

2010 Michigan District Nazarene Summer Camps

8258 Victory Street
Vicksburg, MI 49097
(269) 649-2281 nazcamp.org

Camp Information	Grades Eligible (In Fall)	Dates	Registration	Early Bird Price & Postmarked Deadline	Walk in fee (if not received before camp)
Girls' Camp	3rd-6th	August 2-6	\$190	\$175 July 5	\$75
Boys' Camp	3rd-6th	August 9-13	\$190	\$175 July 12	\$75
Early Youth Camp	7th-9th	June 21-25	\$195	\$180 May 24	\$75
Sr. High Camp	10th-12th	June 28-July 2	\$195	\$180 May 31	\$75

Children's camps: Registration: **11:00 A.M.** on the first day of camp at the Ina Strait Activity Center.
Dismissal: **2:00 P.M.** on the last day of camp.
Youth Camps: Registration: **11:00 A.M.** on the first day of camp at the Ina Strait Activity Center.
Dismissal: **1:00 P.M.** on the last day of camp.

Camp Director information:

Girls Camp Sharri Sackett (269) 760-2056 appleofhiseye1216@yahoo.com	Boys Camp Kevin Stedman (989) 842-1570 kstedman@edzone.net	Early Youth Bryce Gernand (517) 782-7084 brycegernand@jaxnaz.com	Sr. High Wes New (616) 887-1169 wnew7@mac.com
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Payment Information

*****All Walk-ins will be charged an additional \$75.*****

Make payment to local church and have them write one check.

Girls Camp Payable to: Michigan District S.S. Send to: Sharri Sackett 508 Dorset Portage, MI 49002	Boys Camp Michigan District S.S. Kevin Stedman 4057 S. Magruder Rd. St. Louis, MI 48880	Early Youth Michigan District N.Y.I. Yolanda Oliver 709 Larchmont DeWitt, MI 48820	Sr. High Michigan District NYI Yolanda Oliver 709 Larchmont DeWitt, MI 48820
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Health History Form

Every camper needs a completed Health History Form. This form provides camp with emergency contact information and emergency permission along with important information regarding each camper's health. Please read this over carefully. This form must be fully completed for your student to attend camp.

Copies of Insurance Card

Every registration must include a copy of the parent's/guardian's insurance card. (front and back)

Dismissal Release Names

In order to ensure the safety of each camper, students will only be released to those you have designated. Please provide us with three names.

Lice Head Checks

Lice checks will be performed during registration. Students with lice will not be allowed to attend camp.

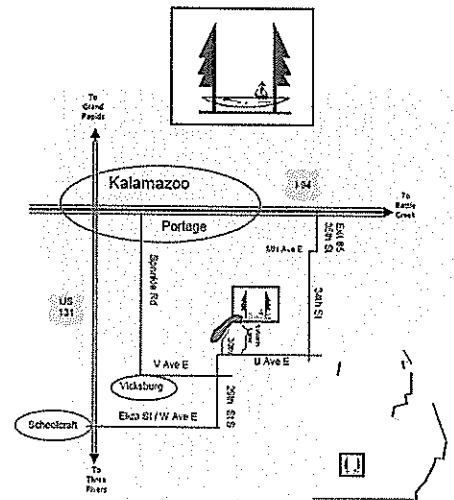
PACKING LIST

- Bible, notebook and pencil
- Active clothing. Shorts must be finger tip length.
- Modest one-piece swimsuit. Cover-up must be worn to and from the beach.
- Bedding (sleeping bag, pillow), towel.

DO NOT BRING Audio/video equipment, cell phones, gameboys, walkmans, 2 way radios or video games.

To ensure the safety of all campers, visitors must check-in at the Tabernacle Office when they arrive on the grounds.

Visit nazcamp.org for forms and more information.



2010 Michigan District Summer Camp Registration Form

Grade in Fall: _____ DOB _____ / _____ / _____ Age _____

Name of Camp attending: _____ Early Youth Camp _____ Girls' Camp
_____ Sr. High Camp _____ Boys' Camp

Camper's Legal Name: _____ Nickname _____

Address _____ City _____ St _____ Zip _____

Email address _____ Home Ph: _____

Parent(s)/Guardian Name: _____ Daytime Ph: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell # _____ Email address _____

Emergency Contact Information

In an emergency, parents are contacted first. List an additional contact person.

Name: _____ Phone# _____ Cell# _____

Camper Agreement

Camper Expectations: Respect yourself, others, and the campgrounds.

Here's how you can meet the camper expectations!

- Follow the schedule.
- Do not use language that is abusive to staff or fellow campers.
- Take care of camp property. (Fines for damage are \$100 plus the cost of repairs.)
- Dress modestly. One piece bathing suits. Use a cover-up to and from the beach. Shorts should be fingertip length.
- Do not bring audio/video equipment, cell phones, gameboys, walkmans, 2 way radios or video games.

I agree to abide by all the rules of the camp and campground.

Camper Signature: _____ Local Church: _____

Parent/Guardian Waiver/Permission Form

The Nazarene Camps do not discriminate due to race or national origin.

I approve the participation of my minor child in the Michigan District Church of the Nazarene Youth Camps and waive any and all claims against the same, its Boards or Representatives, due to injury or other damages incurred to the camper or said camper's property in connection with the Summer Camping Program at the Indian Lake Nazarene Camp Grounds in Vicksburg, MI. I assure that my child is in good physical health and is able to attend camp. I understand that my camper's participation in summer camp activity may expose him/her to psychological, physical, and challenging situations. I understand that although the camp has taken precautions to provide proper organization, supervision, instruction, and equipment it is not possible to guarantee absolute safety. Camper and parent/guardian understand that they share responsibility for their camper's safety and they accept that responsibility. I authorize the Indian Lake Health Officer to render necessary routine first aid and medical care as required. In the event of an emergency, I give permission to the licensed physician chosen by the Indian Lake Camp to hospitalize, secure treatment, anesthetize or perform surgery for the camper named on this form. I give permission for the camp to use my child's picture (video or photograph) for publicity purposes.

Parent's Signature: _____ Date: _____

Camp Dismissal

Campers are dismissed from the campground on the last day of camp. Identify 3 individuals, **other than yourself**, to whom you authorize camp staff to release your child. **Camper will only be released to yourself or to these listed.**

1. _____

2. _____ 3. _____

Health Form must be fully completed and sent with this registration form.

Visit nazcamp.org for forms and more information.

Camp Information

Here are a few things to make note of in regards to summer camps 2010.

- **Rookie Camp Change:**
Rookie Camp will not be held this year. Children going into grades 3-6th are encouraged to attend boys or girls camp.
- **Camp Workers:**
Our camps are always in need of quality counselors. Pastors, will you pray with us about this and seek out those who would serve our campers in this critical ministry? Have qualified applicants contact the camp director of the camp they are willing to serve.
- **Camp Forms:**
Volunteer Worker Forms, Health Forms, and Registration Forms can be found on nazcamp.org. Health Forms must be completed in full for each camper and worker.
- **Local Church Scholarship Fund**
Michigan Nazarene Summer Camps are still among the least expensive camps you could attend, but in hard economic times more and more families are not able to afford camp. Many churches are establishing a local camp scholarship fund. These funds are raised through direct giving or through other fund raising means. I encourage you to put this challenge to your people.
- **Nazarene Missions International Camp Scholarship**

The Michigan District N.M.I. has established a scholarship fund to financially assist the children and youth of the Michigan District that desire to attend Michigan District summer camps. Ten children and ten youth will receive a scholarship of \$50 to be applied to their camp registration fees. The intent of these scholarships is to help those who would not be able to go otherwise. In order to ensure the best use of these funds, a scholarship form is included. *The pastor of the applicant must fill out this form.* Since we have only 20 scholarships to award, please send only applications for those of the greatest need. Applicants will be chosen based on

- 1.) Need and special circumstances (please indicate clearly on form)
- 2.) Date application is received.
- 3.)

Applications must be received *by May 1st*. Notification of scholarships awarded and amount will be made to the pastors of each applicant by May 15th. **A scholarship certificate will be sent to you for each recipient that has been awarded a scholarship. Please send this certificate in with your camp payment for each camper who received a scholarship.**

Please be in prayer for our camps. These are sacred times for our youth and children.
Thank You,

Tim Harmon, Camp Coordinator

2010 CAMPER & STAFF ILNC HEALTH HISTORY FORM

Return this form attached to camp application to your local Nazarene Church camp coordinator,
-or -
Mail this form attached to camp application to appropriate Camp Director address shown on application.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper/Staff Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): **Please follow the instructions below. Attach additional information if needed.**

- 1) Complete pages 1, 2 and 3 of this form (FORM 2010) and make a copy for your file.
- 2) Send the original, signed FORM 2008 to Camp Coordinator (or Director) with the camp application.
- 3) Copy both sides of your insurance card and attached to this Health History Form 2008.
- 4) If required, complete Immunization Waiver Form or Medical Contraindication Form and attach to this Health History Form.

Camper/Staff Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship _____ to Camper/Staff: _____ Preferred Phones: (_____) _____ (_____) _____
Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship _____ to Camper/Staff: _____ Preferred Phones: (_____) _____ (_____) _____
Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship _____ to Camper/Staff: _____ Preferred Phones: (_____) _____ (_____) _____

Allergies: No known allergies. This camper/staff is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper/staff eats a regular diet. This camper/staff eats a regular vegetarian diet.
 This camper/staff has special food needs. (Please describe below.)

Restrictions: I have reviewed the program and activities of the camp/staff and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper/staff can participate with the following restrictions or adaptations. (Please describe below.)

Medical Insurance Information:

This camper or staff is covered by family medical/hospital insurance Yes No

A copy of your insurance card must be attached to this Health Form.

Be sure to copy both sides of the card so information is readable.

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper/staff to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian or Staff Adult _____ Date: _____ Relationship _____ to Camper/Staff _____

Camper Name _____ First _____ Middle _____ Last _____ (For Camp Use) Cabin or Group _____ (For Camp Use) Session Code(s): _____

2010 CAMPER & STAFF ILNC HEALTH HISTORY FORM

Camper/Staff Name: _____
 First Middle Last
 Birth Date: _____
 Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.. **Statements such as "UP TO DATE" or "COMPLETE" will not be accepted.**
Admission to camp may be denied on the basis (completeness) of this information.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis ★ (DTaP) or (TdaP)						
Tetanus booster ★ (dT) or (TdaP)						
Mumps, measles, rubella ★ (MMR)						
Polio ★ (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

If a Tuberculosis (TB) test has been taken → Date: _____
 Negative Positive

If your camper has not been fully immunized, a responsible adult must sign the following statement AND submit Immunization Waiver Form or Medical Contraindication Form: **I understand and accept the risks to my child from not being fully immunized.**

Signature of Custodial Parent/Guardian or Staff Adult _____ Date: _____ Relationship to Camper/Staff _____

Medication: This camper or staff will not take any daily medications while attending camp.
 This camper or staff will take the following daily prescription/prescribed medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **ILNC requires all prescribed medication be delivered in original pharmacy containers with labels which show the camper's name and how the prescribed medication should be given. Provide enough of each medication to last the entire time the camper will be at camp. Non-prescribed medication, nutrients or supplements will not be admitted with camper..**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are dispensed on an as needed basis to manage common illnesses and Injuries as directed by Standing Orders signed by ILNC's supervising physician. **Cross out those the camper should not be given.**

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

2010 CAMPER & STAFF ILNC HEALTH HISTORY FORM

Camper/Staff Name: _____
 First Middle Last
 Birth Date: _____
 Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper or staff:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting, dizziness or headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper or staff:

- | |
|---|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper/staff primary doctor(s): _____ Phone: (_____) _____
 Name of dentist(s): _____ Phone: (_____) _____
 Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? *Please provide in the space below any additional information about the camper's or staff's health that you think important or that may affect the camper's (staff's) ability to fully participate in the camp program. Attach additional information if needed.*

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

