

Tri-State Fellowship Camp

www.tristatecamp.com

2010 Senior Camp Registration - July 11 - 16

Limited number of beds

Student Name: _____

One name per application

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Day) _____ (Evening) _____

Cell: _____ Email: _____

Parent/Guardian: _____

Emergency Contact: _____ Phone: _____

Male / Female _____ Birth Date: _____

Home Church (if applicable): _____

Grade Entering: _____

Requested Cabin Mate, (Only **One** name per registration) _____

Only one name may be listed / both must request

Shirt Size: Youth S M L XL
 Adult S M L XL XXL

Payment Options

Camp registration is \$215.00. This includes all activities for the week, plus a camp t-shirt and DVD of the weeks activities, to be mailed after camp.

An early bird discount of \$25.00 will be given if the registration fee is postmarked on or before May 31st 2010

Any registration postmarked on or after June 1st 2010 cannot be guaranteed a t-shirt.

Walk-ins are more than welcome.

Postmarked on or before May 31 st .	
Registration Fee	\$215.00
Camp Store Deposit	\$ _____
Early Bird Discount	-\$25.00
Amount Due	\$ _____

You may deposit up to \$25.00 in the store account

Postmarked on or after June 1st.	
Registration Fee	\$215.00
Camp Store Deposit	\$ _____
Amount Due	\$ _____

_____ I am paying in full now.

_____ I am sending a deposit of \$ _____ now.
 (minimum \$25.00 non-refundable deposit required)

Please be sure to fill out the MEDICAL INFORMATION SHEET! It MUST accompany this Registration Form along with your \$25.00 registration fee.

***** ALL medications will be given to the Camp Nurse upon arrival. The Camp nurse will distribute the medicine as prescribed. *****

Tri-State Fellowship Camp Medical Information Sheet 2010

Name: _____

Date of Birth: Month _____ Day _____ Year _____

Insurance Company: _____

Insurance Account Number: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Business / cell phone numbers (where you can be reached while your child is at camp)

Mother's: _____

Father's: _____

Person to contact in case of accident or emergency, if parents are not available.

Name: _____

Contact Numbers: Home _____ Work _____ Cell _____

Address: _____

Doctor's Name: _____

Phone Number: _____

Dentist's Name: _____

Phone Number: _____

Please check the appropriate response below pertaining to your child.

	Yes	No
Previous history of concussion	<input type="checkbox"/>	<input type="checkbox"/>
Epileptic	<input type="checkbox"/>	<input type="checkbox"/>
Wears Glasses	<input type="checkbox"/>	<input type="checkbox"/>
Are lenses shatterproof?	<input type="checkbox"/>	<input type="checkbox"/>
Wears contact lenses	<input type="checkbox"/>	<input type="checkbox"/>
Wears dental appliance	<input type="checkbox"/>	<input type="checkbox"/>
Hearing problem	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
MRSA in the last 6 months	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic	<input type="checkbox"/>	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>
Fainting episodes during exercise	<input type="checkbox"/>	<input type="checkbox"/>
Trouble breathing during exercise	<input type="checkbox"/>	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Wears a medic alert bracelet/necklace	<input type="checkbox"/>	<input type="checkbox"/>
Surgery in the last year	<input type="checkbox"/>	<input type="checkbox"/>
Has been in the hospital in the last year	<input type="checkbox"/>	<input type="checkbox"/>
Has had injuries requiring medical attention	<input type="checkbox"/>	<input type="checkbox"/>
In the past year	<input type="checkbox"/>	<input type="checkbox"/>
Presently injured	<input type="checkbox"/>	<input type="checkbox"/>

Please give details below if you answered "Yes" to any of the above items. More room provided on the next page.

Allergies:

Allergy: _____ Reaction: _____
 Allergy: _____ Reaction: _____

I also authorize release of information to the appropriate people as deemed necessary.

PARENT MEDICAL AND LIABILITY RELEASE STATEMENT

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this for. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the Camp Staff and leaders during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Camp (its sponsors, directors, or staff) or the Tri-State Fellowship of Grace Brethren Churches (it's leaders, employees, or volunteer staff) liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I also understand that my child must obey all rules as set forth by the camp director and staff, violators may be sent home without a refund.

Date: _____

Signature of parent or Guardian

Printed name of parent or Guardian

Student Signature

Where do I send my registration?

ALL registrations and Medical Information Forms should be sent to:

Tri-State Fellowship Camp
Camp Registrar: Ray Shank
c/o Basore Rd. GBC
5675 Basore Rd.
Dayton, OH 45415

Camper Check in is Sunday July 11th 2010 at 2:00 – 3:00 P.M.

Closing Program will start at 7:00 P.M. July 16th.

Please plan to join us and your student at this time.

There will be a link on the website www.tristatecamp.com a few days before camp to allow you to send emails to your camper. Please be aware there is no way for them to respond.

If for any reason you need to contact someone during the week of camp Please first use the Contact Us link on the web site. If it is for an emergency please call 937-361-3824 to get in contact with Ray Shank the camp Registrar.

Ministry Opportunities:

Your participation in this year's camp could change your life and or the life of a student. There are several ways you can help with camp, we are in constant need of Staff. God has blessed the camp by providing wonderful staff each and every year. Are you willing to spend the most exciting week of your year with us? Yes, then see your church office or download a Staff Application at www.tristatecamp.com

Another very important way you can help with camp is through prayer. The power of prayer cannot be denied. Our goal is to have someone praying for camp at least once every half hour starting at 6:30 a.m. until 11:00 p.m. each day of camp. The staff starts their day at 7:00 a.m. and lights out is at 10:30 p.m. Your support in this area is greatly appreciated and desperately needed.

If you would like to know what times still need covered please use the contact us tab at our web site www.tristatecamp.com. And remember, there is no such thing as too much prayer.

If you are willing to accept this task, please fill out the form below and mail to:

Tri-State Fellowship Camp
Camp Registrar: Ray Shank
c/o Basore Rd. GBC
5675 Basore Rd.
Dayton, OH 45415

Or, use the contact us tab at our web site www.tristatecamp.com and give the same information. The power of prayer has been witnessed many times over; God hears the prayers of his children.

2010 Tri-State Camp Prayer Card

Name: _____

Days you will be praying: Sat Sun Mon Tues Wed Thurs Fri

Time(s) you will be praying: _____

If you would like a reminder email a few days before camp please include your email address.

Email: _____

There will be specific prayer requests listed at www.tristatecamp.com on the prayer requests tab.

Thank you very much for your support.

Photo / Video / Web / Travel Release Form

Please print:

Name of Participant: _____

Address: _____

I hereby give my permission to the Tri-State Fellowship camp to use any photos or videotape material taken of my child during the week of camp and use them on any camp publications including but not limited to the camp DVD, promo publications and the camp web site.. The photos and videotape material will only be used by the Tri-State Fellowship camp.

Signature: _____ Date: _____

Travel Permission

Participant Name _____ Phone

Participant Address

Parent/Guardian _____ Phone

It is understood that transportation will be by church van, chartered bus, school bus, van or car driven by a licensed responsible adult. My child will be supervised by an employee of the Tri-State Fellowship camp or by one of the parents of the participants or a volunteer and that reasonable care and precautions can be expected at all times. We hereby recognize the inherent risk associated with the various youth activities and forms of travel, and agree to save and hold harmless the Tri-State Fellowship camp and their employees, volunteers, and agents from any liability or expense that may arise from my child's participation in youth events and any travel related incidents going to and from such event. I understand that my child will be expected to behave in a way that would properly represent themselves and the Tri-State Fellowship camp.

This permission slip is in effect from July 11th through July 16th 2010

Parent/Guardian Signature _____

Date _____

Suggested Camper packing List

Please send old clothes
These are some ideas to help you pack for camp.

Clothing and Such			Toiletries and Such		
Check	How Many	What to Pack	Check	How Many	What to Pack
	5-8	Underwear		1	Comb or brush
	5-8	Socks		1	Toothpaste
	5-8	Shorts		1	Toothbrush
	5-8	Shirts		1	Shampoo
	1-2	Long pants		1	Deodorant
	1	Sweatshirt / jacket		1	Hand or liquid soap
	1	Rain gear			Contact solution
	1-2	Modest swimsuits			Hair bands
		Cap / hat			Tissues
	1	Shower shoes		1	Sun screen
		Extra pair of shoes		1	Insect repellent
	1-2	Modest sleep wear		1	Flash light
	1-2	Towels			Extra batteries
	1	Wash cloth			Sun glasses
	1	Big beach towel		1	Bible
	1 set	Twin bed sheets		1	Pen
	1-2	Blankets or sleeping bag			Disposable camera
	1	Pillow		1	Bag for dirty laundry
		Letter writing supplies			*fan and extension cord
		Medication			

*** You may use either blankets or sleeping bags, but it's a good idea to cover the camp mattress with a sheet. ***

Note: No electronic devices such as: CELL PHONES, CD players, iPods, MP3 players or gaming systems are allowed at camp. No weapons of any kind, knives, fireworks ect. If your child is seen with any non approved device it will be taken and returned at the end of the week. Please help us avoid this situation by keeping these items at home. If there is a question on what to bring feel free to contact us via the web site, www.tristatecamp.com