

**Camp Salvation Camper Registration Packet**  
**Please read and keep this page for your information!**  
**New Information, please read carefully!**

Instructions:

1. Fill out the Camper Registration.
2. Fill out the Camp Salvation Statement of Health.
  - a. This form **must** still be filled out and **signed** by a parent or legal guardian and physician. This is vital if you will be leaving any medication for your camper.
  - b. A previous physical or medical exam can be substituted for the doctor's signature, this physical must have been within the last 24 months if available. **A copy must be sent in every year, copies are not kept.**
  - c. A Completed Statement of Health must be sent in with registration OR be brought to Camp by the camper. **If they do not have this form they cannot stay at Camp.**
3. Mail Camp registrations to:  
**Kendra England**  
**904 Cimarron Ave.**  
**La Junta, CO 81050**  
719-469-5390  
campsalvation@gmail.com
4. If you have a food allergy or require a special diet, please contact Krissy Arellano, Head Cook. 719-468-9449.

Please submit applications as soon as possible. **All applications must be mailed in by May 15<sup>th</sup> to pre-register and save \$10.**

- **Contact Kendra England for bed availability after May 15<sup>th</sup>.**
- **Campers will not be allowed to stay unless all the necessary paperwork has been completed.**

**\*\*Walk-ins may not have a spot and will be sent home if we are full. Upon arrival, walk-ins will be placed on a waiting list in arrival order. Once all pre-registered campers have checked in, beds will be assigned to walk-ins based on order of arrival. There is a \$20 late fee for walk-ins.\*\***

**What to Bring to Camp Checklist:**

- Excitement and a great attitude
- Bible, notebook, pens
- Sleeping bag
- Heavy blanket
- Pillow
- A fitted sheet to cover the mattress
- Personal hygiene items
- Towel
- Clothes in dress code
- Heavy jacket
- Rain jacket
- Shoes
- Hiking shoes

**Camp Check-In** - 1pm to 4pm on the first day of each Camp week. *The first official camp activity on check-in day is at 5pm. Please note that lunch is not served on check-in day.*

**Camp Check-Out** - Any time between 9am and 11am on the last day of camp each week. . *Please note that lunch is not served on checkout day.*

**2016**

**Senior Week 1: June 20-25**

**Intermediate Week 1: June 27- July 2**

**Junior Week 1: July 5-9**

**Senior Week 2: July 11-16**

**Intermediate Week 2: July 18-23**

**Junior Week 2: July 25-29**

**Camp Salvation Camper Registration**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

DOB \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

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

Address \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

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

Address \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

**In Case of Emergency:**

If parents cannot be reached, persons to contact:

Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Church Attending \_\_\_\_\_ Phone # \_\_\_\_\_

**Camp Dates 2016, Fees, Payment/Method (Subtract \$10 for pre-registrations submitted by May 15<sup>th</sup>)**

Senior Camp #1: June 20-25 \$85 \$ \_\_\_\_\_

Ages: 14-18/Grades 9-12

Intermediate Camp #1: June 27-July 2 \$80 \$ \_\_\_\_\_

Ages: 12-14/Grades 6-9

Junior Camp #1: July 5-9 \$75 \$ \_\_\_\_\_

Ages: 8-11/Grades leaving 3<sup>rd</sup>-6

Senior Camp #2: July 11-16 \$85 \$ \_\_\_\_\_

Ages: 14-18/Grades 9-12

Intermediate Camp #2: July 18-23 \$80 \$ \_\_\_\_\_

Ages: 12-14/Grades 6-9

Junior Camp #2: July 25-29 \$75 \$ \_\_\_\_\_

Ages: 8-11/Grades leaving 3<sup>rd</sup>-6

Donations are always accepted and very appreciated! \$ \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_

**Circle the size of shirt needed**

Youth

SM M LG

Adult

SM M LG XLG 2X

Cabins will be assigned upon arrival. You may request 1 or 2 friends to room with:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Parent Authorizations:**

No camper is permitted to leave camp without permission from parent or camp director.

**Persons or Church groups authorized to transport my child home:**

Person 1: \_\_\_\_\_ Phone # \_\_\_\_\_

Person 2: \_\_\_\_\_ Phone # \_\_\_\_\_

## ***Feel free to copy this page if needed for personal use!***

### **Campers Expected Behavior**

We hope you are coming with the intention to have lots of fun, meet new people, and hopefully get closer to God by taking your next spiritual step during your time at Camp. We expect campers to participate and get the most out of every event and activity at Camp. We guarantee that if you have a positive attitude, you will have a wonderful and potentially life changing week at Camp.

**What to bring to Camp:** Excitement, a great attitude, Bible, notebook, pens, sleeping bag, heavy blanket, pillow, and a **fitted sheet** to cover the mattress, personal hygiene items like soap, shampoo, towels, toothbrush and tooth paste, hair care items, deodorant, etc...

**Clothes:** There is a dress code at Camp and it is the same for everyone. No sleeveless shirts, all shorts need to come to the knee, and no tight or revealing clothing. We don't want to be a distraction to each other. Warm clothes for evenings and mornings, **weather in the mountains can be close to 32°**. It does rain so bring a rain jacket and more than one pair of shoes.

***\*Also, upon arrival, you will need to turn in any medications to the nurse with instructions for administration. All meds need to be in their original prescription containers.***

**What not to bring to Camp:** Don't bring a bad attitude to Camp or a desire to do wrong. Any "noise" that keeps us from hearing God at Camp; like non-Christian music, headphones, video games, internet surfing, inappropriate physical contact or clothing that is distracting. We want you to hear God better while you are here. Don't bring valuables that could be misplaced. There is zero toleration for drugs, tobacco, or alcohol.

**Parent Permission:** In case of emergency I understand that every effort to contact me will be made. If I cannot be reached, I give my permission to the physician selected by an authorized staff member to hospitalize and give proper treatment to my child if necessary for the safety and well being of my child and other people at Camp.

**I realize there are inherent risks involved in participating in activities at Camp and in signing this application I am accepting the risks and promise to keep the Camp's rules and policies as stated above.**

**I give my permission for (Camper's Name) \_\_\_\_\_**

- To participate in all Camp activities except the following \_\_\_\_\_.
- To allow Camp Salvation to use any pictures my child may be in for promotional use.
- To be transported by staff for supervised off-site activities in staff/Camp vehicles.

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

***By signing below, you are consenting to the above guidelines unless otherwise noted.***

Camper's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*A complete Statement of Health must be sent with this form or brought to camp with the Camper, before admission will be granted.\***

*Rules for acceptance are the same for everyone without regard to race, color, or nationality.*

# Camp Salvation Statement of Health

**This must be sent in every year, copies are not kept.**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

## In case of emergency please contact:

1. Name/Relation \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name/Relation \_\_\_\_\_ Phone # \_\_\_\_\_

3. Other \_\_\_\_\_ Phone # \_\_\_\_\_

## Known Allergies and description of reactions:

\_\_\_\_\_

Has the camper had any Past Illnesses, Surgery, Accidents, or Chronic Health problems we should know about?  
(This information is for the Camp Nurse's use)

\_\_\_\_\_

Describe any physical condition requiring the camp's special attention.

\_\_\_\_\_

Are all immunization shots current to date?

\_\_\_\_\_

**\*All medications must be turned in to the Camp Nurse upon registration in the original prescription containers. With permission and instructions from the parent or Health Care Provider before we can give them out.**

In order for the Camp Nurse or first aid responder to administer medications they deem appropriate (and only according to their directions) please check any of these over the counter meds you would approve of, for fever, headaches, or body pains etc.

\_\_\_ Acetaminophen (Tylenol)

\_\_\_ Pepto-Bismol

\_\_\_ Ibuprofen (Advil, Motrin)

\_\_\_ Tums

\_\_\_ Antibiotic Ointment (for minor abrasions) Other \_\_\_\_\_ (If we have it)

The following is to be filled out by a licensed Physician or other Health Care Professional that has seen the individual in the last 24 months. Please attach a current physical if available. **This must be sent in every year, copies are not kept.**

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

**Health Care Provider:** This section to be completed by your health care provider only:

Date of last exam \_\_\_\_\_ (Needs to be in the last 24 months to be current\*)

Physical exam: \_\_\_ Normal \_\_\_ Abnormal-Please explain

\_\_\_\_\_

Recent weight \_\_\_\_\_ Height \_\_\_\_\_ Heart rate \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Respiratory System \_\_\_\_\_

I verify that (Camper's Name) \_\_\_\_\_

Is cleared to participate in all Camp activities unless otherwise stated.

Health Care Provider \_\_\_\_\_ Date: \_\_\_\_\_

Health Care provider's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

\*If this *Physical* is over a year old, I affirm that no changes have occurred in my child's health over the last 24 months:

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