



HEARTLAND CAMPING MINISTRIES 2010 CAMPER APPLICATION

Camper's First Name _____ Last Name _____

CAMP USE ONLY	
GL _____	
MED _____	

CHECK ONE	LOCATION	DIRECTORS	AGES	DATES	TUITION
___ Sr. High	Missouri	Rodney & Dawn Wilcox	*12-25	June 30-July 4	125.00
___ Kids--East	Missouri	Eric & Shawna Kaut	*6-11	June 27-June 30	105.00
___ Kids--West	Kansas	Scott & Crystal Fuller	*6-11	June 4-6	85.00

NOTE: Due to the age-appropriate curriculum designed for each camp, we ask that each camper attend the camp designated for his or her age. **Campers must be of the appropriate age by the first day of camp.*

→ **Mail-in discount:** If the application is postmarked by the date listed below, a \$10 discount will be granted. *No call-ins accepted to receive the discounted fee.* ←

→ Please do not mail your application after May 21 for Kids Camp (West) or after June 13 for Kids Camp (East) or Sr. Camp. Bring your completed and signed application with you to camp registration. ←

→ **Please print in black ink.** Birth date ____/____/____ Male [] Female [] Age _____

Address _____ City _____ State _____ Zip Code _____

E-mail address _____ Home phone number (____) _____ - _____

In case of emergency, notify _____ Relationship to camper _____

→ Daytime ph. number (____) _____ - _____ Evening ph. number (____) _____ - _____

Church attending _____ Pastor _____ City _____ State _____

If this is the camper's first year at camp and is the same age as a friend attending, please list the friend's name here:

(Please note: Campers are primarily assigned to cabins by age.)

→ **DRESS CODE:** Camp dress is to be casual, neat, clean, and decent. This is a Christian camp, and campers are expected to dress accordingly. Please check to see that shorts are finger-tip length. Please *do not bring* the following to wear at camp: **tank tops, shirts with spaghetti straps, belly shirts (shirts revealing the midriff), revealing shirts of any kind, muscle shirts; shirts containing alcohol, drug, sexual, or vulgar references; bicycle shorts.** We recommend a sweater or light jacket and some long pants for rainy or cool weather. ←

REGISTRATION & PICK-UP TIMES

	REGISTRATION	PICK-UP		REGISTRATION	PICK-UP
Kids' Camp (W)	June 4/11 a.m.	June 6/1:00 p.m.	Sr. Camp	June 30/2 p.m.	July 4/11:00 a.m.
Kids' Camp (E)	June 27/2:30 p.m.	June 30/1:00 p.m.			

The camp administration asks that campers be picked up in a timely manner at the end of camp. Transportation providers who arrive early may be asked to wait in a designated area until campers are dismissed. If you need to pick up a camper early, please make arrangements with the director prior to the beginning of camp.

Camp visitation policy: Because of liability issues and the safety and security of the campers and property, no visitors are allowed on the campground. The only exceptions are for essential staff members (e.g., commuting evangelists, guest ministers), which are to be determined by the director. In case of family emergencies, it is expected that the parent or guardian listed on the camper's application will call the camp at least 30 minutes prior to arriving and report immediately to the director upon arrival.

Telephone calls: Telephone calls will be allowed in the case of an emergency.

Please mail this application on or before

May 1 for Kids Camp (West)	Dawn Wilcox 14319 174th Street Bonner Springs, KS 66012	June 1 for Kids Camp (East) or Sr. Camp
-----------------------------------	---	--

SNACK SHACK CARDS

Snack shack cards will be available. The recommended amount for Kids' East & Senior Camps is \$10-\$15. No snack shack cards are needed for Kid's West as snacks are provided without charge.

Date received by camp board _____

Tuition cost _____

Tuition payment included _____

Snack shack payment included _____

Total money sent to board _____

(Check number _____)

CAMP USE ONLY

Tuition due _____

Snack shack money paid at camp _____

Total collected at camp from camper _____ (Ck # _____; cash)

Total to be collected from church _____ (Ck # _____; cash)

CHURCH/RESPONSIBLE PARTY: _____

Camper name _____ Age _____

MEDICAL INFORMATION—Please print clearly.

Indicate with a check mark (✓) any of the following medical conditions that apply to the camper.
Please provide the date of the most recent occurrence when applicable.

_____ ADD/ADHD	_____ Sleepwalking	INSURANCE INFORMATION Policy holder's name: _____ Insurance company: _____ Policy number: _____ Group/ID number: _____ Billing address: _____ _____ I do not have medical insurance.
_____ Asthma	<u>Serious allergic reactions to:</u>	
_____ Diabetes	_____ Anesthesia	
_____ Heart trouble	_____ Food	
_____ Kidney trouble	_____ Hay fever	
_____ Recent operations	_____ Insect bite	
_____ Seizures	_____ Medication	
_____ Physical disability	_____ Poison ivy, oak, or sumac	

If you checked any of the above, please explain. _____

Please list other medical concerns _____

→Family doctor: _____ Phone number: (_____) _____ - _____
 →List all current medications (prescribed or over-the-counter) which will be collected and distributed by camp medical staff. Include dosage & medication schedule. _____

Please bring all prescription and over-the-counter medication to registration.

→Please give the date of camper's most recent tetanus shot _____
 →List activity restrictions and reasons _____
 →List any behavioral concerns _____
 →Please list any recent events or concerns of which you believe the staff should be aware _____

MEDICAL EMERGENCY: I understand that reasonable effort will be made by the camp staff to contact me, the parent/guardian, in case of an emergency. If I cannot be reached at the time of the emergency, I hereby give permission to the director, medical attendant, or designee thereof to secure proper medical treatment including, but not limited to, pre-hospital care and transport, hospitalization, ordering injections and/or anesthesia, surgery for the camper and all treatment directed by proper medical professionals. I understand that I am responsible for all medical charges incurred, and I will reimburse the Heartland Camping Ministries for any charges paid.

I have read and understand the information on this application and give my child permission to travel across state lines (if applicable) to attend camp and to travel with camp staff during the period of camp. I will not hold the Heartland Camping Ministries liable for any injury that might occur during camp or in the transport to or from camp.

I also grant permission to the camp medical attendant to administer over-the-counter medications such as Tylenol, Pepto Bismol, and sinus/allergy medications to my child as needed.

_____ Check here if you DO NOT want the camp medical staff to administer over-the-counter medication to your child.

SIGNATURE _____ **Date** _____
 (IMPORTANT: Signature of parent or legal guardian is required for children under 18 years of age.)

If you have questions about a particular camp, please contact the director.
 If you have a general camping question, please contact the camp board chair.

Camp Board Chair	Contact	E-mail	Phone
Kids Camp (East)	Rodney Wilcox	psalm29_3@yahoo.com	913-634-7877
Kids Camp (West)	Eric & Shawna Kaut	skaut1974@yahoo.com	417-247-1188
Sr. Camp	Scott & Crystal Fuller	thefullersfour@netzero.net	913-592-5518/913-238-0784
	Rodney & Dawn Wilcox	psalm29_3@yahoo.com	913-634-7877

**Heartland Camping Ministries is affiliated
 with the Church of God of Prophecy**

