

FOR GRADES COMPLETED 5TH – 6TH

PRETEEN CAMP 2012

JUNE 25TH – 29TH

SCOTTSVILLE CAMP AND CONFERENCE CENTER

SCOTTSVILLE, TX

FEATURING



Director – Dave Pettigrew

revdavepett@gmail.com * 903-327-6701

COST: \$185

EARLY BIRD RATE: \$170 IF POSTMARKED BY MAY 14TH!

REGISTRATION DEADLINE: JUNE 18TH*

www.facebook.com/dallasnazkids

**In order to have the safest and most fun camp ever, no registrations will be accepted that are postmarked after the deadline. There will be NO walk up registration this year.*

PRETEEN CAMP APPLICATION

FOR GRADES COMPLETED 5TH – 6TH

REGISTRATION INFORMATION

The cost of camp this year is \$185 dollars, and includes all meals, lodging, and programming. There is a \$15 discount (\$170 registration) for all applications postmarked by May 14th. The deadline for registration is June 18th, and **NO APPLICATIONS POSTMARKED AFTER THIS DATE WILL BE ACCEPTED!** This is to ensure we have a proper counselor/camper ratio, and every camper has the best, safest, and most fun environment in which to be nurtured in Christian discipleship.

Mail completed forms and registration fees to:

Debbie Lindquist

PO Box 700364

Dallas, TX 75370

(email: lindqui@swbell.net)

phone: 972-248-8755/214-395-5105-text)

MAKE CHECKS PAYABLE TO:

DALLAS DISTRICT CHURCH OF THE NAZARENE

ARRIVAL AND DEPARTURE INFORMATION

ARRIVALS: Registration is from 2PM – 4PM on the first day of camp. Please do not bring campers any earlier than this, as there will not be staff available to supervise the campers. Late arrival or early departure requires written approval from the camp director prior to the camp week. Contact the director for an official form.

CAMPGROUND RULES

1. A minimum \$50 fine will be assessed for vandalism, graffiti or defacement of camp property.
2. Proper respect of the camp rules and respect of other campers and staff will be expected of all campers. This includes proper respect and use of camp facilities.
3. Appropriate attire that emphasized modesty will be worn at all times.
4. Swimmers must be covered and wear shoes to and from the pool.
5. Chapel services are considered worship services. Although we don't expect "Sunday best", clean, neat, and modest clothing will be required for chapel!

6. Possession of illegal drugs, firearms, alcohol or tobacco will result in immediate suspension from the camp.
7. The camp is closed to all but registered applicants.
8. Drivers 18 and under must turn in vehicle keys at registration for the duration of camp due to liability concerns.

NOTICE OF NON-DISCRIMINATION

Our denomination and this camp do not discriminate against anyone because of race, color, sex, physical or mental handicap or national origin or age, religious or political belief. We do not discriminate against any of the above in food service.

WHAT TO BRING

Bible / Nice clothes for chapel / lots of clothes for fun (at least 5 changes of clothes) / swimsuit / towels / sleeping bag or bedding / flashlight / pillow / personal hygiene items / change of clothes you can get dirty

WHAT NOT TO BRING

Fireworks / guns or weapons / radios / cell phones / video games / water guns / electronic devices / shaving cream

MEDICAL INFORMATION

A registered nurse will be on duty at all camps. Please note the camp insurance is a supplemental insurance to personal insurance. All medications must be given to the nurse at registration.

TO WRITE TO YOUR CAMPER, MAIL EARLY TO

(Name of Camper)

c/o SCOTTSVILLE CAMP AND CONFERENCE CENTER
PO BOX 307
SCOTTSVILLE, TX 75688

SCHOLARSHIPS

A limited number of scholarships are available on a first come/first served basis. Please contact the registrar for more eligibility requirements.

CAMPER INFORMATION

NAME: _____

BIRTHDATE: _____

AGE (at time of camp): _____

GENDER (circle one) M F

GRADE COMPLETED (BY JUNE 2012) _____

ADDRESS:

PARENT(S) OR GUARDIAN(S):

BEST CONTACT PHONE NUMBERS:
#1 _____
#2 _____

EMERGENCY CONTACT PERSON
(OTHER THAN PARENTS):

EMERGENCY CONTACT PHONE NUMBER:

NAME OF HOME CHURCH

SPECIAL NOTES (desired roommate, etc.)

I have read and will abide by all camp
rules. _____
(camper's signature)

MEDICAL INFORMATION

FAMILY DOCTOR

PHONE NUMBER

INSURANCE COMPANY

POLICY NUMBER

GROUP NUMBER/ID NUMBER

(PLEASE ATTACH A COPY OF INSURANCE CARD)

DATE OF LAST TETANUS BOOSTER

KNOWN ALLERGIES

PLEASE CIRCLE ALL THAT APPLY:
Appendix removal fainting spells heart problems
Seizures asthma diabetes chicken pox
tuberculosis HIV positive retardation prosthetics
Other: _____

MEDICATIONS (attach separate page if more than one)
NAME: _____
DOSE: _____
FREQUENCY: _____
REASON: _____

SPECIAL MEDICAL NOTES:

**ALL STUDENTS WILL BE CHECKED FOR LICE AT
REGISTRATION. ANYONE WITH LICE WILL BE SENT
HOME.**

ACTIVITIES STATEMENT AND AUTHORIZATION FOR MEDICAL AND SURGICAL CARE:

I hereby give my permission for _____ to participate in all camp- sponsored activities, including service projects on and off the campgrounds with the exception of the following: (list restrictions. If none, state "none".) _____

This is also a release to authorize certified personnel of the Dallas District Camp Coordinating Board to call an authorized doctor and to administer medical aid and treatment for my child at any time when they believe an emergency exists. This would include all treatment such as emergency or prescription medication, minor or major surgery, hypodermic injection (including tetanus booster), and the like. In the event of any surgical procedures or major injury, parents will be contacted by phone.

PARENT

DATE

WITNESS

For notary Stamp

Notary signature: _____

**Scottsville Camp & Conference Center
400 Harkins Lane P.O. Box 307 Scottsville Texas 75688 (903)938-5847**

**PARTICIPATION & ACTIVITIES WAIVER AND RELEASE OF LIABILITY
READ CAREFULLY**

In consideration of SCCC furnishing services and/or equipment to enable me to participate in activities, including but not limited to: swimming, biking, paintball, canoeing, paddle boating, archery, skating, basketball, volleyball, football, baseball, bonfires, fishing, low ropes course, hot air ballooning, slip and slide, tug of war, I agree as follows: I fully understand and acknowledge that; (1) risks and dangers exist in my use of equipment and my participation in activities; (2) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (3) these risks and dangers may be caused by the negligence of the owner, employees, officers or agents of SCCC: the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (4) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, weather caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of SCCC, or by any other person. I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify SCCC and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of misuse of equipment or my participation in activities, I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers, or employees of SCCC. This waiver is good until June 30th, 2012.

I HAVE READ THE ABOVE WAIVER AND RELEASE. BY SIGNING THIS WAIVER AND REALEASE, I AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE SCCC FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

PARTICIPANT'S NAME: _____

EXCLUDED ACTIVITIES: _____

SIGNATURE OF PARENT/GUARDIAN: _____

SIGNATURE OF PARTICIPANT: _____