

Child's Insurance Information: *The following information MUST BE COMPLETED:*

ALL PRESCRIPTIONS MUST BE BUBBLE PACKED FROM YOUR PHARMACY. OVER-THE-COUNTER DRUGS MUST BE BROUGHT IN THE ORIGINAL BOTTLE TO THE CAMP NURSE THIS INCLUDES INHALERS.

***Please place meds in original bottles inside a zip lock bag with child's name clearly marked on the outside.**

Insurance Carrier												Insurance Co. Phone Number											

Policy Number												Group Number											

Subscriber												DOB												SS#											

Name and address of Family Physician: _____

Physician's phone # () _____

Father or Guardian _____ Phone # () _____

Employer, Name and Address: _____

Mother or Spouse's Employer Name and Address _____ Phone # () _____

I hereby certify that all above information is true and complete.

Signature _____ **Date** _____

Emergency Consent: I, the undersigned, parent or legal guardians of the participant, a minor, hereby authorize the director or other responsible staff acting on behalf of the Arkansas District Council, to act as my Agent, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the above emergency contact.

Parent initials _____

Waiver of Liability, Disclaimer, and Permission: I, the parent or guardian of the above named individual, acknowledge that participation in all camp-related activities necessarily involves risk of physical injury. I further acknowledge that the programs of Arkansas District Camps are primarily administered by adults, who volunteer their time. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its programs, I attest that my child is physically capable to participate in this event. However, should directors, representatives or volunteers determine in their sole discretion that completion or participation in any games or events would be injurious to my child's health, or should my child become ill or injured, I consent to his or her removal and treatment by any physician or medical care provider at the direction of the event director and/or assistant. I give my permission for free use of any videotape, photographs, audiotapes, or any other visual or audio reproduction in which my student may appear by the Arkansas Assemblies of God. I release the Arkansas Assemblies of God from any liability connected with the use of picture or voice recording as part of any promotion.

Parent initials _____

Discipline/Property Consent: I understand that the Arkansas District Camps and the rented facility make rules and guidelines that my student will abide by while attending camp. I understand that if my student misbehaves and does not respond in a positive manner, I may be called to pick him/her up. Warnings will be given, but if inappropriate behavior continues, I will come and get him/her and no refund will be issued. In addition, **I will pay for any damage that is done to the camp or to personal property belonging to another individual.** I give permission to the camp director and/or assistant camp director to inspect the contents of any or all of my child's personal belongings, and to withhold and/or dispose of any improper or illegal contents. **Parent initials** _____

Parent /Guardian signature _____ **Date** _____

(Required if under age 18)

I verify that the information requested is correct and I agree to conform to all camp regulations and dress code.

Camper Signature _____ **Date** _____

Send application to: Kid's Camps, PO Box 191670, Little Rock, AR 72219

Arkansas District Camp Parent Sheet

PARENTS KEEP THIS FORM FOR YOUR RECORDS!!!

OPENING AND CLOSING for camps 6, 7 & 10 – Early Registration Cost \$125 – Late Registration after deadline Cost will be \$150 - Registration begins at 12:30 PM on Monday. Registration closes at 2:30 PM. Churches that do not call or arrive by 2:30 PM will forfeit their beds. Camp closes at 10:30 AM on Friday. No lunch will be served on Monday or Friday. **ALL CAMPERS MUST BE OFF THE GROUNDS BY NOON ON FRIDAY.**

OPENING AND CLOSING for camp #8 – Early Registration Cost \$100 – Late Registration after deadline Cost will be \$125 - Registration begins at 2 PM on Sunday. Registration closes at 4PM. Churches that do not call or arrive by 4 PM will forfeit their beds. Camp closes at 10 AM on Wednesday.

OPENING AND CLOSING for camp #9 – Early Registration Cost \$100 – Late Registration after deadline Cost will be \$125 - Registration begins at 2 PM on Wednesday. Registration closes at 4PM. Churches that do not call or arrive by 4 PM will forfeit their beds. Camp closes at 10 AM on Saturday.

REGISTRATION - Beds are available on a **FIRST COME FIRST SERVE BASIS**. **Churches should only send in \$50 per camper. Send only \$60 if t-shirt is pre-ordered per camper with camp registration form.** The remaining balance of \$75 for camps 6, 7 & 10 and \$50 for camps 8 & 9 will be paid on the first day of camp. Make checks out to the camper's church. **Camper registrations received after the registration deadline dates are subject to be separated from the church group in rooming and teaming.** Campers pre-registered for one camp who want to move to another camp may do so if there is room in the camp that they want to transfer to. Otherwise, they have to show up on the first day of camp to see if they can get a room. No camper will be put on a waiting list before the first day of camp. Campers may show up at camp on the first day to see if they can get in a room where a pre-registered camper did not show. A sheet will be posted by 9:00 AM on the first day of camp for campers to sign up for a cancelled bed. Each camper must bring a camper application form completely filled out and signed by a parent.

GENERAL INFORMATION AND POLICIES –

- **NO checks will be cashed at camp.**
- **NO VISITORS WILL BE ALLOWED TO VISIT CAMP AT ANY TIME.**
- No camper will be allowed to leave the campgrounds once they have registered until closing time, unless there is written permission from the parents/guardian and approval from the camp director. (ID must be shown at the time of check out to verify.)
- **NO shaving cream will be allowed unless for personal use.**
- All individuals must stay out of the halls and rooms of the opposite sex.
- All cars will be parked in the appropriate areas on Monday and remain so until checkout on Friday.
- No swapping of rooms. You must stay where you are assigned.
- All items left at camp must be claimed within 2 weeks of camp attended.
- Multi-media players, firearms, knives, weapons, communicative devices or clothing and other articles displaying questionable content are NOT allowed. Cell phones are not allowed. Students found using any of these items will have them confiscated until checkout on Friday. The AR DISTRICT will not be responsible for lost or stolen personal property.
- Fireworks, smoking, alcoholic beverages, or drugs are NOT allowed on the campgrounds.
- Public Displays of Affection are not allowed.
- We reserve the right to inspect all personal belongings. The holding and/or disposal of improper contents are the right of the camp staff.
- No food or drinks are allowed in the dorm at any time. No food, including candy, should be brought or mailed to the camper. Friends and family can write: Camper's Name - Camp #, c/o Mountain Valley Retreat Center, 1400 N Highway 7, Hot Springs, AR 71909. (Please allow 3-4 days for delivery.)

CAMP PROPERTY DAMAGE – Charges for items broken/damaged during camp will be billed to all parties/individuals involved.

MEDICATION – All medications, prescriptions, and over-the-counter drugs must be brought in the original bottle to the camp nurse on Monday in a zip lock bag with the child's name clearly marked on the outside.

INSURANCE – Camp provides supplementary insurance for those injured at camp.

WHAT TO EXPECT AT CAMP - Amenities include air-conditioned dorms, go-carts, swimming pool, water sports, and more. Daily activities include special assemblies, awesome services, recreation and more. There is a concession stand and camp store filled with ice cream, candy, soft drinks, t-shirts, and novelties. Recommended allowance is \$4 - \$10 per day per child.

ITEMS TO BRING - Bible, twin sheets, blankets, pillow, towels, toiletries, money (cash only; no checks will be cashed at camp), casual clothes, dress clothes for evening services, dark clothes and shoes that can be worn for water sports, a bag for wet clothes, and a bag for dry clothes. Please clearly label all items. Campers are responsible for personal belongings. **AR Camps are not responsible for lost/stolen items.** Do not send irreplaceable item

DRESS CODE -

ALL CLOTHING MUST BE NO SHORTER THAN 2" ABOVE THE KNEE.

Shorts can be worn during the day. Absolutely **NO spandex shorts, boxer shorts, or shorts shorter than 2" above the knee.**

Abbreviated attire such as half shirts, tank tops, sundresses, spaghetti straps or crop shirts will not be allowed, and should be left at home.

Shirts and dresses that have ANY part of the back missing will not be allowed. **NO oversized armholes or sides cut out of shirts.**

Tight fitting clothing (pants and shirts) should be left at home. If you bring it, you will be asked to change. ALL CLOTHING MUST BE MODEST.

Dark clothes and shoes must be worn for water sports.

Shoes must be worn at all times. Shoes that cover the whole foot **must** be worn while riding go-carts.

For evening services, young ladies may wear **modest** dresses or pants. Young men must wear long pants (this means clean and with no holes in them) and a shirt. **Absolutely no shorts pants for evening services! If in doubt, DON'T BRING IT!**

TELEPHONES –

Mountain Valley Retreat Center – 501.624.1542 (FOR EMERGENCY USE ONLY) AR District Office – 501.455.5444

NOTE: Campers will not be allowed to use the phone or cell phones once they are on the campgrounds. Please don't ask your students to call. The only calls accepted will be emergency calls. If an emergency should occur, call the camp at 501.624.1542.

**PARENTS: Please complete this prescription form
List one child per form**

Please list all medications, prescriptions and over the counter drugs that will be taken at camp in the space provided below.

WILL THIS CAMPER BE TAKING MEDS DURING CAMP? YES ___ or NO ___

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***Please place meds in original bottles inside a zip lock bag with child's name clearly marked on the outside.**

The following information MUST BE COMPLETED:

Child's Name: _____

Church Attending: _____

Camp Attending: _____ **Coordinator's name:** _____

Is there any information we should have regarding the welfare of this camper: handicaps, restrictions, diets, etc? If this is not enough space, please attach a detailed sheet.

Is there any activity you do not wish him/her to participate in? ___ YES ___ NO

If yes, please explain in full. _____

List information concerning medications to be given at camp by the camp nurse.

Medication (other than Tylenol)	Dosage	Time to be Given

*Please make a copy of this form and send with your child's registration form. The other copy should accompany your child's zip lock bag of medications on the first day of camp.

***Please include a copy of your insurance card in case of an emergency.**

Parent/Guardian Signature: _____