

Wilmington Interdenominational Holiness Camp Meeting
Youth Camp Application / Registration

Dates: Mon-Sat 7/12-17, 2010

Cost: \$90.00 until 6/30 (\$100.00 on/after 7/1)

Partial scholarships are available.

Contact Rev. Marty Bausman at wilmingtonyouthcamp@gmail.com or 518-946-7708

Ages: just completed 6th grade through just completed 12th grade

Registration Time: 10:00 am, Mon, 7/12 / Check-out Time: 12:30 pm, Sat., 7/17

Name: _____ Age: _____ Sex: M / F

Address: _____ Birthday: ____-____-____ Shirt size: (Adult) S M L XL

City: _____ State: _____ Zip: _____ Your phone:(____) ____-_____

Parents' Names: _____ Their phone:(____) ____-_____

Your e-mail: _____ Home Church: _____

School: _____ Grade (just completed): _____

Approval of Parent / Guardian

I hereby approve the camp application and expressly waive and all claims against the Wilmington Interdenominational Holiness Camp Meeting Association, or to the person or property of the applicant in connection with or incident to the 2010 Youth Camp.

In the event camp personnel are unable to locate me promptly in an emergency situation involving the applicant, I authorize camp authorities to take such emergency measures as they deem appropriate in order to avoid delay of treatment. I understand I will be notified as soon as possible.

Signed _____ (parent / legal guardian)

Camper's Name (printed) _____ Date _____

**** Without this form signed, your child cannot attend Wilmington Youth Camp 2010**

Mail completed form to: Pastor Marty Bausman, P.O. Box 86, Wilmington, NY 12997

Phone: 518-946-7708 e-mail: wilmingtonyouthcamp@gmail.com

**** Included with this printed application:**

"Children's Camps in New York State," a brochure from the NYS Department of Education, DOH 3601

**** If this application is downloaded from the internet, you may find the brochure at:**

<http://www.health.state.ny.us/environmental/outdoors/camps/docs/nyscamp.pdf>

**** Notice:** this Camp is licensed by NYS DOH and is inspected each year. The reports are filed with the DOH in Saranac Lake, NY. Rules for acceptance and participation in the program are the same for everyone without regard to race, color or national origin. Any person who believes they have been discriminated against in any USDA related activity should contact the Sec. of Agriculture, Washington DC 20205.

Wilmington Interdenominational Holiness Camp Meeting
Youth Camp

Wilmington Youth Camp Covenant

Youth and adults have developed this covenant over the years and have found it an effective guideline for discipline. With this signed covenant, there will be no question about our common understanding. Infractions of the covenant will be dealt with by the Youth Camp and Camp Meeting Directors.

A Covenant (agreement) between God and yourself:

I will act as a representative of Christ at all times at Wilmington Youth Camp.

I also covenant to:

Remember this is a Christian camp where we want to reflect Christian ethics and behavior.

We will treat one another and our leaders with mutual respect and attitudes of Christian love. We are objects of God's love and need to be treated as such. We also want to encourage one another to grow closer to God, and not act in a way that challenges each other's Christian attitudes.

We will wear proper dress at all times, particularly to dinner and evening service. Shorts can be worn on hikes and athletic activities. If a young man or young woman's attire is too revealing, they will be asked to change.

We will treat God's house with respect.

Remember this is Camp and we are here to enjoy.

We will all have an attitude of enthusiasm and participation. The activities and studies are designed for a complete program. Since our time together is only six days, the best way to have fun is to be at all activities and to participate. If you feel ill, inform the camp leaders.

We will complete work assignments (cleaning our dorms rooms, etc.) so we don't lose free/activity time making up for someone else's lack of effort. If someone refuses to do their work, everyone else will complete it and a community discipline will be decided upon.

We will not detract from healthy fun by doing what is unhealthy, i.e. tobacco, drugs, alcohol, improper acts of affection, weapons, or plugging our ears with loud music. These are prohibited on the camp grounds. If anything must be confiscated, it will only be returned by hand to a parent/legal guardian.

Camper's Signature: _____ Date: _____

I agree that the above is reasonable and I support it.

Parent's Signature: _____ Date: _____

Wilmington Interdenominational Holiness Camp Meeting
Youth Camp Medical Form

Camper's Name: _____ Sex: M / F DOB: _____

Latest Immunization dates:

Tdap _____

Polio _____

Hepatitis type B _____

M/M/R _____

Varicella _____

Hib _____

Insurance Information:

Company _____

Number _____

In case of emergency, call:

Name _____

Phone number: _____ or _____

OR

Name _____

Phone number: _____ or _____

NOTE: A copy of immunization records must accompany this application, or be presented at registration

Allergies: _____

Other Concerns: _____

Campers may only receive medications (prescription or over-the-counter) when presented to the camp medical staff in their original bottle(s)/form(s), with specific directions from a doctor. (see notes directly below)

NOTE: Medication must be in original, labeled container, and provided by parent/guardian

NOTE: Time: "as needed" or "PRN" is not allowed by NYS DOH regulations regarding "scope of practice" for our Camp Medical Personnel (Emergency Medical Technicians.)

NOTE: If your child has any medications, this medical form MUST be signed by a physician, physician's assistant, or nurse-practitioner.

<u>Medication</u>	<u>Dosage</u>	<u>Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____ if needed.)

Provider's name (print legibly): _____ Certification: _____

Provider's signature: _____

