p><input type="checkbox"/> Bed Wetting: _____</p> <p><input type="checkbox"/> Other: _____</p> |
|---|--|

All MEDICATIONS (prescription & over the counter) MUST BE turned in at registration. They MUST BE IN ORIGINAL CONTAINER with original label and all instructions attached. If participant is using multiple medications, please put Medication Vials in Zip Lock Bag with Name written on it with sharpie, including adults. If more space is needed, add separate piece of paper. **No camper or counselor is allowed to keep medications on their person or in their dorm room. The only exceptions are emergency inhalers or epinephrine injectors.**

| Medication | Dose Amount | Times to be given | Special Directions | Side Effects? |
|------------|-------------|-------------------|--------------------|---------------|
| | | | | |
| | | | | |

May Disciples Crossing give your child Tylenol, Benadryl and or topical solutions to treat them for minor aches, pains and ailments as they should become evident. All medications will be administered in accordance with manufacturer's directions and/ or with the physician on call.

Sign Here

YES NO Parent's Signature _____

EMERGENCY MEDICAL AUTHORIZATION

I, _____ (adult or legal guardians name), hereby authorize Disciples Crossing and its staff to seek and authorize emergency medical treatment for _____ (name of participant). This is to include anesthetic, medical treatment, and the performance of whatever operations or removal of tissue decided to be necessary by the attending physicians.

Sign Here

Signature (Parent's signature if under 18) **X** _____

Please do not bring/send your child to camp if they are ill or show signs of becoming ill. Fever, Nausea, etc. In accordance with Texas State Health Laws: If your camper should be found to have a contagious illness/disease, they will be sequestered and you will be called to pick your camper up. Disciples Crossing reserves the right to check campers to protect the health of all campers.

Tri-Area Participant Covenant

In the spirit of forming a positive Christian Community while at this event, I agree to the following:

- I agree to abide by the rules of the event as they are posted, announced, or given to me. I recognize that the rules are designed for the good of the whole community as well as my safety.
- I agree to participate in all group activities as they are scheduled or announced and be present for the entire event. I understand that my participation is essential to the positive experience of the whole group.
- I agree to treat others with respect. This includes, but is not limited to the way in which I behave, speak, make physical contact with others, and how I will talk about others when they are not present. I agree to not bully any one in any form.
- I agree to respect the authority of the adults who have been entrusted with making this event a safe and positive atmosphere, and respect their decisions regarding community life. Likewise, I agree to be a positive role model to others by maintaining attitudes of respect, patience, courtesy, tact and maturity.
- I agree to treat the property and facilities with respect, recognizing that if damage should occur because of my negligence, I am financially responsible.
- **I agree to arrive at the event on time and remain at the event until the event has concluded.**
- I agree to refrain from the following:
 - ✓ Possession and/or use of **LEGAL** or illegal substances (including alcohol, illegal drugs, tobacco products, unreported prescription drugs, firearms, weapons, fireworks and explosive devices)
 - ✓ Sneaking out of the dorms after lights out or leaving the event facility at any time without explicit permission of the event director.
 - ✓ Sexual activity, abuse or harassment of any kind (including intercourse, exposure, inappropriate touching and/or inappropriate sexual language) and respecting personal boundaries in showering and bathroom space.
 - ✓ Willful or thoughtless destruction or abuse of property (including unreported, accidental damages).
 - ✓ Wearing inappropriate clothing. *See Tri-Area Rules for clarification (Policies are posted online.)*

I understand that any violation of this covenant will bring the following specific consequences:

- Immediate expulsion from the event at the expense of the participant's family.
- If the violation involves possession of a weapon and/ or illegal substances that local law enforcement will be summoned. The directors of the camp/event have the right to search my belongings if they have reasonable suspicion of either possession of a weapon and/or illegal substances.
- I also understand that the minister of my sponsoring church will be contacted regarding serious violations of the Code of Conduct.
- Required letter of apology to the sponsoring congregation and to the Tri-Area Camp and Conference Team before being allowed back to any event.

I have read the Participant Covenant for the Tri-Area Camp and Conference programs. I have discussed my participation with my parents and my minister/youth sponsor. I am prepared to attend Tri-Area sponsored event with a spirit of Christian cooperation and goodwill. I have read and agree to abide by the above covenant.

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

I have read the covenant and discussed it with my child/youth, who is registering for a Tri-Area event. He/she understands the consequences of violating the covenant. I affirm the efforts of the camp leaders to provide a safe camp experience and to create a positive Christian community. I expect the directors to communicate with me in the event that there is a serious violation of the covenant. I will pray for my child and other participants that God's love may be a transforming presence during this week.

PARENT'S SIGNATURE (IF A MINOR) _____ **DATE:** _____

Minister: *I have read the covenant and am familiar with the Tri-Area policies and procedures. I affirm the efforts of the leaders to provide a safe camp experience and to create a positive Christian community. I expect the directors to communicate with me any serious violations of the covenant. I will pray for the participants this week that God's love may be a transforming presence. I know and recommend this young person for participation in the Tri-Area camp and conference program.*

MINISTER'S SIGNATURE _____ **DATE:** _____