

NSC DAY CAMP 2019

Eagle Ridge Retreat Center
Bowling Green, KY

“Suppose one of you has a hundred sheep and loses one of them. Doesn’t he leave the ninety-nine in the open country and go after the lost sheep until he finds it? And when he finds it, he joyfully puts it on his shoulders and goes home. Then he calls his friends and neighbors together and says, ‘Rejoice with me; I have found my lost sheep.’ I tell you that in the same way there will be more rejoicing in heaven over one sinner who repents than over ninety-nine righteous persons who do not need to repent.”

Luke 15:3-7

WHEN: June 24th – 28th from 9:00am – 6:00pm (parents can stay for evening worship)

WHO: Students completing K – 2nd grade

WHERE: Eagle Ridge Retreat Center; Bowling Green, KY

COST: Early Bird Registration (by May 10th): \$25 day/\$75 week
General Registration (May 11th – May 31st): \$30 day/ \$90 week

Registration Procedures:

- All Registration forms and a \$25 pre-registration fee should be received by May 31st!
- Registrations received **AFTER May 31st** are welcome contingent upon space available.
- Shirts and materials for the camp become limited after May 31st.
- Send Registrations to: **Jalyn Goforth ~ 208 Winding Way ~ Wilmore, KY 40390**

Things to Bring!

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

Things NOT to bring!

Electronics: cell phone, iPod, iPad, video 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, Yummy Camp Food, Quiet Time, Worship Services, Recreation, and Story Time!

Kid’s Camp 2019 is inviting you to come and learn how the Lord is in constant pursuit of your heart, and how we need to pursue Him, and others!

We are excited to have Pastor Josh Huff as our camp evangelist!

For any questions, please contact:
Jalyn Goforth: Camp Director
by email

jalynmgoforth@gmail.com

OR by call/text
(859) 312 – 4541

NSC DAY CAMP 2019

Eagle Ridge Retreat Center

June 24 - 28

Name: _____ Birthdate: _____
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.

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/Private 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 31**):

√ This form; the attached Medical Form—NOTARIZED ; and your \$25 (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

A faded, light-colored background image of a man with a beard and long hair, wearing a robe, holding a young child. The image is centered and serves as a backdrop for the text.

Attention!!

All students 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**