

Ohio District

2009 Camper Registration Form (Page 1)

Jr. High Camp
Ages 12-14
July 6-10

Sr. High Camp
Ages 15-18
July 13-17

Explorer Camp
Ages 9-11
June 22-26

Campmeeting
Adult
July 27-31

Camper Section I *please print legibly*

Name	Birthdate	Age	Sex	Phone ()
Address	City	State	Zip Code	
Pastor's Name	Church			
Have you Repented?	Been Baptized?	Received Holy Ghost?		

Room Mate Preference

I will abide by camp Rules and dress code (as listed on other side), and be obedient and cooperative at all times!!

Signature of camper: _____

Section II (Parent or Guardian)

Name	Address (if different from camper)
City, State Zip	
Phone ()	Emergency Phone ()
Pastor's Printed Name	
Church Name	

Due to insurance liabilities, no skateboards or scooters will be permitted.

- The above named child has my permission to attend the Ohio District UPCI Camp
- I will NOT hold the Ohio District UPCI responsible for any accident that might befall my child which may be caused by neglect or disobedience on the camper's part.
- My child may participate in swimming.
- I agree to be responsible to provide transportation home early if my child is dismissed for misbehavior.
- I agree to make arrangements for my child to leave the campground by 11:00 P.M. on the final day of camp.
- I will be responsible for any costs that may be a result of willful or negligent destruction of camp property or another's personal property.
- I understand all children will be inspected for lice and give my permission for my child to be inspected by the appointed personnel.

2009 Camper Registration Form (Page 2)

Pastor

The above named camper is associated with our church through: (Check One)

Regular Member Bus Ministry Friend or Relative of Church Member Other _____

This camper has my recommendation to attend Camp.

Pastor's Signature

Date

(Presbyter) Non-Ohio District UPCI Campers

to be completed by all campers who do not attend an Ohio District United Pentecostal Church

Signature of local UPCI Pastor

Signature of local UPCI Presbyter

Registration fee for campers using this Section will be \$125.00 (\$145.00 for late registration)

Registration Information

1. Fill out form completely
2. Enclose pre-registration of \$95.00 (fee for late registration is \$115.00). Pre-registration deadline: Two weeks prior to the camp being attended.
3. Mail form and fee to Apostolic Camp, **Sister Charlene Swain Abundant Life Tabernacle, 35 Derrer Road, Columbus, OH 43204**
4. Make checks payable to Apostolic Campground. Must be received two weeks prior to the camp being attended.

A **Note:** No one shall be denied admission to our camps, or to the benefits of our U.S. Department of Agriculture Child Nutrition Program because of race, color, national origin, sex, handicap or age.

Rules

- A. During any scheduled district activity, all persons staying on the Campground are under the jurisdiction of the Campground Rules. This includes daytime, evening and overnight guests.
- B. The same dress code will be in effect for all camps.
- C. **1)** Girls must have dresses to at least mid-knee. **2)** Girls are not to wear pants, gauchos, or shorts. Only decent culottes are acceptable with front and back panels as previously approved by the district. **3)** No sleeveless, capped sleeves, see-through, or low-cut blouses are allowed. **4)** All boys must have decent haircuts and ne clean shaven **before arriving on the campground**. This means hair must be off the collar and the ears, and no facial hair. **5)** No tight fitting trousers, shorts or sleeveless shirts shall be permitted on the boys (this includes ball uniform pants and sweat pants). **6)** All dress shirts must be worn inside the trousers. **7)** No suggestive slogans or pictures will be allowed on the clothing or elsewhere. **8)** Make-up, necklaces, earrings, etc. are not permitted on the campground. **9)** Girls are not to be in the hallways without a decent robe. (This includes from shower to room).
- D. UPCI pastor must personally sign the registration form of each student enrolled, and the student must also sign indicating that he/she has read the rules and pledges to abide by them. Registrar must call for non-signed forms and obtain the Pastor's verbal approval to sign the Pastor's name followed by her initials. The Presbyter and UPCI Pastor from the area must sign for anyone from a non-UPCI Church.
- E. Any young person attending youth camps may not use his/her motor vehicle for individual service or pleasure with the exception of coming and going from such activities. All motor vehicles must remain impounded on the campground property for the duration of the camp.
- F. All young people must have permission from the Camp Director to leave the campground for any reason after they are registered.
- G. Choir attendance at Youth Camps and Sunday School Camps is mandatory, and young people must sit in their assigned choir seats for evening service.
- H. No student will be permitted to ride in a private boat.
- I. No student of the opposite sex will be permitted to have physical contact anywhere on camp property (holding hands, hugging, embracing, etc.).
- J. No student will be granted permission to go back and forth to the tabernacle after the evangelistic service begins.
- K. Each student must remain in the tabernacle after the evangelistic service until permission is granted to leave.
- L. No student will be permitted down at the lake front after dark.
- M. No food or drink shall be allowed in the dorms, hotel or tabernacle.
- N. All lights must be out by 12:00 midnight -- and all noise is to cease.
- O. Each student must be responsible and liable for any property damage incurred by him/her.
- P. No one is permitted to remove any furniture from its proper setting or place at any time.
- Q. No radios or tape players will be permitted on the campground.
- R. No matches or candles are allowed in the hotel or dorms.
- S. No one is allowed on the grounds during the day or after 12:00 p.m. unless enrolled as a camper or a staff worker.
- T. All campers must arrange transportation for leaving the camp no later than 11:00 P.M. on the final night of that particular camp. (NOBODY can stay on the campgrounds Friday night without permission from a camp manager.)
- U. No UPCI pastor shall sign for a person not in their assembly if that young person is from a church in question or from a church that has been refused membership in the UPCI or attends another UPCI church.
- V. No doors are to be locked. (Except as noted to and approved by Dorm Supervisors)
- W. No sleeping or showering together by students.
- X. No moving from one room to another without permission from the Dorm Supervisor and the Registrar.
- Y. Each worker must remain in the night service until time for their work duty.

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Camper's Medical Summary (Page 3)

Insurance Information

Physician's Name

Physician's Phone ()

Insurance Company

Name of Policy Holder

Policy Number

General Medicine

Please list any known mental or emotional requirements that would limit your child from normal group activities.

Please list any significant past medical history.

Does your child have any allergies? (Food, medical, or others)? Yes No If yes, please list them below

Parents: Please initial below which over-the-counter medications and preparations that may be dispensed to your child on an as-needed basis. All medications and preparations will be provided and will be dispensed by the Camp Medical Staff.

_____ Acetaminophen (Tylenol) _____ Cough/Cold/Allergy Med. _____ Skin Cleansing Agent

_____ Antacids _____ Ibuprofen _____ Sore Throat Medication

_____ Benadryl _____ Immodium/Diarrhea Med. _____ Topical (Skin) Antibiotic

_____ Calamine/Caladryl Lotion _____ Pepto-Bismol

Statement of Lice Inspection

Lice/Nit Free

1. All campers will be checked for lice/nits by our qualified Camp Medical Staff prior to Registration. The Camp Nurse will have the final say in the matter.

Infected/**DO NOT ADMIT**

2. Campers with lice/nits will be sent home without return.

Camp Staff Signature

Since lice/nits can be a real nuisance to our girls and ladies with long hair, we seek to err on the side of caution. Successful treatment of lice/nits includes medicated lice hair treatment, a second medicated treatment 10 days later, removal of all nits in the hair with a lice comb, treatment of all hair combs & accessories, clothing, bedding, and anywhere close contact may occur. Medicated shampoo treatments are generally not effective by themselves. Nits must be physically removed from the hair. Nits can remain viable in bedding, for example, up to seven days. For more information, please contact your physicians.

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Camper's Medical Summary (Page 4)

Prescribed Medication

Please list all medications

Medicine Name on Label	Amount Per Dosage	Time To Be Given	Staff Use
1.		Morning Noon Evening Night	M T W R F
2.		Morning Noon Evening Night	M T W R F
3.		Morning Noon Evening Night	M T W R F
4.		Morning Noon Evening Night	M T W R F
5.		Morning Noon Evening Night	M T W R F

I, _____ (Parent/Guardian's Initials) give my permission for the listed medications/preparations to be given in my absence as indicated above. I will not hold the Ohio District or administering person liable for any reactions resulting from the giving of these medications. **All medication must be sent in the original packaging,**

Statement of Permission

We are required by applicable federal and state law to maintain the privacy of your child's health information. We use and disclose your child's health information for use in medical and dental treatment by a physician or hospital, payment to the physician or hospital, and healthcare operations such as release of noted regarding an accident or incident. We are required by law to obtain your written consent prior to making certain disclosures of your health information.

I understand in the event that an emergency would arise that would require medical care, use of a physician or hospitalization or surgery, I will be notified immediately. However, should camp authorities be unable to locate or not have time to contact the child's parent or guardian, they may take such temporary measures as they deem appropriate and necessary.

Also, I grant permission for routine non-surgical medical care for the above named camper. I hereby authorize the release of pertinent medical/dental information to insurance companies and I hereby authorize the insurance benefits be paid directly to the provider of medical/dental services.

Parent's or Guardian's Signature _____ Date _____

**This completed form must accompany all camper applications.
Campers with lice/nits must be sent home without being allowed to return that week.**