

NORTHWEST AREA  
CHRISTIAN CHURCHES  
PRESENTS:

# LOSERVE

CAMP 2011



For the Son of Man came not to be served but to serve, and to give his life as a ransom for many.  
- Mark 10:45

All Camps held at Crowder State Park in Trenton, MO  
Camps begin and end at 10:00 am

**1 2 3 - G!**  
(Completed Grades K-2)

**July 6 - July 8**  
Super Early Bird Rate: \$90  
Early Bird Rate: \$95  
All Others: \$115

**1 2 3 - G!**  
(Completed Grades K-2)

**July 19 - July 21**  
Super Early Bird Rate: \$90  
Early Bird Rate: \$95  
All Others: \$115

**Jr. Camp 1**  
(Completed Grades 3-5)

**July 9 - July 13**  
Super Early Bird Rate: \$160  
Early Bird Rate: \$165  
All Others: \$185

Super Early Bird  
Deadline:  
May 1, 2011  
Early Bird  
Deadline:  
June 1, 2011

**Jr. Camp 2**  
(Completed Grades 3-5)

**July 23 - July 27**  
Super Early Bird Rate: \$160  
Early Bird Rate: \$165  
All Others: \$185

**Chi Rho Camp 1**  
(Completed Grades 6-8)

**July 14 - July 18**  
Super Early Bird Rate: \$160  
Early Bird Rate: \$165  
All Others: \$185

**Chi Rho Camp 2**  
(Completed Grades 6-8)

**July 28 - Aug 1**  
Super Early Bird Rate: \$160  
Early Bird Rate: \$165  
All Others: \$185

**CYT Camp**  
(Completed Grades 9-12)

**June 29 - July 4**  
Super Early Bird Rate: \$180  
Early Bird Rate: \$185  
All Others: \$205



Camps fill quickly, so get your camp registration in Early!

For more information contact your pastor or the Northwest Area Christian Churches  
P.O. Box 353, Cameron, MO 64429 (816) 632-2237 or [nwareacc@nwareacc.org](mailto:nwareacc@nwareacc.org)  
[www.nwareacc.org](http://www.nwareacc.org)

## What to Bring

- Bible
- Large Zip-Lock Bag
- Notebook
- Pencil or Pen
- Stamps
- Electric fan/extension cord (Optional)
- Clothing for outdoor activities
- Two pairs of shoes (other than sandals)
- Toiletries (shampoo, soap, etc)
- Excitement
- Toothbrush and toothpaste
- Hair brush
- Good attitude
- Bedding or sleeping bag
- Pillow
- Towels
- Flashlight & Batteries
- Offering\*

## What not to Bring

- Music device (MP3, ipod, etc.)
- Video games
- Portable TV or DVD player
- Movies
- alcohol
- Bad attitude
- tobacco products
- illegal drugs
- weapons of any kind
- Cell Phone
- Lots of money
- Valuables
- Food or Candy
- Fireworks

### \* Camp Offering:

Each year at camp we collect an offering. This years offering will be for mentoring and training young adults in camp ministries, and to further the development of the Center for Lifelong Learning in Lathrop, MO.

It is the vision of the Northwest area to invest in developing dedicated Christ centered leaders who make an impact for the Kingdom of God and the future.

### Send Mail to your Camper:

Letters should be mailed before Camp starts to be sure they receive the mail at Camp.

Camp Address:  
Christian Church Camp  
(Name of Camp)  
Camp Grand River  
Crowder State Park  
Trenton, MO 64683

# Camp Registration and Health Form 2011

Christian Church (Disciples of Christ) of Mid-America, Northwest Area

## Camp Information:

Church Name: \_\_\_\_\_

City: \_\_\_\_\_

Camp attending: \_\_\_\_\_

Dates: \_\_\_\_\_

### Area Office Use Only:

\_\_\_\_\_ Cash

# \_\_\_\_\_ Check \_\_\_\_\_ Amt.

\_\_\_\_\_ Individual

NAME ON CHECK

# \_\_\_\_\_ Check \_\_\_\_\_ Amt.

\_\_\_\_\_ Church

NAME ON CHECK

\$ \_\_\_\_\_

TOTAL PMT for Camper

Excel

RegData

Copied

Med Form

Restrictions

*Please Print.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ # of yrs at camp: \_\_\_\_\_ Grade completed: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

*Parent/Guardian Information:*

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

## Medical Info & Release:

**A COPY OF YOUR INSURANCE OR  
MEDICAID CARD MUST BE INCLUDED!**

Do you have family insurance coverage for camper?  Yes  No

May camper be given for fever or headache: Tylenol  Yes  No Motrin  Yes  No

### Photo Release:

You have permission for my child to be photographed for publicity by the Christian Church (DOC) in Mid-America, Northwest Area, Inc..

YES, I grant permission  NO, I do not grant permission

### Medical Release:

In case of medical emergency, I understand every effort will be made to contact a parent/guardian of the camper. If I cannot be reached, I grant permission to the physician selected by the camp staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child. I understand that, through its insurance carrier, the Area provides medical expense insurance on an excess basis, i.e., secondary coverage. If any medical expenses are incurred for the camper, I will be contacted regarding family insurance. Payment from the Area's carrier will be in excess of the amount due from any other insurance. I agree that all information stated on the Health form on the reverse side is accurate.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's DOB

*Please Complete Health Data on next few pages.*

# Child and Parent/Guardian Covenant

I agree to abide by the following rules:

1. Attend camp for the entire time unless there is an emergency. If an emergency happens the parent/guardian needs to contact the camp directly.
2. Be on time for all events, meals, etc: attendance is required.
3. No alcohol, drugs, smoking, profane language, pornography, weapons, etc.
4. Be kind to all other children and adults at the camp.
5. Be present with everyone else: no texting, making phone calls, using portable electronic devices, etc. during scheduled or social activities.
6. No inappropriate physical interactions with members of the opposite sex. This is not a time for couples.
7. No disappearing, wandering off alone, leaving the camp. Always let a counselor know where you are going.

Breaking of rules may result in the parent/guardian being called to come, and the child will be sent home from camp.

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Child Signature

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Parent/Guardian Signature

## Pastor/ Youth Director / Church Representative

I recommend this camper for participation in the NW Area Camp Program. I have reviewed this Registration and Health Form and it is accurate and in order. I believe the camper understands the procedures, purpose, and policies of camp.

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Signature

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Date

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

First Name \_\_\_\_\_

# Health Form

**This is to be completed by a parent or guardian.**

\*\* (If there has been illness or hospitalization in the past year, it is recommended that a physician complete the health data below.)

## Health Information:

*This information is necessary. Please complete every field.*

Camper's height: \_\_\_\_\_ weight: \_\_\_\_\_ Date of most recent physical exam or doctor's visit: \_\_\_\_\_

Has the camper been hospitalized or treated at any time during the past year for any physical or emotional disability?  No  Yes (If yes, please attach a description)

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\* Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Check Known Conditions & Allergies:

Is Appendix present?  Yes  No

Does the camper wear contact lenses?  Yes  No

### Conditions:

Heart pathology

Hernia

Athlete's foot

Other skin disease

Asthma

Exposure to contagious disease

Date: \_\_\_\_\_

Explain: \_\_\_\_\_

Recent illness/surgery

Date: \_\_\_\_\_

Explain: \_\_\_\_\_

Chronic infections (nose, throat, ear, sinus, lungs)

Explain: \_\_\_\_\_

Hay Fever

Fainting

Convulsions

Bedwetting

Sleepwalking

Seizures

### Allergies to:

Tetanus shots

Penicillin

Sulfa

Insect Stings

Other \_\_\_\_\_

Other Drug: \_\_\_\_\_

Explain: \_\_\_\_\_

Food(s)

Explain: \_\_\_\_\_

Are immunizations up to date?  Yes  No

Is camper on any routine medications?  Yes  No

If yes:

• Complete the confidential Medication Form with your Registration Form.

• Bring medication to camp in the original bottle, in a zip lock bag, labeled with the camper's full name.

Note: All medications will be kept by the staff.

Any special needs, requests or concerns: (Directors may or may not be able to meet all requests.)

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

Diet restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Restrictions needed in active camp: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any person or persons with whom your child is NOT allowed to leave the camp premises:

\_\_\_\_\_

Reason: \_\_\_\_\_

# Camper/Staff Medication Form

## Confidential

Only complete and attach to registration form if medication is being sent with camper.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Area Office Use Only:

- Excel
- RegData
- Copied

Camp attending: \_\_\_\_\_ Dates: \_\_\_\_\_

**Please provide complete names and instructions for all medications being sent to camp. All medications(except inhalers) will be kept by the Director or Nurse (or other designated staff) and dispensed as indicated below:**

Name of Medication	Reason Taken	Time(s) of Day Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I give permission for the above medications to be dispensed, as indicated, while my child is at camp.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

If medications change before date of camp, a new form must be provided as camper arrives.  
Thank you for helping us care for your child.

### Make sure that you:

1. Bring medication to camp in the original bottle
2. In a zip lock bag
3. Labeled with the camper's full name.

Note: All medications will be kept by the staff.