

# NSC Kid's Camp 2017

“And yet, O LORD, you are our Father. We are the clay, and you are the potter.

We all are formed by your hand.”

**Isaiah 64:8 NLT**

- WHEN:** June 19<sup>th</sup> – 23<sup>rd</sup>
- WHO:** Students completing 3rd—6th grade
- WHERE:** Eagle Ridge Retreat Center; Bowling Green, KY
- COST:**
- Early Bird Registration (by May 12th): \$125
  - General Registration (May 13th - May 22nd): \$150
  - Ask about our **Multiple Sibling Discount**

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## **REGISTRATION PROCESS:**

- All registration forms and a \$25 pre-registration fee should be received by **MAY 22nd!**
- Registrations received **AFTER** May 22th are welcome contingent upon space available
- Shirts and materials for the camp become limited after May 22nd orders are placed

• **SEND REGISTRATIONS TO:**

**Jalyn Goforth | 208 Winding Way | Wilmore, KY 40390**

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### **THINGS TO BRING**

Bible, pen, comfortable shoes, modest clothing, towels, toiletries, bedding, canteen money, softball gloves, flashlight, sunscreen, bug repellent, and a *good attitude!*

### **THINGS NOT TO BRING**

Electronics: cell phones, mp3 players, games, etc.

### **CLOTHING WARNING**

The weather is going to be hot! Pack things that not only keep ya cool, but also keep ya covered!

### **CAMP ACTIVITIES**

Bible Study, Hikes, Crafts, GREAT Camp Food, Quiet Time, Worship Services, Recreation, Some Gardening and Story Time!

**Kid's Camp 2017  
is encouraging you  
to come be sculpted  
and shaped to serve  
Christ more effectively.  
Let's get on the wheel!**

### **QUESTIONS:**

**Jalyn Goforth**, Camp Director:  
jalynmwilson@gmail.com  
**Rebekah Tinsley**, Camp Director:  
rftinsley@gmail.com

# NSC Kid's Camp 2017

Eagle Ridge Retreat Center  
June 19th - 23rd

*Shaped to Serve*

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
M/D/Year

Address: \_\_\_\_\_  
Street address City, State Zip

Last Grade Completed: 3rd 4th 5th 6th Gender: Male Female T-shirt Size: \_\_\_\_\_  
\*\*Important: Indicate shirt size as follows: "YL"= Youth LG, "AL"= Adult LG, etc.\*\*

Parent/Guardian: \_\_\_\_\_ Home Number: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Pastor's Contact Number: \_\_\_\_\_ Pastor's Email: \_\_\_\_\_

Have you been to Kids Camp before? YES NO Year(s): \_\_\_\_\_

## **RULES AND EXPECTATIONS:**

- ◆ Campers are expected to participate in all activities and follow the camp schedule.
- ◆ Campers are expected to be punctual to all activities and assemblies.
- ◆ Campers should conduct themselves appropriately at all assemblies/activities.
- ◆ Campers are expected to display sportsmanship in all events.
- ◆ Campers are expected to show respect to all campers and staff.
- ◆ Appropriate clothing should be worn at all times.
- ◆ Shoes are to be worn at all times unless in cabins/dorm rooms.
- ◆ Campers should not enter the cabin(s)/housing of campers of the opposite gender.
- ◆ Campers will be expected to refrain from Public/Priate Displays of Affection.
- ◆ Cabins must be clean and in order before campers go to Flag Raising.

## **FAILURE TO FOLLOW POLICIES:**

- ◆ Extra duties, such as KP, bathroom clean-up, garbage pick-up, etc.
- ◆ Camper will be asked to call parent/guardian and report misbehavior.
- ◆ At the Camp Director's discretion, the camper may be asked to leave camp (guardian will arrange transportation)

## **COVENANT:**

I have read and understand these policies.  
I agree to follow them for the safety and enjoyment of myself and of other campers.  
I understand the consequences of failing to meet these guidelines.

\_\_\_\_\_  
**CAMPER SIG.**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT SIG.**

Please send the following (by **MAY 22**):

- ✓ This form; the attached Medical Form—NOTARIZED ; and your \$20 (non-refundable) pre-registration fee
- ✓ Make Checks Payable to "NSC"; Memo: Kid's Camp
- ✓ Send to: Jalyn Goforth | 208 Winding Way | Wilmore, KY 40390

# MEDICAL HISTORY / PERMISSION TO TREAT

*Our commitment is to never misuse the information provided below or release it to unauthorized persons.*

*It will never be used at events unless necessary, and then only with the greatest discretion.*

- New South Conference of FMCNA-

NAME: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ DOB: \_\_\_\_\_

## EMERGENCY CONTACT PERSON(S):

\_\_\_\_\_ Relation: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Relation: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## FAMILY PHYSICIAN:

\_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

## INSURANCE COMPANY:

\_\_\_\_\_ Policy Number: \_\_\_\_\_

## IMMUNIZATIONS: (give dates if available)

\_\_\_\_\_ Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ DPT or TD \_\_\_\_\_ Rubella \_\_\_\_\_ OTHER  
If "other", please list: \_\_\_\_\_

## PAST MEDICAL HISTORY:

\_\_\_\_\_ Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Diabetes \_\_\_\_\_ Dizziness  
\_\_\_\_\_ Heart Trouble \_\_\_\_\_ Stomach Upset \_\_\_\_\_ Hay Fever \_\_\_\_\_ OTHER  
If "other", please list: \_\_\_\_\_

## CHILDHOOD DISEASES:

\_\_\_\_\_ Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_ OTHER  
If "other", please list: \_\_\_\_\_

## ALLERGIES: (please list specific items and information)

Food(s): \_\_\_\_\_ Penicillin or other medication(s): \_\_\_\_\_

Insect(s) sting or bite: \_\_\_\_\_ Poison Sumac, Oak, or Ivy: \_\_\_\_\_

Other allergies: \_\_\_\_\_

## PREVIOUS SURGERY OR SERIOUS ILLNESS:

## CURRENT PRESCRIPTION MEDICATIONS (give dosage):

## SPECIAL DIET:

## OVER-THE-COUNTER MEDICATIONS:

Does event staff have permission to administer the following medication(s) or generic equivalent when appropriate?

Tylenol (Acetaminophen) Advil (Ibuprofen) Milk of Magnesia/Tums/Antacid Benadryl or Cough Syrup

## PERMISSION FOR TREATMENT

My permission is granted for the Camp Director, Camp Nurse, or an Adult Staff to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct. Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (month/year) in the State of \_\_\_\_\_, County \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

## NOTARIZATION:

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ (the signer above), appeared before me \_\_\_\_\_, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Commission Expiration: \_\_\_\_\_

NOTARY PUBLIC



# **ATTENTION!!**

**All student bringing medication of ANY variety:**

**In addition to the notarized medical release form,  
on a separate piece of paper,  
please sign and attach a list including the following information:**

- Student name**
- Name of any medication sent with the student**
- The time at which that medication should be administered**
- The dosage at time of administration**
- Any information of which the camp nurse should be aware**

# NJC Day Camp 2017

“And yet, O LORD, you are our Father. We are the clay, and you are the potter.

We all are formed by your hand.”

**Isaiah 64:8 NLT**

- WHEN:** June 19th - July 23rd
- WHO:** Students completing K—2nd grade
- WHERE:** Eagle Ridge Retreat Center; Bowling Green, KY
- COST:**
- Early Bird Registration (by May 7<sup>th</sup>): \$25/Day
  - General Registration (May 8<sup>th</sup> - May 22<sup>nd</sup>): \$30/Day
  - Ask about our **Multiple Sibling Discount**

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### **THINGS TO BRING**

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### **CAMP ACTIVITIES**

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Eagle Ridge Retreat Center  
June 19th - 23rd

## Shaped to Serve

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M/D/Year

Address: \_\_\_\_\_  
Street address City, State Zip

Last Grade Completed: K 1st 2nd Gender: Male Female T-shirt Size: \_\_\_\_\_  
\*\*Important: Indicate shirt size as follows: "YL"= Youth LG, "AL"= Adult LG, etc.\*\*

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Heart Trouble \_\_\_\_\_ Stomach Upset \_\_\_\_\_ Hay Fever \_\_\_\_\_ OTHER \_\_\_\_\_  
If "other", please list: \_\_\_\_\_

## CHILDHOOD DISEASES:

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