

MEDICATION INFORMATION

Please list ALL medications—prescription and non-prescription—taken routinely. Be sure that the camper brings enough medication to last the entire time at camp *in the original package/bottle that identifies the camper's name, prescribing physician, name of drug, dosage and frequency.* All medications need to be given to the Camp Health Officer upon arrival.

Medication #1: _____
Dosage: _____
Time to be Taken: _____
Reason for Taking: _____

Medication #2: _____
Dosage: _____
Time to be Taken: _____
Reason for Taking: _____

Medication #3: _____
Dosage: _____
Time to be Taken: _____
Reason for Taking: _____

Medication #4: _____
Dosage: _____
Time to be Taken: _____
Reason for Taking: _____

OVER THE COUNTER MEDICATIONS

The following over the counter medications are available from our First Aid Station. They may be administered as deemed necessary by the Camp Health Officer, *unless otherwise advised*. Please mark an "X" next to any medications you do NOT want administered.

<input type="checkbox"/> Aspirin	<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Acetaminophen
<input type="checkbox"/> Sudafed	<input type="checkbox"/> Robitussin	<input type="checkbox"/> Antibiotic Ointment
<input type="checkbox"/> Ear Drops	<input type="checkbox"/> Maalox	<input type="checkbox"/> Throat Lozenges
<input type="checkbox"/> Midol	<input type="checkbox"/> Visine	<input type="checkbox"/> Antacid

EMERGENCY CONTACT (OTHER THAN PARENTS)

Name: _____
Relationship: _____
Phone (Area Code): _____
Other (Area Code): _____

MEDICAL INSURANCE

Company: _____
Policy Number: _____
Group Number: _____
Claims Address: _____
Phone (Area Code): _____

RELEASE SIGNATURE

1) I understand the Camp Director reserves the right to dismiss any camper whose behavior or attitude is disruptive to the welfare of the camp. No refund will be given in the event of dismissal. It is the parent's responsibility to arrange transportation for early dismissal.

2) I understand the Camp Health Officer reserves the right to dismiss any camper for medical conditions he/she deems necessary. No refund will be given in the event of dismissal. It is the parent's responsibility to arrange transportation for early dismissal.

3) I understand that all returned (bounced) checks will incur a \$20 fee to cover bank expenses charged to the Church. Registration will be delayed and incomplete until this check and fee are paid.

4) I am aware that all camp registration fees — including the deposit — *are non refundable and non-transferable.*

5) I understand that my child's balance is due to the Church office by June 1, 2010 for Camp Explorer and July 1, 2010 for Camp Discovery. If this balance is not received in full by the Church office by the above listed dates, I understand that my child's space and money could be forfeited.

6) I understand that all medicines (i.e. prescriptions & over-the-counter drugs) are to be turned over to the Camp Health Officer at the beginning of camp. I am aware that the Camp Health Officer oversees the administration of medications. The staff will do their best to remind my child to take his/her medications, but it is not the responsibility of the camp staff to remind my child to visit the Camp Health Officer.

7) I am aware that my child is responsible for his/her personal belongings. It is not the responsibility of the Church to find or return any belongings that are left or lost at camp.

8) I understand that due to legal and liability reasons, I cannot visit my child at camp.

9) Should it be necessary for my child to receive medical attention/treatment while participating in these activities, I hereby give permission for the person(s) leading or directing these activities, to render medical attention or administer medical treatment, as the physician/medical professional deems appropriate and necessary.

10) I also give permission for the person(s) leading or directing these activities to use their best judgment to otherwise render any assistance (i.e. First Aid, CPR, etc.) to my child in the event of injury or illness.

11) I understand that the Cincinnati Church of Christ and King's Domain or any person(s) leading or directing these activities has no insurance coverage for medical or hospital costs for my child, which are associated with injury or illness occurring in the course of these activities (unless the child is already a covered dependent under the church's employee health plan). Therefore, any costs incurred for such medical attention/treatment shall be my sole responsibility.

12) I release the Cincinnati Church of Christ and King's Domain to use any photographs or video of my child taken at camp for the website or for promotional purposes.

Parent/Guardian's Signature

Date

If your registration form is unsigned or incomplete your child will not be registered for camp. To complete your registration, this form and the non-refundable deposit must be mailed or delivered to the office. Completed registration forms can be mailed to:

Cincinnati Church of Christ
Attn: 2010 Youth Camp
4220 E. Galbraith Rd.
Cincinnati, OH 45236
www.cincinnatichurch.org

Once the registration for your child is accepted and processed you will receive a confirmation notice by email or mail if you do not have an email account.

WHAT TO BRING LIST

Sleeping bag and pillow
Ten sets of clothes (some nice, most grubby!)
Jeans and a sweatshirt (it gets chilly at night)
Rain jacket (optional)
One old, grubby shirt that can be thrown away
Bathing suit (please be modest!)
Two or three towels (or chamois)
At least two pairs of shoes (Grubby)
Toiletries (shampoo, deodorant, etc.)
Medications (in original bottles)
Bug spray
Sunscreen
Water bottle
Bible, notebook, pens
Inexpensive/Disposable Camera (optional)

*Canteen is included in the camp cost!

WHAT NOT TO BRING TO CAMP:

Candy, food, gum, etc.
iPod or other music player
Electronics (Gameboy, Cellphone, etc.)
Expensive cameras

The Amazing
**Race**

THE AMAZING RACE:

Hebrews 12:1-2

Therefore, since we are surrounded by such a great cloud of witnesses, let us throw off everything that hinders and the sin that so easily entangles, and let us run with perseverance the race marked out for us. Let us fix our eyes on Jesus, the author and perfecter of our faith, who for the joy set before him endured the cross, scorning its shame, and sat down at the right hand of the throne of God.

NAVIGATOR Starting Fall 2010 3RD-5TH

The beginning of the camp journey is filled with learning to enjoy God new friends, healthy independence, and new experiences. At Camp Navigator, campers begin to navigate their way towards God and all the blessings His Kingdom has to offer.

DISCOVERY Starting Fall 2010 6TH-8TH

The continuing of the camp journey is filled with discovery: continued friendship, healthy independence, and continued experience. At DISCOVERY, campers learn who God created them to be and how to pursue a personal relationship with Him.

EXPLORER Starting Fall 2010 9TH-12TH

The paramount in camp experiences. This camp will help each camper to continue on the journey of growth in their relationships and walk with God. This camp will also help each camper to pursue great growth in their character through discipling, team building, and training from their peers.

FEBRUARY 21 Camp Registration Opens

JUNE 7 Explorer & Navigator Camp Registration Deadline

June 25 Navigator Pre-Camp Devotional Camp (local youth only). CCOC Building 7:30 p.m.

June 27-July 3 Camp Explorer

Camp Explorer Drop-off and Pick-up Times
Drop-off: June 27 @ 4p.m.
Pick-up: Parent Presentation July 3 @ 12p.m. and official pick-up time 1p.m.

Drop off location:

5778 Oregonia Road
Waynesville, OH 45068
(513) 932-5507

JULY 1-4 Camp Navigator

Drop-off and Pick-up Times:
Drop Off: July 1 @ 4p.m.
Pick-up Time: Worship Service July 4 @10a.m.
Official Pick-up Time 12p.m.
Drop Off Location:
164 Spring Hill Rd.
Clarksville, OH 45113
(937) 289-2085

July 7 Discovery Registration Deadline

July 25-30 Camp Discovery

Camp Discovery Drop-off and Pick-up Times:
Drop Off: July 25 @ 4p.m.
Pick-up Time: Parent Presentation July 30 @12p.m.
Official Pick-up Time 1p.m.
Drop Off Location:
164 Spring Hill Rd.
Clarksville, OH 45113
(937) 289-2085

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CAMPER INFO

First Name: _____
Last Name: _____
Gender: ___ Male ___ Female
Camper's E-mail: _____
Birth Date: ___ / ___ / ___
Entering Grade Fall 2010: _____

T-shirt (adult sizes): S M L XL XXL XXXL

PARENT/GUARDIAN INFO

Parent/Guardian Name: _____
Home Phone: () _____
Work Phone: () _____
Mobile Phone: () _____
Parent E-mail: _____
Home Address: _____
City: _____
State: _____ Zip Code: _____
Church Attending: _____

SESSION	DATES
NAVIGATOR (3RD GRADE- 5TH GRADE)	JULY 1-4TH
DISCOVERY (6th Grade- 8th Grade)	July 25th – July 30th
EXPLORER (9th Grade-12th Grade)	June 27th – July 3rd

Camp Navigator Cost (3rd grade-5th grade)	\$155
Camp Discovery Cost (6th grade- 8th grade)	\$255
Camp Explorer (9th-12th)	\$325
Paintball \$25 please sign waiver and include w/ registration	

Minimum Deposit to Hold (Non-Refundable) \$100

Daily canteen snacks are included in the price!

Amount Enclosed with this Application: \$ _____

Balance Due for Navigator and Explorer by June 7, 2010

Balance Due for Discovery by July 1, 2010

After your registration is recieved you will recieve an email confirming your child's spot and balance due.

Make checks payable to:
Cincinnati Church of Christ
4220 E. Galbraith Rd.
Cincinnati, OH 45236

MEDICAL HISTORY

Please list all allergies.
Describe child's reaction and how managed.
(If no allergies, please write "NONE" in space provided.)

Medication Allergies: _____

Food Allergies: _____

Other Allergies:
(Insect Bites, Hay Fever, Asthma, Animal Dander, Etc): _____

Has/Does the camper:

- | | |
|--|----------------|
| 1. Any recent injury, illness or infectious disease? | ___ Yes ___ No |
| 2. Have a chronic or recurring illness/condition? | ___ Yes ___ No |
| 3. Ever been hospitalized? | ___ Yes ___ No |
| 4. Ever had surgery? | ___ Yes ___ No |
| 5. Have frequent headaches? | ___ Yes ___ No |
| 6. Ever had a head injury? | ___ Yes ___ No |
| 7. Ever been knocked unconscious? | ___ Yes ___ No |
| 8. Wear glasses, contacts or other eye wear? | ___ Yes ___ No |
| 9. Prone to frequent ear infections? | ___ Yes ___ No |
| 10. Ever been dizzy or passed out after exercise? | ___ Yes ___ No |
| 11. Ever had seizures? | ___ Yes ___ No |
| 12. Ever had problems with joints (knees, etc) | ___ Yes ___ No |
| 13. Have any skin problems? (Itching, rash, acne) | ___ Yes ___ No |
| 14. Have diabetes? | ___ Yes ___ No |
| 15. Had mononucleosis in the past year? | ___ Yes ___ No |
| 16. Had problems with constipation/diarrhea? | ___ Yes ___ No |
| 17. Have problems with sleepwalking? | ___ Yes ___ No |
| 18. If girl, have an abnormal menstrual history? | ___ Yes ___ No |
| 19. Have a history of bed-wetting? | ___ Yes ___ No |
| 20. Have a history of motion sickness? | ___ Yes ___ No |

Please explain any "yes" answers, noting the number of the questions: _____

