

Heath Valley Camps 2010

CAMPER APPLICATION

Sr. High Camp: June 14-18

(completed grades 9-12)

**Registration postmark of June 1st

Kids Camp: June 21-25

(completed grades 1-5)

**Registration postmark of June 7th

Jr High Camp: July 19-23

(completed grades 6-8)

**Registration postmark of July 5

Please note: Registrations with postmark date applicable to appropriate camp will be regular camp fee cost. Any date after that and up to the day of camp, there will be a \$15.00 late registration for each camper.

South Arkansas District/Heath Valley Campground
General Information

Address: Heath Valley Campground
928 Polk 61
Mena, AR 71953
479-394-1177

- We encourage you to write your child. All campers love receiving mail. When writing to your camper, please do so as early as possible so they will receive it while at camp. If you wish to have your camper send you a letter or postcard, you will need to supply the material and stamp
- Due to the large number of campers and only one phone line, campers will not be allowed to call home. This number is to be used for emergencies only.

What to Bring:

Bedding (sleeping bag or sheets and blanket with a pillow)
Bible
Good flashlight and batteries
The right stuff to wear (do not bring new clothing or shoes)
Sunscreen and hat
Mosquito/bug spray
Toiletries: shampoo, comb or brush, toothbrush and toothpaste, soap, etc.
Towels: bath and swim
Swimsuit (see rules)
Spending money for snack shack

What NOT to bring:

Tobacco
Drugs
Alcohol
Fireworks
Weapons of any kind
Valuables
Video games
Cell phones
Audio Equipment (including IPODS, etc.)
Secular music, books, magazines
Water balloons

Vehicles:

Vehicles driven to the campground by campers must be parked in designated area and keys turned over to camp director or camp director's designee upon arrival.

Refunds:

1. Full refunds will only be granted due to illness or family emergencies, which will hinder the camper from participating at camp.
2. A non-refundable fee of thirty dollars (\$30) will apply to all other circumstances whether they have been on the campgrounds or not.
3. No refunds will be granted unless for medical reasons or family emergencies. The camp council will have final determination of amount.

Medical Information:

1. Do not send campers who are sick. They will be sent home at your expense.
2. All campers will be checked for head lice. No one with head lice will be admitted onto the campground.
3. All campers must have release and permission to treat sections signed on Camper Application form by parent or guardian to attend camp.

Rules:

1. Please obey the rules.
2. The breaking of campground rules may result in removal from the campgrounds.
3. The camper's Pastor will be contacted to arrange transportation of the camper home.
4. Transportation home will be at the expense of the camper and no refund will be granted.

Heath Valley Camp Camper Registration

Instructions:

1. Fill out one form form each camper. Please print.
2. Send the signed form with the registration fee to the registrar listed at the bottom of this form (any forms to completed or without proper fees will not be accepted.)
3. The correct T-shirt size cannot be guaranteed for registration forms received after the postmark deadline.
4. To ensure your camper gets at least one cabin buddy of their choice this form must be received prior to the postmark deadline. The guaranteed cabin buddy will be in the same age range and same sex as the camper.

Check One:

Camp:	Grade:	Postmark Date:	Camp Dates
<input type="radio"/> Sr. High	9 th -12 th	June 1, 2010	June 14-18
<input type="radio"/> Kids	1 st -5 th	June 7, 2010	June 21-25
<input type="radio"/> Jr. High	6 th -8 th	July 5, 2010	July 19-23

Discounts Check one of the following if a discount applies : (maximum discount allowed per child is \$10)

\$10 off worker's child (**worker application must be turned in 30 days prior to camp date.**)

\$5 off each child from the same family

Name: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Age: _____	Date of Birth: ____/____/____	Highest Grade Completed: _____
Parents/Guardian Name (s): _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: Home (_____)		Cell (_____)
Emergency Contact (other than parent or guardian): _____		
Phone: Home (_____)		Cell (_____)
Nazarene Church you attend: _____		
Camper's Choice of Counselor: _____		
List Camper's Choice of Cabin Buddies: (to ensure one cabin buddy of your choice you must pre-register)		

T-Shirts: All Kids campers will receive a free T-shirt, to ensure correct size you must pre-register.

Child Small Medium Large X Large

Adult Small Medium Large X Large 2X Large

Camp Fees: Registration by postmark: \$150.00 Late Registration \$165.00	
Kids Camp / Jr. High / Sr. High (Circle One)	\$
Discount: Child of Worker / Multiple children attend camp (Circle One)	--- \$
District Scholarship (given by camp director)	--- \$
Total Due	\$

Send this registration form to:

Susie White 501-952-2450 Parker Hull 501-225-7631	Jr. High & Kids Camps Susie White 3 Newbridge Ct. Little Rock, AR 72227	Sr. High Parker Hull/Calvary Church 10325 W. 36 th St. Little Rock, AR 72204
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Additional information on the Other Side

Camper Registration cont.....

MEDICAL HISTORY:

1. Allergies which may require emergency medical treatment (medicines, foods, insect bites, etc.): _____

 2. Date of last tetanus shot: _____/_____/_____
 3. List any current health problems such as special diets, treatments or any disabilities. _____

 5. Have you been sick within the last 30 days? If so, what was the illness(pinkeye, head lice, measles, sore throat, etc.) Also list the treatment.

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5. List medications currently being taken, both prescription and over the counter. All medications will be given to camp nurse for appropriate dispensing: _____

*All workers and campers will be checked for head lice. No one with head lice will be admitted onto the campgrounds.

ATTACH A COPY OF THE INSURANCE CARD

Health Insurance Company	Policy Holder
Name:	Name:
Address:	SS #:
Phone #:	Policy/Account #:

I hereby certify that _____ is in good health, free from communicable disease, and able to participate in all camp activities. In case of medical and/or surgical emergency, I hereby give permission to the camp nurse, emergency medical personnel and physician/hospital (selected by the camp administration) to hospitalize, secure proper treatment for, and/or order injection, anesthesia and/or surgery for the person named above as deemed necessary.

I hereby waive any and all claims against the South Arkansas District Church of the Nazarene, or its representatives, because of any injury and/or damage to the person or property of the above applicant. I will assume financial responsibility for the applicant's care (beyond what any insurance might cover).

I understand that South Arkansas District Church of the Nazarene, or its representatives, are not responsible for lost, stole, or damaged items belonging to the above applicant. I will assume financial responsibility for any times, damages, destroyed or stolen by the above applicant. I agree to pay transportation costs in the event that the applicant must be returned home because of discipline reasons.

Signature of Applicant Date

Signature of parent or guardian if applicant is a minor Date

"It is the policy of the South Arkansas District Camps to admit all persons without regard to race, color, age, national origin, sex or handicap. The same requirements for admissions are applied to persons without regard to race, color, age, national origin, sex or handicap. There is no distinction in eligibility or in the manner of providing services by this agency; all facilities of the agency are available regardless of race, color, age, national origin, sex or handicap."

Additional Information on the other side

Heath Valley Campground Camper Rules

1. No tobacco, alcohol, fireworks, firearms, or drugs will be allowed on the campgrounds. Any violation of this rule will result in dismissal from the campgrounds.
2. Profanity is prohibited from use on the campgrounds.
3. Fishing and Boating will be allowed with adult supervision.
4. Male campers are not allowed in any female camper's cabin. Female campers are not allowed in any male camper's cabin.
5. Curfew on the campground will be midnight unless noted otherwise by the director.
6. All vehicles must be parked in designated parking areas. Campers must turn over their keys to the camp director or the camp director's designee upon arrival. Those who use the campground facilities should stay on all paths or roads.
7. Dress code for the campgrounds follows the principle of Christian modesty. Swim wear for the girls should include a one piece bathing suit of modest nature. If a two piece is worn, a light colored T-shirt (excluding white) will need to be worn over it. Swim wear for the boys include swim trunks of modest nature. Dress code issues will be handled by the Camp Director if necessary.
8. Cleaning cabins will be done on a daily basis. Any person who intentionally causes damage to buildings and equipment will be held responsible.
9. Water balloons will not be allowed in the cabins, bathhouse or other facilities.
10. The South Arkansas District Church of the Nazarene will not be held liable or responsible for accidents or injuries to persons renting the facilities.

Each camper will follow all rules established by the camp board, camp council, camp directors and those in charge. Rules not followed may result in dismissal from the campgrounds.

Signature of Camper

Date