

Camper Information

Things you need to know . . .

LET'S GET REGISTERED ► Thoroughly complete the registration/medical form attached. Fill out a separate sheet for each child. Anyone not registered by the stated deadline, must contact the camp registrar regarding available space. There is an early bird price for registrations/payments made by the stated deadline. After the deadline there will be a **\$25.00 late fee**.

PARENT COUNSELORS ► Campers whose parents apply and are accepted as a counselor or a staff member will attend camp for ½ the regular cost of camp. Please contact your Pastor, SS Superintendent, Children's Pastor or Director for more information.

BUNKIE REQUESTS ► All requests must be indicated on the camper application. We strive to honor these requests with preferably 3 and no more than 4 per church in one group.

ARRIVAL/DISMISSAL/VISITATION ► Camper **check in** will begin at **11:00 a.m.** on the first day of camp. No one will be processed before this time. All camp visitors must have prior consent of the camp coordinator. Camper **dismissal** will be at **12:00 p.m.** the last day of camp.

HEALTH DEPT. REQUIREMENTS ► We are mandated by the health department to conduct head lice checks. This process is done in private. Anyone being found to have head lice and or nits will be sent home. Campers can be treated for lice, be seen by a health care professional and if found to be lice and nit free may be rechecked by the camp medical director before returning to camp. The decision of the medical director is final. If a camper is sent home due to lice or nits *No refunds given*.

EARLY RELEASE ► Reasons for early release are as follows, but are not limited to:

1. Campers with fever, vomiting, diarrhea, etc. will be sent home by the camp nurse.
2. Campers in direct violation of camp rules may be expelled by the camp coordinator.
3. Parents or responsible party must respond to early release in a timely manner. *No refunds can be given for early release.*

GETTING PACKED ► Campers will **need to bring**:

- Sleeping Bag or sheet/blanket
- Pillow
- 1 bath towel
- Toiletries
- Shower shoes
- Complete change of clothes for each day of camp
- 2 pair of old shoes
- Swimsuit & beach towel
- ► girls must wear modest one piece
- Rain gear
- Insect repellent
- Flashlight
- Garbage bag for dirty clothes
- BIBLE
- 1 non-menthol shaving cream (**Preteen ONLY**)

► Campers **DO NOT bring**:

- New clothes
- New shoes
- Snack food
- Video games
- Pagers
- Cell Phones
- Cash

Please be advised: Campers will not be permitted to carry or use cell phones at camp. If family communication is necessary, it must be done through the camp director. This regulation is in the best interest of the campers.

SEND MAIL ► Campers love to get mail from home. Please address your mail accordingly:

Name of Camper
NCO Children's Camp (primary or pre-teen)
Pleasant Valley Ranch
4023 St. Rt. 603
Perrysville, OH 44864

NCO District Church of the Nazarene

Summer Camp Application

Please indicate check camp child will be attending.

Registration Deadline: July 12

Primary Camp (completed 1st/2nd/3rd)

July 22-25

Cost: (Includes Snack Card)
\$140 (postmarked **before** July 12)
\$165 postmarked **after** July 12)

Send application with payment to:

NCO PRIMARY CAMP
168 E. Olentangy St.
Powell, OH 43065

Preteen Camp (completed 4th,5th,6th)

July 25-29

Cost: (Includes Snack Card)
EARLY BIRD \$160 (postmarked **before** July 2)
\$170 (postmarked **before** July 12)
\$195 postmarked **after** July 12)

Send application with payment to:

NCO PRETEEN CAMP
8600 State Rd.
North Royalton, Ohio 44133

Camper's Name _____ **Gender:** Male or Female

Date of Birth ____/____/____ Last Grade COMPLETED 1st 2nd 3rd 4th 5th 6th

Parent or Guardian's Name _____

Address _____

City _____ State _____ Zip Code _____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

E-Mail Address _____

Church Affiliation & City _____

Has this child previously attended a NCO District camp? **YES or NO**

Bunkie Request: 1st preference _____ 2nd preference _____

If camper is NOT to return home with parent, guardian or church, please indicate who is authorized to pick up your child at the conclusion of camp:

Name _____ Phone # (____) _____

Does this camper currently have a custody agreement or do not release agreement in place? **YES or NO**

If **YES**, please attach a photocopy of said agreement. This is to ensure the safety and well being of the child.
Any questions or concerns may be directed to the camp director.

With my signature, I hereby validate this application form and do expressly waive any and all claims against the NCO District Church of the Nazarene and/or any of its Boards and/or any of its representatives, because of illness, injury, or damage to the person or property of the above names applicant in condition with, or incident to, the NCO Children's Camp Program.

Parent/Guardian Signature _____ Date _____

Registrar's Use ONLY

Date Rec'd _____ Paid \$ _____ Cash _____ Check#/Name _____
Scholarships: Parent/Quizzing Amount Given \$ _____ Balance Due \$ _____ Medication: YES/NO

Camper Medical Information

Camper's Name _____ **Gender:** Male or Female

Medications: Please list any and all medications to be administered at camp.

Name of Medication _____ Dosage Schedule _____

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Name of Medication _____ Dosage Schedule _____

**All medications MUST be in the original container and will not be administered otherwise.
All medication will be document and administered by a state licensed Registered Nurse.**

Allergies:

Please indicate all known allergies and suggested treatment/necessary medications (epi-pen, Benadryl, etc.).

Seasonal: _____ Treatment: _____

Poison Ivy, Oak, Sumac: _____ Treatment: _____

Food: _____ Treatment: _____

Medications: _____ Treatment: _____

(Prescribed or Over the Counter that camper is allergic to)

Dietary Restrictions or Special Needs: (brief explanation) _____

Please provide supporting documentation from a licensed health care provider. Campers who do not provide supporting documentation will be required to provide food for their dietary needs.

Recent Injury/Serious Illness/ Physical/Personal Limitations: : (brief explanation) _____

Camper Subject to: ___fainting ___convulsions ___bed wetting ___behavioral/mental disabilities

___other – brief explanation _____

Insurance Information Name of Policy Holder _____

Insurance Carrier _____ Group and/or Policy # _____

Emergency Contacts (in event parent/guardian can not be reached)

1. Name _____ Relationship _____

Home # (____) _____ Cell # (____) _____

2. Name _____ Relationship _____

Home # (____) _____ Cell # (____) _____

I hereby give consent for the camp nurse to dispense over the counter medication, such as, but not limited to, Acetaminophen, Ibuprofen, etc. to the camper named above. I also hereby authorized the release of all medical information to an attending physician in case of an emergency. In the event that I cannot be reached immediately, I hereby give permission to the camp staff to secure proper emergency medical care for illness or injury incurred during camp for camper named above.

Parent/Guardian Signature _____ Date _____

Media Release

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations or courses
- informational presentations
- promotional videos

Parent/ Guardian Signature _____ Date _____