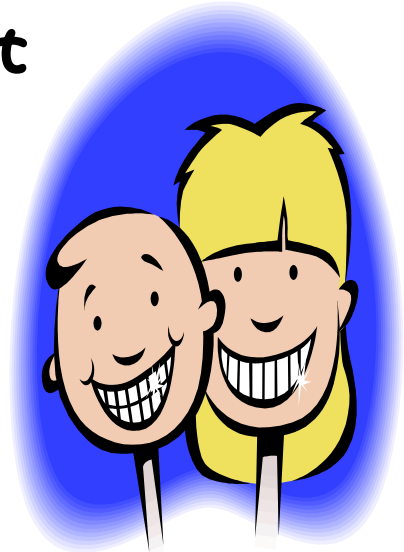


# South Carolina District Church of the Nazarene Children's Camps 2010



<p><b>Primary Camp</b> July 15th - 17th <b>Thursday-Saturday</b> (Completed 1st or 2nd Grade) Pre-Registered &amp; Pre-Paid By June 30 A charge of \$20.00 should be added to all applications not postmarked by June 29</p> <p><b>\$110.00</b></p> <p>Begins Thursday at 3:30 pm Concludes Saturday at 12:00 pm</p>	<p><b>Middler Camp</b> July 11th - 14th <b>Sunday-Wednesday</b> (Completed 3rd or 4th Grade) Pre-Registered &amp; Pre-Paid By June 30 A charge of \$20.00 should be added to all applications not postmarked by June 29</p> <p><b>\$140.00</b></p> <p>Begins Sunday at 3:30 pm Concludes Wednesday at 12:00 pm</p>	<p><b>Pre-Teen Camp</b> July 19th- 23rd <b>Monday - Friday</b> (Completed 5th or 6th Grade) Pre-Registered &amp; Pre-Paid By June 30 A charge of \$20.00 should be added to all applications not postmarked by June 29</p> <p><b>\$160.00</b></p> <p>Begins Monday at 3:30 pm Concludes Friday at 12:00 pm</p>
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**CAMP SIZE WILL BE BASED ON THE AVAILABLE NUMBER OF QUALIFIED COUNSELORS.  
NO WALK-ONS WILL BE ACCEPTED.**

**Packing List:** Bedding and Pillow (Sheets are required by state law, even with sleeping bag), Towels, Personal Hygiene Items, Bible, Modest One Piece Swimsuit, Modest Clothes (shorts are ok for all activities/dress clothes not needed), Flashlight, Super Soaker or Water Gun (please label with camper's name)

**Prohibited Items:** Fireworks, Weapons, Tobacco, Drugs, Alcohol, TV, Radio, iPod or CD Player, Shaving Cream, Immodest Clothing, Money. (\$10.00 has been added to fees for snacks).  
*Cell Phones are not permitted and will be taken at the beginning of camp and returned at the conclusion of camp if found. Emergency calls can be made through the camp phone.*

All Counselors must be approved & pre-registered with the Camp Directors!!  
Primary, Middler & Pre-Teen Camp Directors: Brenda Turner (864-233-4890 ext 17) & Dana Bays (803-772-2461 ext 310)

**RULES FOR ACCEPTANCE ARE THE SAME FOR EVERYONE WITHOUT REGARD TO  
RACE, COLOR, NATIONAL ORIGIN, OR SEX.**

# South Carolina District Children's Camp Registration Form

For Office Use Only:

## Personal Information

Check One:  Primary Camp  Middler Camp  Pre-Teen Camp Circle One: Male Female

Camper's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(For Emergency Use)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade Completed : \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Alternate Phone where you can be reached at all times: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_ Local Church: \_\_\_\_\_

## Medical Information

Is camper under any medical care? \_\_\_\_\_ (If yes, please explain on separate sheet of paper)

Please list any medications that camper is currently on or has taken on a regular basis during the previous year: \_\_\_\_\_

Allergies (Include medications, stings or bites, food): \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please be informed that the District Campground Insurance is a standard secondary coverage policy. This means that the individual camper's or staff's primary health insurance will be billed first.

Emergency Contacts: (Must have 3)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Release Information

I have read the packing list, the prohibited items and the above insurance information and agree to abide by them. I understand that if I do not abide by these rules, I have made the choice to be sent home at my own expense and agree to pay for any damages that I have incurred. I give permission for my child to leave the grounds for scheduled camp activities with adult supervision. I also give consent for the above camper to be treated by the doctor or hospital in the event of emergency or illness. All Campers will be checked for head lice/nits prior to registration. All Campers must be signed out of camp at the camps conclusion by parent or responsible adult.

Parent/Guardian: \_\_\_\_\_ Camper: \_\_\_\_\_ Date: \_\_\_\_\_

## Shirt Size

T-Shirt Size:  Youth Large  Adult Small  Adult Medium  Adult Large  Adult X-Large

Please make checks payable to: Nazarene Camp Mail Registration Form & Fee to: **Brenda Turner, 1201 Haywood Road, Greenville, SC 29615**