

LOUISIANA DISTRICT CHURCH OF THE NAZARENE
Application for Children's Camp (Completed 1st grade – 12 yrs. old)
JULY 27-31, 2009

Personal Information

Please type or print all information clearly.

CHILD'S NAME: _____ **Male () Female ()**

PARENT'S NAME(S): _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBERS: HOME (____) _____

WORK (____) _____

CELL (____) _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ **GRADE COMPLETED 2008-2009 SCHOOL YEAR:** _____

T-SHIRT SIZE: YOUTH SIZES __S __M __L ADULT SIZES __S __M __L __XL

NAME OF CHURCH: _____

Note: All campers are expected to stay in a dorm unless a parent or sponsor who will be working at camp requests permission for the camper to stay in a lodge room with him or her. The total number of campers and sponsor(s) cannot exceed four in a lodge room for safety reasons. Campers may only share a bed with a parent or other relative.

____ I would like to be in the dorm with the following camper(s):

____ I would like for my child to stay in the lodge with the following adult sponsor: _____

HEALTH STATUS

Because we want to give the best possible care to every camper, the camp director must be informed of current health status. Please check those that apply.

_____ Without any known illness or disability.

_____ Has been treated in the last 30 days. Explain:

_____ Is now on medication.

List medications: _____

_____ I give permission for the camp nurse to give my child the following over-the-counter medicines for minor illnesses (check all that apply):

_____ Tylenol (acetaminophen)

_____ Motrin (ibuprofen)

_____ Benadryl

_____ Pepto-Bismol (or similar product)

_____ Other _____

_____ I do not want the camp nurse to give my child any medication without contacting me first.

Hospital Insurance: Yes _____ No _____

Insurance Company: _____

Policy Number: _____

*******Please attach a copy of your insurance card.*******

The undersigned does hereby give permission for our(my) child, _____ to attend and participate in activities sponsored by our church, _____ Church of the Nazarene and the Louisiana District Church of the Nazarene campground.

I give my permission if it is necessary for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the activities sponsored by the above church and the Louisiana District Church of the Nazarene.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical services rendered to the aforementioned child pursuant to this authorization.

- **CAMP FEE IS \$125 FOR ALL CAMPERS WHOSE APPLICATION AND FULL PAYMENT IS MAILED NO LATER THAN JULY 1, 2009!**
- **YOU WILL RECEIVE A T-SHIRT ONLY IF YOU MAIL YOUR APPLICATION AND FULL PAYMENT BY THIS DATE.**
 - **CAMP FEE INCREASES TO \$150 AFTER JULY 1, 2009.**
- **FEE WILL BE \$175 FOR ALL CAMPERS REGISTERING ON OPENING DAY, JULY 27, 2009.**

Parent or Guardian Signature

Date

Witness Signature

Date

Please send this application form to:

Danny Rester
3329 Sandra Drive
Shreveport, LA 71119

Please mail this application AND a check or a money order written to Louisiana District Church of the Nazarene no later than July 1, 2009 in order to receive the early bird price of \$125.