



Aug. 31st - Sept. 2nd, 2019

2019 Camper Application (Ages 6-12)

Cabin #: _____

Print Clearly, Read and Complete ALL Areas of this Application Front & Back!

Submit Application to: PO Box 1689 or 620 Ron McNair Blvd, Lake City, SC, 29560
by August 9, 2019.

Space is limited, applications will be processed on a first come, first served basis.

Contact us @ 843.394.8508 or 843.598.4545 for more information or assistance.

Camper Information: (Print Clearly)

Last Name: _____ First Name: _____ Middle Initial _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____ Gender: M / F Height: _____ Weight: _____

Parent/Guardian: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

I have been to Free Camp before Yes / No I was invited by: _____

T - Shirt Size: (Circle One) Youth Small(6-8) Youth Medium (10-12) Youth Large(14-16)

Adult Small Adult Medium Adult Large XL XXL XXXL

Emergency Contact Information: (Print Clearly)

In case of emergency, any of the listed contacts must be available during Free Camp.

Also, please Initial next to those persons who are authorized to pick up your child at camp dismissal.

Name: _____

Relationship to Camper: _____

Contact # (____) _____

Authorized to Pick up Child: _____

Name: _____

Relationship to Camper: _____

Contact # (____) _____

Authorized to Pick up Child: _____

Name: _____

Relationship to Camper: _____

Contact # (____) _____

Authorized to Pick up Child: _____

Parent/Guardian Check In: _____ Picture ID: _____

Parent/Guardian Check Out: _____ Picture ID: _____

Hospitalization/Insurance Information: (Print Clearly)

Please provide a copy of card and policy information, if possible.

Insurance Provider: _____ Insurance Phone #: _____

Name of Insured: _____ (Policyholder)

Subscriber ID or Contract #: _____

Group Name: _____ Group #: _____ Employer's Phone #: _____

Medical History & Medication Information: (Medication Will NOT be given without signed permission)

Medications accompanying youth to camp must be presented to camp officials upon arrival. All medication must be in the original container.

A written request from parent/legal guardian must accompany all medication stating dosage and time to be administered.

List of Current Prescription Medication(s) and Dosage(s):

Free Camp utilizes physical and outdoor environments; however, we recognize that some campers may have physical or mental limitations or restrictions such as Asthma, Heart Condition, Seizures, Diabetes, etc. Please list any and all that apply.

Also, List any and all Allergies including Medicine and Food Allergies:

Release/Authorization:

I, the undersigned parent/legal guardian, hereby release liability while I participate in the pre-arranged activities relating to the camp, **including the travel to and from** such pre-arranged games and events.

I hereby, for and in consideration of the activities with SCIPHC Free Camp, Lake City, SC, do hereby authorize any adult staff member to secure, obtain, or otherwise see to all medical care/treatment, including any emergency operation requiring anesthesia which, in the opinion of said adult and in consultation with competent medical personnel, may be necessary as a result of injuries or illness sustained by myself while engaged in camp-related activities.

I prefer Dr. _____, Phone (_____) _____ be contacted, if convenient and practical.

I do here further release said SCIPHC Free Camp, Lake City, SC, from any and all claims, demands, actions, or causes of actions made by me or any other person under my direction of control by virtue or as a result of any injury or illness sustained by me while engaged in any camp-related activity. **I accept responsibility for payment of expenses incurred as a result of medical treatment.**

I do here further authorize said SCIPHC Free Camp, Lake City, SC to publish and or present any recorded media of myself in the advertisement or promotion of Free Camp and its activities. I also recognize and understand that I **MUST** obey the rules and regulations of the camp or I will not be allowed to participate and, if deemed necessary, will be asked to leave.

Parent/Legal Guardian Signature

Date Signed



Discipleship Ministries Youth Camp - Rules and Regulations

Please Read Carefully

I understand and agree to the following:

I give permission for Free Camp to use my child's name, voice, testimonial, and/or picture in any type of promotional material, press releases, and news stories about camping, Free Camp or South Carolina Conference. I understand I can notify the camp office if this is unacceptable.

I understand that Free Camp has a **NO CELL PHONE POLICY**. The following number is a land line, 803-478-2342 located at Camp Robinson. This number will be available until 11:00 pm, after that time you may call the camp director on his cell phone 843-496-7840. You may call these numbers if you need to reach your child due to an emergency. We will also use this phone to contact you if a need arises or if there is an urgent reason that your child needs to contact you. I also understand that if a staff member sees a camper with a cell phone, the phone will be taken from the camper and held in the office, labeled with camper's name and cabin, until the camper request their phone back at sign-out. Each camper is responsible for their own belongings. Free Camp, its agents, servants, employees or volunteers will not be responsible for lost clothes, money, belongings, etc. All items left at camp will be held in the lost and found for 30 days after the last day of camp. After 30 days, all items remaining in the lost and found will be donated to charity.

I also, understand that my child must not wear any extreme clothing such as see-through, midriiffs, halter-tops, tank tops, spaghetti straps, suggestive pictures or phrases, and shorts above finger tips with arms extended are permitted. Clothing and jewelry shall not advertise any secular bands or contain any wording, picture, image, insignia or graphic that is crude, vulgar, profane, sexually suggestive or which advocates the use of alcohol, drugs violence or other disruptive behavior. Shoes and shirts must be worn at all times, except when participating in activities that require the shoes be removed. Casual wear, other than shorts, may be worn to services. If a Dean or other person in authority over my child request that he/she change due to not being in compliance with the dress code, he/she will do so promptly and without complaint.

My child has permission, without restriction, to participate in all sports, regular and special programming (including, but not limited to basketball, volleyball, ga-ga game, etc.) unless I notify the camp otherwise in writing. I understand and realize that Free Camp will follow safety procedures and safety precautions that all physical activities include a certain risk and that Free Camp assumes no liability for injury or damage arising from or as a result of participation. I affirm that I have been advised that field sports, team games, climbing wall, inflatable, challenge course, indoor and outdoor games, wet/dry recreation, and other camp activities include certain risks and dangers.

These risks include, but are not limited to, loss of, or damage to personal property, injury or fatality. In consideration of and as part payment for, the right to participate in all Free Camp activities and the services and food arranged (when applicable) for my child by Free Camp and its agents, servants, employees, and volunteers. I have assumed all of the above risks and intending to be legally bound hereby will hold Free Camp and its agents, servants, employees and volunteers harmless for any liability which may arise out of, or in connection with any participation in any activities arranged by Free Camp its agents, servants, employees and volunteers. The terms hereof shall serve as a RELEASE AND ASSUMPTIONS OF RISK.

Free Camp cannot administer prescription drugs to your child, even with written parental consent, unless the medication is sent in a properly labeled original container from the pharmacy that contains the camper's name and the doctor's name. Any non-prescription drugs must be in original container and labeled with the camper's name. Camper is responsible to see nurse/medic for daily medications.

I will check my child for head lice and understand all children will be checked upon arrival. Free Camp has **NO NIT Policy** regarding head lice. I understand that even if my child has/have been treated they will **not** be allowed to stay at Free Camp if they have nits.

In my absence, I authorize the Director of Free Camp or his appointee nurse/medic to dispense over-the counter medications and to obtain medical treatment which may be deemed necessary for my child. Furthermore, I authorize the proper dispensing of my child's prescription drug(s) if any as listed on this form. I also, hereby authorize any physician called upon by the Director of Free Camp to render medical treatment that, in his/her judgment, may be deemed necessary for the well-being of my child. I authorize the release of any medical information necessary to process a claim for my dependent named in the Free Camp Application. I authorize payment of medical benefits to the physician or supplier of service rendered to my dependent. I understand that Free Camp provides secondary insurance that takes effect only after the camper's insurance has paid.

Lastly, my signature hereby forever releases and discharges the South Carolina Conference of the IPHC, Inc. Free Camp of any and all liability of any nature which may arise while my child is a camper as set forth above. My signature further covenants and agrees to never sue or file a claim against the South Carolina Conference of the IPHC, Inc. Free Camp for any injury which may occur to my child while he/she is involved in any of the activities of Free Camp.

Camper's Name _____

Camper's Signature _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____



Hosted by: SC Conference IPHC, M25 & Discipleship Ministries

Check In: 8:00am Saturday, August 30th, 2019
South Carolina Conference Dining Hall
620 S. Ron McNair Blvd., Lake City, SC, 29560

Camp Location:
South Carolina Conference Camp Robinson
1307 Greenall Road., Summerton, SC, 29148

CAMPER CHECKLIST & IMPORTANT INFORMATION

Keep this page for your Records

Information to Remember:

- Return completed application by Monday, August 9, 2019
- Camp checking is 8:00am on Saturday, August 31st, 2019 in the SCIPHC Dining Hall.
We cannot register kids before 8:00am.
Campers will leave for Camp Robinson promptly at 9:00am.
- Free Camp will be held at SCIPHC Camp Robinson, located at 1307 Greenall Road, Summerton, SC 29148. Transportation will be provided from SCIPHC Dining Hall to Camp Robinson and Back for Camp Dismissal.
- If a child needs to leave early for any reason only a parent/legal guardian or authorized emergency contact can personally withdraw the camper. The camper would need to be picked up at Camp Robinson if they need to leave early and they must go through Registration. **(Photo ID is Necessary)**
- Camp Dismissal is at 11:00am - 12pm on Monday, September 2, 2019 in the SCIPHC Dining Hall. A parent/legal guardian or authorized emergency contact **(with Photo ID)** must personally pick up camper.

Camper Check List:

All items should be brought in a duffle bag, suitcase, or backpack with your name on it.

- Prescription Medication (properly marked and stored)
- Sleeping Gear (sleeping bag/pillow)
- Pajamas/Night Clothes
- Clothes for 3 - 4 Days (modest shorts, pants, tops, modest swim suit, cover up, seater or jacket)
- Tennis Shoes (open toe shoes are permitted, but you must wear close-toed shoes during sports activities)
- Dirty Clothes Bag
- Toiletry items (towels, washcloths, shampoo, soap, toothbrush, toothpaste, hairbrush, deodorant, etc.)
- Sunscreen & Bug Repellant
- Swimsuit (Girls two-piece suits are to be covered with a t-shirt)
- Bible & Notebook

DO NOT BRING ITEMS LISTED BELOW

Cell Phones (will be taken up), money, jewelry, radios, tape/cd players, handheld games, expensive clothes/shoes, or any other item that you would not want broken or misplaced.

SCIPHC and workers of this Free Camp are not responsible for lost or broken articles.