

Camp Mercyville

2012 Registration Form

Camper's Name _____

Age _____ Grade completed _____ DOB _____ M _____ F _____

Address _____ City _____ Zip _____

Home Phone _____

Mother's Name _____ Cell Phone _____

Can you receive text messages? (Circle one) YES NO

Home Phone _____ Work Phone _____

E-Mail Address _____

Father's Name _____ Cell Phone _____

Can you receive text messages? (Circle one) YES NO

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 25-29 _____ July 2-July 6 _____ July 9-13 _____

July 16-20 _____ July 23-27 _____ July 30-Aug 3 _____

August 6-10 _____

____ I want my child to attend the entire week of the dates I've selected.

____ I want my child to attend the following days of the weeks I selected: _____

Emergency Contact/Pick-up Info:

Please list all persons authorized to pick up camper, including parents/guardians. All authorized guardians will be sent an identification card with their name and picture, to be presented to Camp Mercyville staff during pick up. Please **e-mail a clear and current digital picture of every authorized person to mcapizzi@gracewaybc.org as soon as possible.**

In emergency situations parents/guardians must give written permission for an unlisted individual to pick up the camper. No child will be released without the presence of a Camp Mercyville identification card or **written** permission by the guardian and a Photo ID. NO exceptions will be made to this policy.

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 _____

Address _____

Immunization History: Please record the date of the basic immunizations and the most recent boosters on this sheet. Physician's signature is not required.

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 _____
Aspergers _____

Food Allergies: _____

Medication Allergies: _____

List all medications that your child is currently taking, including dosages and prescription dates:

Does your child carry an asthma inhaler? _____

***Please send your child's inhaler to camp**

Medication Prescribed _____ Dosage _____

Does your child have an Epinephrine pen? _____ Dosage _____

For what reasons would your child need to use an Epinephrine pen?

***Please send your child's Epinephrine pen to camp**

Operations or serious injuries (also list dates):

Chronic or recurring illness including seizures:

Please list any additional health history or disabilities:

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 Director 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 my child, _____ in Camp Mercyville the above selected dates in 2012 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, 2012. Refunds will not be given after May 15, 2012.
5. Agree to pay the balance of camp fees in full. **A minimum of 50% of camp fees must be paid on or before June 1, 2012. The remaining balance must be paid on or before August 1, 2012.** (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. Camp fees are non-refundable in the case of camper expulsion.
9. Waive all rights to pursue legal action against GraceWay Bible Church, the camp director, all camp counselors or volunteers, and the owner of the swimming facility in the event of accidental injury or death to my child.

Parent or Guardian Signature: _____ Date: _____

How did you hear about our camp? _____ Newspaper _____ Church Sign
 _____ Radio _____ Flyers
 _____ Website _____ Facebook
 _____ Church (which one?) _____

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 through Friday, 9:00 am – 5:00 pm

Questions? Contact the Camp Director, Michelle Capizzi at mcapizzi@gracewaybc.org.

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 will undergo a thorough background check and will be trained in their area of responsibility. All staff will be trained in First Aid and CPR certified.

RULES/REGULATIONS

It is our desire to provide campers with 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 themselves, the camper will maximize their and their peer's overall experience. 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 be not be tolerated.
3. To Themselves. 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 counselor.
2. The second infraction will result in a report to the Camp Director.
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).

Toy/Electronic Policy:

No toys or electronics are permitted at camp. This includes; cell phones, music players, hand-held video games, etc. If you have a special circumstance, please notify the Camp Director.

Dress-Code: - Modest shorts, t-shirts, and swimsuits. (No spaghetti straps or short-shorts allowed.) Sneakers must be worn during all camp activities. All clothing must not portray inappropriate images, words, or messages. Camp T-shirts are to be worn for all field trips. The dress code applies to staff, counselors and campers.

Please keep this page for your reference. After registration is processed, additional policies will be mailed to you for your review. If you have any questions about policies or the above information, please don't hesitate to contact the Camp Director, Michelle Capizzi, at mcapizzi@gracewaybc.org .