



Cabin #: _____

2022 Camper Application (Ages 8-12)

Print Clearly! Read and complete ALL areas of this application front & back!

Submit Application by mail to: PO Box 1689, Lake City or Drop Off at SCIPHC Ministry Center: 620 S. Ron McNair Blvd, Lake City, SC, 29560.

For additional Information Contact Us @ 843.598.4545 or 843.394.8508

NOTE: Space is limited, applications will be dated when received and processed on a first come, first served basis.

Camper Information: (Print Clearly)

Last Name: _____ First Name: _____ Middle Initial _____

Address: _____

City: _____ State: _____ Zip: _____

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

Parent/Guardian Name: _____

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 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.

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 843-598-4545. 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, 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 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.

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.

My child has permission, without restriction, to participate in all sports, regular and special programming (including, but not limited to swimming, boating, tubing, kayaking, 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.

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.

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 also note and understand the SC Conference Discipleship Ministries Council and Free Camp of the Pee Dee will use the IPHC position paper (Marriage and Sexual Morality) regarding matter of sexuality for campers and staff.

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 _____

SC CONFERENCE HEALTH WAIVER

Please check any of the symptoms you or the camper have experienced three days before the event begins. If you CHECK any item below, the student/you will not be allowed to come to camp.

Please check the student/yourself for these symptoms:

- Fever of 100 degrees or higher
- Chills or feeling feverish
- New, uncontrolled cough
- Shortness of breath or difficulty breathing
- Loss of taste or smell
- Sore Throat
- Significant fatigue, muscle or body aches
- New onset of severe headache, especially with fever
- Diarrhea, nausea, vomiting, abdominal pain

If your child/you have any of these symptoms, he/she/you may have an illness that puts him/her/you at risk for spreading illness to others. For a full list of COVID-19 symptoms, go to: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Has your child or have you had close contact within 3 feet for at least 15 minutes cumulative in a 24 hour period with a person with confirmed COVID-19 in the last 14 days?

- Yes
- No

Do you have a household member who has tested positive for COVID-19 or has had symptoms of COVID-19 in the last 14 days?

- Yes
- No

Have you traveled to any areas identified in the State of South Carolina Travel Advisory?

- Yes
- No

ASSUMPTION OF THE RISK. By signing this waiver, I acknowledge and understand the following:

Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;

I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of SC Conference or if I refuse to follow protocols as set by the SC Conference; and

Guardian

Camp Nurse

Camp Attendee

Date



Free Camp of the Pee Dee: September 3rd - 5th, 2022

Camper Checklist & Important Information Keep this page for your Records

Information to Keep and Remember:

- Free Camp of the Pee Dee is made possible by donations made to the Host: SCIPHC, Inc. Ministry Center, M25 & Discipleship Ministries. Thank you for your donations and support.
- **Application Due Date:** Monday, August 8, 2022. Mail to: PO Box 1689, Lake City, SC, 29560.
- **Camp Check In:** 8:00AM on Saturday, September 3rd, 2022 @ SCIPHC Evans Dining Hall.
Evans Dining Hall: 620 S. Ron McNair Blvd., Lake City, SC 29560 (NOT Camp Location)
Note: we CAN NOT register kids before 8:00AM
- Campers will leave for Camp promptly at 9:00AM. Transportation will be provided to and from Camp.
Camp Location: SCIPHC Camp Robinson - 1307 Greenall Rd., Summerton, SC, 29148.
- 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:** 11:00AM - 12PM on Monday, September 5th, 2022 @ SCIPHC Evans 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, light jacket, swimsuit (two-piece suits are to be covered with a t-shirt))
- 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 Repellent
- 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.