

2017 Summer Camp Registration

Registration is a **3-Step Process**. Complete all of the steps listed below to secure your registration and rate. Incomplete forms and a delay in submitting the required documents could result in additional fees.

Step 1: Complete Online Camp Coordinator Registration

Step 2: Complete Online Registration for Students and Monitors

A. Students and Monitor Registration

- Upon registration as a Camp Coordinator, you will receive a church/camp specific registration link. Use the link to register. Please allow two (2) business days to receive the email containing your link. (i.e. If you register as a coordinator on Friday, you should receive your link by Tuesday.)

B. Requirements for Monitors

- An online, Senior Pastor reference is **REQUIRED** for EACH monitor. The link can be found on our website or in your confirmation email. Deadlines apply to references, and registration is not complete until this step is complete.

- Background Checks- Church Coordinators **MUST** provide copies of background checks for EVERY Monitor coming to serve at West Texas Camps. Failure to provide background checks will result in \$10/ per leader charge to run prior to them being allowed to serve at camp.

Step 3: Reserve Spots & Make Payment (online or send check)

Online Payment: www.wtxnext.com/give

Mail Camper Consent & Monitor Forms & payments to:

WTXNEXT ATTN: CAMP PO Box 64778 Lubbock, TX 79464

A FEW THINGS TO REMEMBER:

- Registration is **ONLY COMPLETE** when all three steps of the process have been completed
 - o **Online Registration + Payment = Confirmed Spot for Camp**
- Having completed online registration **DOES NOT** hold a spot for camp. All steps must be complete.
- Paper Applications **DO NOT** need to be sent to WTXNEXT (See top of form)
- There is no deposit for Monitors. The full fee is due to complete registration.
- Medical Forms should **NOT** be mailed in. Bring those to camp **ONLY**.
- Payment for the STL 5K should be brought to camp, or paid online.
- Deposits are **NON-REFUNDABLE** and can be transferred to another camper's balance

MEDICATION AT CAMP

A Medication form is in this packet. **ONLY** Complete the form for students who require medication while at camp. This form must be signed by a parent or guardian 24 hours prior to camp. Read the form for instructions. On-site medical check in is required for all medication brought to camp.

REGISTRATION REPORTS

Camp Coordinators receive weekly, automated reminder emails containing a link to a registration report. This link may be accessed at any time to show current students and monitors registration status. (**SAVE THIS LINK!**) Please check the report often to ensure that information is accurate. Please pay close attention to gender and age of each student and monitor. **NOTE:** Last minute gender changes could result in your student not being able to room with your church.

CONFIRMATIONS

The Camp Coordinator will receive a confirmation two (2) weeks prior to your camp start date to verify payment information. **Color** teams and themes will not be released until two (2) weeks prior to your camp start date.

YOUTH CAMP 1 - JEFF GRENELL

Rates & Dates	March 1-May 1	May 1-May 31	June 1-Walk ins (if available)
Student Price	\$175	\$200	\$225
Monitor	\$50	\$50	\$50

YOUTH CAMP 2 - NATE CLARKE

Rates & Dates	March 1-May 1	May 1-June 30	July 1-Walk ins (if available)
Student Price	\$175	\$200	\$225
Monitor	\$50	\$50	\$50

Kids Camp 1 - Jay Risner

Rates & Dates	March 1-May 1	May 1-June 30	July 1-Walk ins (if available)
Student Price	\$175	\$200	\$225
Monitor	\$50	\$50	\$50

Kids Camp 1 - Jay Risner

Rates & Dates	March 1-May 1	May 1-June 30	July 1-Walk ins (if available)
Student Price	\$175	\$200	\$225
Monitor	\$50	\$50	\$50

This form is provided to assist Churches with collecting Camper information. Online registration is required to complete the 2017 Camp Registration process.

CAMPER INFORMATION

Name _____

Camp Attending: _____

Male Female Date of Birth ___/___/___ Grade next fall ___ Age ___ T-shirt Size _____ (adult sizes only for youth)

Church _____ Church City _____

Is there anyone your child should NOT be released to? Yes No If yes, Name(s) _____

IMMUNIZATIONS: List the last date given (the State of Texas requires the dates to be listed).

_____ Oral Polio _____ DPT (Diphtheria/Pertussis/Tetanus) _____ MMR (Measles/Mumps/Rubella)

We have chosen not to immunize. _____ Parent Signature _____ Date

CHRONIC/RECURRING CONDITIONS: Please list _____

Are activities restricted: Yes No If yes, please explain: _____

ALLERGIES: Please list _____

May be given Tylenol? Yes No May be given Benadryl? Yes No May be given Ibuprofen? Yes No

My Camper may be given over the counter, non-prescription medications or applications, not to exceed the recommended dosage for stomach discomfort, burns, cuts, insect bites, rash or scrapes. Yes No List Exceptions _____

If your Camper is on any medication, please read and complete the Medication Form and bring the form to camp.

5K : Youth Camp ONLY

I would like to participate in the 2017 STL 5K. My \$35 donation includes 5K registration and T-shirt. (See Camp Coordinator for full details.) Yes No

PARENT/GUARDIAN INFORMATION

Parent/Guardian _____ Mobile Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

If Parent/Guardian cannot be contacted, please notify:

1) Name _____ Mobile Phone _____ Other Phone _____

APPLICATION AUTHORIZATION

I authorize the adult in charge to consent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contact me regarding medical attention given to my child. I also understand that participants at Lakeview Camp are liable for damage caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian. I understand that youth camp is a voluntary activity. Student must be willing to cooperate with the overall spirit and schedule of the camp. Finally, I understand that every effort will be made to room church groups in the same cabins.

However, due to the structure of the camp and the limited number of beds, this is not always possible. I also grant my permission to North Texas District Council to use photographs (individual or group) and/or multimedia images and recording in the best interest of the North Texas District Council. I have reviewed the camp information sheet and gone over the camp and dress code policies with my child. Camper signature required: Agree to abide by camp and dress code policies.

Parent Signature _____ Date _____ (signature required if camper under age 18)

Camper Signature _____ Date _____ (signature required)

2017 CAMPER Consent & Agreement Form

(1 per student please – parent and camper signatures required below)

Authorization for: _____
Student Name

Church/Church City

By signing this form, I affirm that the information submitted online is true and accurate to the best of my knowledge. I authorize the adult in charge to consent to medical treatment when either my assignee or I cannot be contacted and understand that every effort will be made to contact me regarding any medical attention given to my child.

I also understand that participants at Roaring Springs Camp are liable for damage caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian.

I understand that youth camp is a voluntary activity. Student must be willing to cooperate with the overall spirit and schedule of the camp.

Finally, I understand that every effort will be made to room church groups in the same cabins. However, due to the structure of the camp and the limited number of beds, this is not always possible.

I grant my permission to West Texas District Council to use photographs (individual or group) and/or multimedia images and recording in the best interest of the West Texas District Council.

What to Wear: Shorts can be worn during the day but must be at least mid-thigh. Athletic shorts or Cheerleaders shorts, like those worn in gym class, should not be worn. Abbreviated attire such as half shirts, tank tops, sundresses, spaghetti straps, halter tops, or crop shirts will not be allowed. This includes shirts with the sides ripped out. No basketball jerseys without undershirts are allowed. Shoes must be worn at all times. This does include to and from the pool, as regulated by the state insurance board. Cover clothing must be worn to and from the swimming pool. Guys, this includes you. T-shirts to cover chest are required. Recreation during the day is often messy! Keep this in mind when you are planning what clothes to bring. You will want to bring older clothes and shoes that you can get wet, muddy and generally dirty! Ladies may want to wear a bathing suit under their clothing or a dark colored t-shirt for recreation. Pajamas are not allowed for recreation activities.

I have reviewed the camp dress code policies with my child. Camper's signature below confirms his/her agreement to abide by camp policies including dress code.

If your camper needs to bring medication to camp, please complete a [CAMP MEDICATION FORM](#).

SIGN HERE:

Parent/Guardian Signature

Parent/Guardian Name (print)

Date

Camper Signature

Camper Name (print)

Date

INSURANCE INFORMATION:

Insurance Provider

Group Number

ID Number

Policy Holder

Insurance

Phone Number

Emergency Contact

Phone Number

2017 MONITOR Consent & Agreement Form

(1 per Monitor)

Authorization for: _____
Monitor Name Church/Church City

I affirm that the information submitted online is true and accurate to the best of my knowledge.

I authorize the West Texas District to have a criminal background check done by the agency of their choosing and understand that my acceptance as a camp monitor is contingent upon the results. This report, which I understand, may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

I also agree to have my Pastor contacted for a reference regarding my character and suitability for children/youth work. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf.

If accepted, I pledge myself to a week of cooperative ministry with the camp directors and will maintain a personal discipline and a spirit that exemplifies Christ at all times. I also grant my permission to West Texas District Council to use photographs (individual or group) and/or multimedia images and recording in the best interest of the West Texas District Council.

I authorize the adult in charge to consent to medical treatment for me when either I am unable to respond or my assignee cannot be contacted. I also understand that I will be held responsible for any medical expenses incurred.

Monitor Signature Monitor Name (print) Date

BACKGROUND VERIFICATION DISCLOSURE

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for volunteer service, including retention as a volunteer.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

2017 Camp Medication Form

If your camper needs to bring any medication to camp, please complete this form within 24 hours prior to your camper's arrival at camp. All medications must be in the original containers. Place all medication containers in a plastic bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. A medical attendant will receive medications at the nurse's table during camp check-in. Inhalers are the only meds that can be kept with the camper (please send two in case one is lost).

No medication can be administered unless listed on this form with Parent/Legal Guardian signature.

Medical personnel in the infirmary must administer all camper medications.

Camper _____

Dorm # _____ (to be filled in at camp)

Church/City _____

Parent Day Phone _____

Parent Evening Phone _____

NAME OF MEDICATION	DOSAGE	TIME TO BE GIVEN	Signature and Time Given (Nurse Use Only)					

Comments / Instructions: _____

Medications will be given as directed on prescription containers. Explain any differences in instructions.

Parent/Guardian:

I, _____, Parent/Legal Guardian of _____ (camper's name) authorize the camp medical personnel to administer the medications listed above.

I authorize the Camp Executive Staff to consent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contact me before such action.

Parent/Guardian Signature _____ Date _____ (24 hours prior to camp)