

# Camp Mercyville

## 2010 Registration Form

### Camper/Parent info:

Camper's Name \_\_\_\_\_

Age \_\_\_\_\_ Grade completed \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Parent's Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Unmarried \_\_\_\_\_

I would like to register my child for the following weeks: (Check all that apply):

June 21-25 \_\_\_\_\_

June 28-July 2 \_\_\_\_\_

July 5-9 \_\_\_\_\_

July 12-16 \_\_\_\_\_

July 19-23 \_\_\_\_\_

July 26-30 \_\_\_\_\_

August 2-6 \_\_\_\_\_

August 9-13 \_\_\_\_\_

### Emergency Contact/Pick-up Info:

Please list all persons authorized to pick up camper, including parents/guardians. You will be given pick up cards to distribute to everyone on the list, which they must present when picking up camper.

In emergency situations parents/guardians must give written permission for an individual who is not on the list to pick up camper. No child will be released without pick up card or written permission and a Photo ID. NO exceptions will be made to this policy. It is for your child's safety.

List all authorized parents/guardians who are allowed to pick up your child.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

The following individuals are **NOT ALLOWED** to pick up camper:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Medical History** (Required by the New Jersey Department of Health & Safety)

Doctor Preference \_\_\_\_\_ Phone \_\_\_\_\_

Immunization History: Please record the date (month & year) of the basic immunizations and the most recent boosters. If you have questions, check with your doctor. Physician's signature is not required. Dates are required and must be written on this form, not a supplemental sheet.

DPT Booster \_\_\_\_\_ Tetanus Booster \_\_\_\_\_ Polio OPV (sabin) \_\_\_\_\_  
MMR \_\_\_\_\_ Pertussis \_\_\_\_\_ HBV \_\_\_\_\_  
HIB \_\_\_\_\_ Varcella \_\_\_\_\_ Tuberculin Test \_\_\_\_\_ Result \_\_\_\_\_

Date of last medical examination \_\_\_\_\_

Health History: (provide approximate date of onset or instance; if applicable)

Allergies:

Hay Fever \_\_\_\_\_

Ivy poisoning \_\_\_\_\_

Insect Stings \_\_\_\_\_

Penicillin \_\_\_\_\_

Drugs \_\_\_\_\_

Conditions:

Ear Infections \_\_\_\_\_

Heart Defect/Disease \_\_\_\_\_

Convulsions \_\_\_\_\_

Diabetes \_\_\_\_\_

Bleeding Disorders \_\_\_\_\_

Asthma/Reactive Airway \_\_\_\_\_

ADD/ADHD \_\_\_\_\_

Autism \_\_\_\_\_

Asbergers \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Does your child carry an asthma inhaler? \_\_\_\_\_

Will you be sending an EpiPen to camp? \_\_\_\_\_

Operations or serious injuries (dates): \_\_\_\_\_

Chronic or recurring illness including seizures: \_\_\_\_\_

List all medications that your child is currently taking: \_\_\_\_\_

Please list any additional health history or disabilities information we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Important:** Please notify the camp if this child has been exposed to any communicable diseases.

**Parent Authorization:** This health history is correct as far as I know and the aforementioned child has permission to engage in all camp activities, except as noted by me. My child has had a physical examination by his/her doctor within the last year and is in good health to participate in Camp Mercyville programs. I hereby give permission to the physician selected by the Camp Director to order X-rays, routine tests and treatments for the health of my child in the event of an emergency. I hereby give permission to the physician selected by the Camp Director to emergency transport, hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for, my child named above in the event of an emergency if I cannot be reached. I hereby give permission for the camp nurse to administer medications as necessary and make emergency decisions in the event that I cannot be reached.

Parent or Guardian Signature:

\_\_\_\_\_ Date \_\_\_\_\_

Parent Acknowledgement:

I hereby enroll by child, \_\_\_\_\_ in Camp Mercyville the above selected dates in 2010 and I:

1. Grant permission for the child to fully participate in all activities, including bus transportation, swimming, and field trips, unless otherwise stated in writing. Any conditions which may restrict the child are listed above in the medical information.
2. Understand that I must complete the registration form in full, for each child enrolled.
3. Understand that I must include a \$50 application fee per child with this enrollment form. Make check payable to: GraceWay Bible Church referencing Camp Mercyville.
4. Understand that Camp Mercyville will refund payment, minus the \$50 application fee, if cancellation is made prior to May 15, 2010. Refunds will not be given after May 15, 2010.
5. Agree to pay the balance of camp fees in full. Balance is due on June 1, 2010. Registration closes after June 1, 2010. (For questions regarding payment, please contact GraceWay Bible Church)
6. Understand that I must sign my child in and out each day with the proper pick up identification. Also, I must supervise my child until they are signed in each morning.
7. Give permission to photograph and use film taken of my child during participation at Camp Mercyville for promotional purposes as deemed appropriate.
8. Understand that each camper and parent must cooperate with and accept camp rules and guidelines. Inappropriate behavior will involve disciplinary action by the camp counselors and director. If camper is dismissed, camp fees are non-refundable.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail signed form along with your \$50.00 application fee to:\*

GraceWay Bible Church  
1934 Klockner Road  
Hamilton, NJ 08619

\*You may drop off your form and check to the church office  
Monday to Friday, 9 to 5.

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### What Parents Need to Know:

Camp Counselors - All staff and counselors will be 18 years or older as well as have finished high school. All counselors are background checked and will be trained in their area of responsibility. All staff will be trained in first aid.

EMT/Camp Nurse: - An EMT or certified nurse will be available to administer medications and care for the needs of the children.

### RULES/REGULATIONS

It is our desire to provide campers with lots of fun activities with a focus on Biblical guidance and direction. Camp provides an ideal environment for getting to know new people and activities in a prescribed and safe manner as well as developing Godly values. By showing respect to God, others and himself, the camper will maximize his and his fellow campers' overall experience. Toward this end, all campers are expected to show respect in the following ways:

1. To God. To His house, the church building, and to God during prayer and/or Bible reading time.
2. To Others. Campers are expected to obey the staff and counselors at all times. Fighting or speaking disrespectfully toward others will not be tolerated.
3. To Himself. Always strive to do one's best.

The Discipline Policy will be administered as follows:

1. The first infraction will result in a warning by the camper's leader.
2. The second infraction will result in a report to the camp director (for serious infraction like fighting, disobeying leaders, defacing property, etc.)
3. Subsequent infractions will result in parental notification (and possibility of consultation).
4. Continued offenses will result in the camper's dismissal (with no refund).

Dress-Code: - Modest shorts, t-shirts, and swimsuits. (no tank tops, spaghetti straps, or short-shorts allowed. Camp T-shirts are to be worn for all field trips. The dress code applies to staff, counselors and campers.