

# Youth Camp CAMPER Registration Form 2021

## Please fill out form COMPLETELY



I understand and agree to the following:

A minimum, non-transferable, non-refundable deposit of \$65.00 per camper must accompany this application. Camper's registration fees must be paid on or before registration day.

If cancellation is made two weeks prior to your scheduled arrival at Camp Robinson, any amount above the \$65.00 deposit that has been paid will be refunded or transferred. If cancellation is made less than two weeks prior to registered camp date no refund or transfers will be made. No refunds will be given if the camper leaves before the camp session ends.

I understand that Camp Robinson Youth 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 803-473-0510. 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. Camp Robinson, 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.

Camp Robinson 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 authorize the Camp Robinson nurse/medic to dispense over-the-counter medications to my child as needed.

Camp Robinson provides secondary insurance that takes effect only after the camper's insurance has paid.

My child has permission, without restriction, to participate in all snacks, regular and special programming (including, but not limited to swimming, basketball, volleyball, ga-ga game, etc.) unless I notify the camp otherwise in writing. I understand and realize that Camp Robinson will follow safety procedures and safety precautions that all physical activities include a certain risk and that Camp Robinson 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 crafts, swimming, paddle boats, indoor and outdoor games, 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 fatally. In consideration of and as part payment for, the right to participate in all Camp Robinson activities and the services and food arranged (when applicable) for my child by Camp Robinson and its agents, servants, employees, and volunteers. I have assumed all of the above risks and intending to be legally bound hereby will hold Camp Robinson 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 Camp Robinson its agents, servants, employees and volunteers. The terms hereof shall serve as a RELEASE AND ASSUMPTIONS OF RISK.

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

No extreme clothing such as see-through, midriffs, 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 me request that I change due to not being in compliance with the dress code, I will do so promptly and without complaint.

The SC Conference Discipleship Ministries Council will use the IPHC position paper (Marriage and Sexual Morality) regarding matter of sexuality for campers and staff.

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

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

Date \_\_\_\_\_

# 2021 Camp Robinson Application

Cabin Assignment  
\_\_\_\_\_

Please print clearly and complete all areas of application:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ (as of camp date) Birth date: \_\_\_\_\_ male: \_\_\_\_\_ female: \_\_\_\_\_

Grade Completed: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Home Church & Pastor: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone:(\_\_\_\_) \_\_\_\_\_ Work #:(\_\_\_\_) \_\_\_\_\_ Cell#:(\_\_\_\_) \_\_\_\_\_

Emergency Contact Person(s)

Name _____	Relation to Camper _____	Phone# (____) _____
Name _____	Relation to Camper _____	Phone# (____) _____

**PLEASE CHECK CAMP ATTENDING**

\_\_\_\_\_ Teen Camp—June 20 - June 24 — ages 13-18

\_\_\_\_\_ Junior Camp — July 4 - July 8 — ages 10-12

\_\_\_\_\_ Primary Camp—July 11 - July 15 — ages 7-9

**All Camps will have live worship**

\_\_\_\_\_ by May 14, 2021- Total Camp tuition of \$100  
(Camp t-shirt included)

\_\_\_\_\_ Pre-registration fee of \$50 (non-refundable). Balance due on arrival.

\_\_\_\_\_ after May 14, 2021 - Total Camp tuition of \$100  
Pre-registration fee of \$50 (non-refundable)  
(Camp t-shirt included\*). Balance due on arrival.

\*T-Shirts are complimentary-sizes are not guaranteed on Late Registration

**PARENT/GUARDIAN MUST SIGN FORM ON THE BACK**

**Check in on Sunday 5 - 7 pm.**  
All campers must be picked up by **10AM each Thursday.**

**Make a copy of both sides of this completed form to keep.**

**T-Shirt Size: (Please check one): Youth Small \_\_\_\_\_ Youth Medium \_\_\_\_\_ Youth Large \_\_\_\_\_**  
**Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large \_\_\_\_\_ Adult X-Large \_\_\_\_\_ Adult XX-Large \_\_\_\_\_**

**Cabin Assignment Policy**

All campers will be **pre-assigned** to a cabin. We will also try to place church groups together as much as possible. If your child has a cabin mate request please write the first and last name of the child below. (the two must request each other)

\_\_\_\_\_

\_\_\_\_\_

The \$65.00 registration fee MUST accompany this form to guarantee you a space at camp. You are NOT registered until we receive this fee! Faxed copies will not be processed until monies are received. Space is limited and applications are processed on a first come first served basis.

**What to bring?**

Bible, notebook, pen, sleeping bag/sheets/blanket (twin size) pillow, toiletry items, towels, washcloths, modest casual clothes, play clothes, dirty clothes bag, modest swim suit, cover up, sweater or jacket, umbrella or raincoat, flashlight, tennis shoes (open toe shoes are permitted, but you must wear close-toed shoes during sports activities). Additional money for “canteen”

RECORD OF PAYMENT (office use only)

<b>TOTAL TUITION FEE DUE</b>	\$ _____
Pre-registration fee paid	\$ _____
Cash _____ Check # _____ Check Amt\$ _____	
<b>Balance due at check-in</b>	\$ _____
Paid at check-in	\$ _____
Cash _____ Check # _____ Check Amt\$ _____	
<b>TOTAL TUITION FEE PAID</b>	\$ _____

## Parent/Guardian Consent Form

In my absence, I \_\_\_\_\_ hereby authorize the Director of Camp Robinson or his appointee 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 application. I also, hereby authorize any physician called upon by the Director of Camp Robinson 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 this Camp Robinson application. I authorize payment of medical benefits to the physician or supplier of service rendered to my dependent. The undersigned hereby forever releases and discharges Camp Robinson and the South Carolina Pentecostal Holiness Conference of any and all liability of any nature which may arise while \_\_\_\_\_ is a camper as set forth above. Undersigned further covenants and agrees to never sue or file a claim against Camp Robinson and/or the South Carolina Pentecostal Holiness Conference, Inc. for any injury which may occur to said camper while he/she is involved in any of the activities of Camp Robinson, which may include, but not limited to, swimming, paddle boats, challenge course, slip 'n dip inflatable, wet/dry recreation, rock wall, etc... I further understand that there is a **no cell phone policy** as well as a **no prank policy** at Camp Robinson and will apprise my child of these matters. **I will check my child(ren) for head lice and understand all children will be checked upon arrival. HEAD LICE POLICY** Camp Robinson has a NO NIT policy regarding head lice. I understand that even if my child(ren) has/have been treated they will **not** be allowed to stay at Camp Robinson if they have nits. Original deposits will not be refunded.

### Hospitalization Insurance Coverage Information

Insurance Company and/or	List Current Prescription Drug (s) & dosage:
Government Program: _____	_____
Address: _____	_____
Subscriber ID or Contract Number: _____	_____
Insurance Co. phone # _____	_____
Admission Pre certification Phone# _____	_____
Group Name (Employer) _____	_____
Group Number: _____	_____
Employer's Address: _____	_____
Employer's Phone #: _____	_____

### Medications must be sent in original labeled containers.

List any medical conditions/disabilities/allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZED SIGNATURE REQUIRED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### Directions to Camp Robinson

Traveling I-95 North or South, take **exit 115 to 301**. Follow 301 South toward Summerton for one mile to **J.W. Carter Road**. turn left. This is the second paved road on the left after entering onto 301. Go approximately three miles to stop sign at **Davis Station**. Make a right at the stop sign and turn left right behind the convenience market, continue 4 3/4 miles to the second paved road on the right (**Greenall Rd**). Turn right. Camp Robinson is 3/10 of a mile on the left. Camp Robinson address is **1307 Greenall Rd. Summerton, SC 29148**. Camp phone # **803-478-2342**. To contact the S.C. Conference office: **843-394-8508 X123 Kathy Saint**



EARLY REGISTRATION IS MAY 15, 2020  
APPLICATIONS WILL BE ACCEPTED AS LONG AS SPACE IS AVAILABLE  
Please mail this completed application with your registration fee to:  
SC Conference Discipleship Ministries Department (SC DM) PO Box 1689 Lake City, SC 29560  
843-394-8508 X 123 ksaint@sciphc.org OR msmith@sciphc.org

