

**SNEMN Kid's Summer Camp Application**  
**Currently in Grades 2-6**

**July 17 - July 21, 2017**

**Camper Name:** \_\_\_\_\_

Church Name: Crossroads Community Cathedral Church City/State: East Hartford / CT

Camp Coordinator's Name: Ariel Jacques Coordinator's Phone: (860)895-1231 ext.620

Person/church picking up from Rumney Bible Conference: Crossroads Buses

**REGISTRATION COSTS**

***PLEASE FILL IN THE REGISTRATION COST THAT APPLIES AND TOTAL YOUR PAYMENT FOR EACH STUDENT.***

**Early Bird Registration (\$285)** \_\_\_\_\_ (Due by May 7)

*(T-shirt included)*

**Sibling Discount (\$260)** \_\_\_\_\_ (Only Available until May 7)

*(T-shirt included)*

*Sibling Name(s):*

\_\_\_\_\_

**Regular Registration (\$305)** \_\_\_\_\_ (Due June 4)

*(T-shirt included)*

**Late Registration (\$335)** \_\_\_\_\_ (After 6/4 & by 6/26)

*(T-shirts are not guaranteed and are only given out as available)*

**TOTAL COST:** \_\_\_\_\_

# 2017 SNEMN Kid's Camp

## General Information

Camper First Name: \_\_\_\_\_ Camper Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Grade Currently In: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: **M** **F**

Mother/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Confirmation Email Address: \_\_\_\_\_

Emergency Contact (if different than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Kids Size (S/M/L) \_\_\_\_\_ Adult Size (S/M/L) \_\_\_\_\_ Other \_\_\_\_\_

Desired Roommate: (1) \_\_\_\_\_ Church/City/State: \_\_\_\_\_

(2) \_\_\_\_\_ Church/City/State: \_\_\_\_\_

## Activity Participation

### **Activities, including but not limited to:**

Swimming (pool and lake), Hiking/Outdoor Activities (In which participants may be subject to bites from insects, ticks, mosquitos, spiders, and/or snacks, etc...), Jumping, Throwing, Field Games, Canoeing (life jackets required for all participants), Water Inflatables, Outdoor Sports, Indoor Game Room, Walking/Running, Recreational games (relay race styles, tug-of-war, etc., which may involve water and mud).

Can your Child swim? Yes No If Yes, are you allowing them to swim at camp? Yes No

Does your child have permission to participate in camp activities? Yes No

*If no, please provide a separate sheet listing which activities you do not want them to participate in.*

**Date and Location of Activities:** Rumney Bible Conference, 31 Gilford Ave, Rumney, NH

(1) Jr. High Camp – July 3-7, 2017 (2) Sr. High – July 10-14, 2017 (3) Kid's Camp – July 17-21, 2017

## Medical Information

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Is your Child presently being treated for injury/sickness or taking any form of medication? If yes, explain.

Are there any special medical instructions? \_\_\_\_\_

Any medication, foods or environmental conditions that Child is allergic to, and expected reactions?

Any physical handicaps, disorders and diseases? \_\_\_\_\_

Are there any mobility limitations or activities you would not like your Child to participate in? No Yes (explain)

List all medications to be administered at Camp: \_\_\_\_\_

**History of:** \_\_\_ Seizures \_\_\_ Heart Trouble \_\_\_ Diabetes \_\_\_ Sore Throat \_\_\_ Kidney \_\_\_ Bowel Problems \_\_\_ Bleeding  
\_\_\_ Fainting \_\_\_ Menstrual Problems \_\_\_ Sleepwalking \_\_\_ Bedwetting \_\_\_ Nosebleeds \_\_\_ Headaches \_\_\_ Allergies  
\_\_\_ Hay Fever \_\_\_ Asthma \_\_\_ Bee Stings \_\_\_ Plants

All medications must be in original container and clearly labeled: patient's name, physician's name, name of medication, prescription number, date prescribed, instructions. **DO NOT SEND OVER-THE-COUNTER Medications** (i.e. Tylenol or Advil) as the nurse has these on hand. Exception: Claritin with Doctor's note and instructions. The following over the counter medications will be available in brand name or generic name and age appropriate dosing and form, i.e. liquid or tablets and will be given according to label dosing guidelines: Acetaminophen (Tylenol), Ibuprophen (Advil), Benadryl, Sudafed, Mylanta, Tums, Immodium, Auri-Dri, Neosporin, Calamine Lotion, Hydrocortisone Cream, Robitussin, Cough Drops, and any other over the counter medication deemed necessary. If your child takes another OTC medication on a regular basis, please send that with a doctor's note for administration at camp

**Southern New England Ministry Network**  
**Authorization Release/Disciplinary Clause**

I understand that participation in camp activities with the Southern New England Ministry Network Camp brings with it a certain amount of risk. I acknowledge and accept the risks of physical injury associated with participation in the activities described in the camp registration. Should there be any activity for which I wish for my child to abstain from, I will notify the Southern New England Ministry Network Camp in writing at the time of registration. In consideration of the risks involved, I understand that the Southern New England Ministry Network Camp and Rumney Bible Conference have taken the necessary precautions to ensure the safety and well being of my child. I hereby release and waive any and all claims against the Southern New England Ministry Network Camp, White Rumney Bible Conference, and its staffs arising from his/her participation in the Southern New England Ministry Network Camp. I also release and waive all personal financial responsibility for any injury or loss sustained during the activities and hold both the Southern New England Ministry Network (and its representatives), and Rumney Bible Conference harmless for such injury or loss arising directly or indirectly from said activities.

The health history included in this application is correct as far as I know and the person herein described has permission to engage in all prescribed activities, except as noted by the physician and me. **IN CASE OF EMERGENCY**, I hereby give permission to the physician to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. I hereby give my consent, in the event that all reasonable attempts to contact me have been unsuccessful, for the administration of any treatment deemed necessary by the appropriate licensed physician, nurse, dentist or emergency personnel. I also give permission for the Camp Nurse to administer over the counter medication to my child as deemed necessary according to dosing guidelines and attend to any other necessary healthcare means.

I also hereby understand that if my child refuses to adhere to the camp policies listed herein, I may be called to bring him/her home immediately. I also hereby give permission to the camp team leader and/or other member of the camp staff to inspect the contents of any or all of my child's personal belongings, and to withhold and/or dispose of any improper or illegal contents. I also hereby give permission for my child to be transported off grounds to participate in the recreation activities of the camp program.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/legal guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Please Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature *\*(Required)***

\_\_\_\_\_  
**Please Print Name**

\_\_\_\_\_  
**Date**

**Student Consent:**

**I will abide by all camp rules. I understand violation of these guidelines may result in my immediate dismissal from camp at parent/guardian's expense.**

\_\_\_\_\_  
**Camper Signature**

\_\_\_\_\_  
**Please Print Name**

**Southern New England Ministry Network**  
**Photo & Video Release Form**

I hereby grant the Southern New England Ministry Network permission to the rights of my image, likeness and sound of my voice as recorded on audio or video without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

I agree that the Southern New England Ministry Network may use such images, video and/or audio of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to bound the rebuy. I hereby release, defend, hold harmless and indemnify the Southern New England Ministry Network from any and all claims for utilizing this material.

Child's Full Name: \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Child's Signature: \_\_\_\_\_

***If this release is obtained for someone under the age of 18, then the signature of that person's parent or legal guardian is also required.***

I verify that I am the parent/guardian of the minor named above and have the legal authority to execute the above release. I have read this release and fully understand its contents. I approve the foregoing and waive any rights in the premises.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Southern New England Ministry Network**  
**PHYSICIAN'S HEALTH FORM**

This form needs to be completed by your physician **OR** a similar form provided from your physician's office that includes: (1) Physical Examination Date (within two years of camp date), (2) Up to date Immunization Record and (3) Signature by physician.

All campers must have a physical within TWO years of the start of camp. Copies from last year are not available. *Send this medical form to your doctor NOW! DO NOT WAIT! Be sure this form is filled out COMPLETELY and send it back to your church's camp coordinator by the registration deadline date. This form is REQUIRED to be sent in with the camp application and is REQUIRED for your child to stay at camp. Do not leave any lines blank. This helps our medical staff care for your child.*

**Applicant's Name:** \_\_\_\_\_

**Family Doctor's Name:** \_\_\_\_\_

Doctor's Office Address: \_\_\_\_\_

Doctor's Office Phone: \_\_\_\_\_

**Date of Last Physical:** \_\_\_\_\_

**IMMUNIZATION RECORD –**

DPT - dates \_\_\_\_\_

DT - dates \_\_\_\_\_

OPV - dates \_\_\_\_\_

MMR - dates \_\_\_\_\_

Td - dates \_\_\_\_\_

HepB - dates \_\_\_\_\_

TB - dates \_\_\_\_\_