



July 3-6, 2014

Pinerock Camp

Prescott, Arizona

Pilgrim Rest Baptist Church

1401 E. Jefferson Street Phoenix, Arizona

602.258.0831 office 602.258.0840 fax

Shilise Stafford

Director of Children's, YOUth and Young Adult Ministries

Elder Jerry Barnes

Elder of Christian Discipleship

Bishop Alexis A. Thomas

Senior Pastor

Kamper Information Sheet

Welcome to Kamp Pilgrim 2014! Please complete the information in this packet honestly and legibly. We understand that the information you are sharing may be sensitive.

Camper Name _____

Gender _____ Age _____ Birthday _____ / _____ / _____

Parent/Guardian (please print) _____

Phone (H) _____ Phone (W) _____

Phone (C) _____

Address _____ City _____

Email (for confirmation & communication purposes)

_____ @ _____

Please note parent communication will happen primarily through email contact please write your email address legibly. If you do to have an email address you should remain in close watch of the church's webpage for potential camp updates.

Second Parent/or Alternate Emergency Contact _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

\$ Fees: In order to secure your child's place at camp you must pay the initial deposit at the time of registration and make the final payment for the balance owed on or before June 3, 2014 (5:00pm). Please note that the initial deposit of \$50.00 is non-refundable. If you make payments past the deposit and decide to cancel your child's trip you must do so in writing on or before May 1, 2014 in order to receive any money paid after the deposit. _____ Initial

Kamp Pilgrim – Parent Questionnaire

Thank you for taking the time to complete this questionnaire.

Name of camper _____ Age _____

Nick Name (or preferred name of camper) _____

Gender _____ Grade _____ Birthday (month/day/year) ____/____/____

T-shirt size (circle 1) Youth sizes: XS S M L XL Adult sizes: XS S M L



Not indicating a size will result in a guess...which may result in...

There is no change from previous year(s) concerning requested information below _____ (Initial)

Are there any special facts that we should know in order to better understand and help your child? (physical or learning disabilities, hyperactivity, depression, aggression, fears, bed wetting, etc.)

Please list any food allergies or dietary needs that your child has so that our counselors can help him/her make good choices at meal and snack time. Please share any other advance information that you feel the leaders or counselors should know about your child.

It is the goal of the camp staff to help assist your child in building meaningful connections while away first with God and then with peers and adults. Please list any additional information that would be important for camp staff to know (i.e. trouble making or keeping friends, easily distracted, leader, distrust of adults, strong personality, etc.).

My child has (check all that apply):

☐ not accepted Christ ☐ accepted Christ ☐ been baptized

Camper Mate Preferences (up to three requests; must be in the SAME age/gender group). We will try to accommodate a request to be placed with at least one of the requested cabin mates; however, we cannot guarantee it. We ask that you prepare your child to make new friends and then leave it in God's hands.

Kamp Pilgrim - Medical Release and Liability Form

Camper's Name: _____ Birthday: ____/____/____

Gender: ____ Age: ____ Parent(s) Name (Printed): _____

I (We) acknowledge that my child's participation in the activities of PRBC Summer Camp 2014 is voluntary and may require traveling and participation in physical exertion. My child has permission to participate without restriction in all PRBC Summer Camp activities, which may include, but are not limited to, the following: cookouts, swimming, hiking, soccer, volleyball, softball, basketball, rock climbing, zip line, paintball and camping. In consideration of the activity or event in which my minor child is involved, I hereby represent and warrant that my minor child is physically and medically capable of fully partaking in any activity or event and acknowledge that accidents, injuries, death and/or damages caused by other individuals may occur. It is my consent on behalf of my minor child to acknowledge and assume such possibility and I/we hereby release and forever discharge and hold harmless Pilgrim Rest Baptist Church, Pilgrim Rest Foundation, Inc., its' officers, employees, Pastor, elders, associate ministers, ministry leaders, volunteers and representatives from all claims, damages, injuries, medical treatment expenses, medical transportation expenses and causes action that may arise from the event or activities. I/we hereby also release, discharge and hold harmless United Christian Youth Camp and its' associates, officers, employees and representatives from all claims, damages, injuries, medical treatment expenses, medical transportation expenses and causes action that may arise from the event or activities.

I(We), the parent(s) or legal guardian, do hereby authorize any one or more members of Pilgrim Rest Baptist Church, in whose care the minor has been entrusted as agents for myself in my absence or incapacitation, to consent to any medical treatment, emergency surgery, anesthesia, x-rays or other necessary treatment(s), which are deemed advisable by and are to be rendered under the general or special supervision of any physician, physician's assistant, licensed practical nurse, EMT or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital or outpatient clinic, whether or not such diagnosis or treatment is rendered at the office of said physician or medical staff or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and/or dental services rendered, including emergency medical transportation, to the aforementioned child pursuant to this authorization.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his or her best judgment may deem advisable.

I hereby authorize any hospital or physician that has provided treatment to the above-named minor to surrender physical custody of such minor to above-named agents upon the completion of treatment.

The provisions of this medical release and liability form shall remain in effect from July 1-9, 2014.

The original form shall remain present at the camp with the appropriate staff and a copy with the parent or guardian who executed the form. Please note that a copy of this form shall have the same force and effect as the original.

Parent(s)/Legal Guardian Signature _____ Date _____

Identification Type _____ # _____

Any photographs taken of children are used solely for non-commercial reasons for the promotion of PRBC and PRBC Children's Ministry. Your signature here, as parent, gives consent for your child to be photographed for website, brochures, and other written communication. Parent /Guardian Signature _____ Date _____

Kamp Pilgrim - Health & Emergency Information Form

Camper Name _____ Gender _____ Age _____

Parent/Guardian (please print) _____

Phone (H) _____ Phone (C)/Alternate _____

Second Parent/or Alternate Emergency Contact _____

Phone (H) _____ Phone (C)/Alternate _____

There is no change _____ (Initial)

Medical Insurance Carrier _____

Policy # _____ Group # _____

Name of insured person _____

Health History (check) ☐ frequent ear infections ☐ diabetes ☐ hypoglycemic ☐ bleeding disorders
☐ allergies ☐ heart defect/disease ☐ asthma ☐ seizures ☐ ADD/ADHD ☐ menstrual cycle ☐ other
(specify) _____

Drug allergies (specify): _____

Food allergies (specify): _____

Chronic/recurring illness/medical conditions including mental illness (depression, anxiety, etc.) Please explain briefly.

Dietary Restrictions (medical and non-medical) _____

Current Medications (list all prescriptions, OTC and herbal) _____

Current Medical Equipment Needed _____

Describe your child's swimming ability:

☐ non-swimmer ☐ beginner ☐ intermediate ☐ advanced

Initial _____ I give my permission to the staff administrator or nurse to administer Tylenol/acetaminophen, ibuprofen, Benadryl or over the counter antacids, as needed.

Initial _____ My child may sleep on a top bunk.

Kamp Pilgrim- Camper Release

Your child's safe return from camp is of great concern to us. Only the person(s) you name on this form will be allowed to pick up your child, and only on the date specified, unless you are called and asked to pick up your child before that specified date. Please fill out the form below with the information requested.

Child's Name _____

My child will be picked up from the church by: (PHOTO ID WILL BE REQUIRED FOR RELEASE)

☐ A parent or legal guardian _____

☐ other authorized individuals' _____

Parent Name _____

Phone _____

Parent Signature _____

Note: If the person(s) whom you list become unable to pick up your child, you must call the camp director (Shilise Stafford 602.257.5062). We will not release your child to any person not on this form.

ADMIN. USE ONLY
Change of Instructions:

Caller: _____ Date/time: _____

Received by: _____

Changes:

Kamp Pilgrim– Camper Information

Departure Day:

Pilgrim Rest Baptist Church: 1401 E. Jefferson Street Phoenix, Arizona 85034

Campers will meet at Pilgrim Rest Baptist Church Thursday, July 3, 2014 at 10:00 am. The bus will depart for Prescott, AZ (PRBC Summer Camp) promptly at 11:00 a.m. Please plan for an on-time arrival. Once registration has closed no additional campers will be permitted to sign-in. Please provide breakfast for your child before arriving for departure. Campers will eat lunch at camp.

Have the following ready to be collected prior to registration Thursday, July 3rd:

- Luggage (**all children must be able to carry/roll their own luggage**). There is NO closet space. All clothes should be labeled and in easily accessible luggage.
- ALL medications (prescription and non-prescription) need to be placed in a Ziploc bag with child's first & last name clearly displayed with a permanent marker. According to state law, prescription medications must be in the original bottle and labeled by the pharmacist with doctor's instructions. All medications will be dispensed by the nurse. Any exceptions to this rule are made only with permission of the nurse. Over-the-counter medications will be available from the nurse if needed. *Campers will have their medications returned to them, and packed in their bags, before leaving camp on July 6th.
- ALL medical equipment needs to be clearly labeled with child's first & last name. All necessary medical equipment will need to be turned in to nurse prior to loading the bus. The nurse will use the provided equipment along with the medicine to dispense as needed.
- Spending money is NOT needed by campers for any camp activities. We will provide one drink and snack each day for each camper. Do NOT send your camper with money, snacks, food or candy.

Illness or Accident at Camp:

We will call you if your child is sick enough to be in the infirmary more than 24 hours, or sick or injured enough to be taken to see a doctor.

Return Day:

Campers will return to PRBC on Sunday, July 6, 2014 at approximately 1:30 pm.

Cancellations:

If your child becomes unable to attend, please notify Camp Director (Shilise Stafford 602.257.5062) immediately so that someone on the waiting list may attend camp. All cancellations must be made prior to May 1, 2014 (in writing) in order to receive a refund. Please remember that deposits are non-refundable.

Note:

NO money, food, beverages, or valuables are allowed on this trip. If any of these items are found they will be confiscated.

ALL items belonging to your child should be marked with a permanent marker. Children are responsible for ALL of their belongings. Be sure to stress to your child the importance of keeping up with their belongings.

Kamp Pilgrim- Other Important Kamper Information



Payment

In order to secure your campers place at camp you must pay the initial deposit at the time of registration and make the final payment for the balance owed on or before June 3, 2014 (5:00pm), NO EXCEPTIONS. Please note that the initial deposit of \$50.00 is non-refundable. If you make payments past the deposit and decide to cancel your child's place at camp you must do so on or before May 1, 2014 (in writing) in order to receive any money paid after the deposit.



Mail

It's always fun to get mail at camp. We will not be able to receive regular snail mail at camp. However, you can send mail to your child with staff and we can deliver it to your child throughout the week. It must be clearly labeled in a Ziploc bag with the child's complete name and age. Turn it in the day of departure during registration to ensure its proper placement. **Please read the article regarding Homesickness before writing your mail to ensure that your mail will not upset your child at camp.*



Email

Should you need to notify the camp director of an emergency use: kingdomkids@pilgrimrestphx.org. Children will not be able to receive email at camp. This email should be used to communicate with the camp director for emergency purposes only.



Telephone

Campers cannot receive or make phone calls. Be assured we will not hesitate to call you if it is necessary. The emergency number for the camp director is 602.257.5062; you may leave a message at this numbers. "Group Me" is a phone app we used fairly successfully last year to communicate with parents. We recommend parents download the app. Please note we use this app to communicate with the entire group of parents and do not respond to individual inquiries.

Kamp Pilgrim- Packing Checklist

REMEMBER: Your child must be able to carry or roll his/her own luggage; be sure you consider this when purchasing or packing luggage. There is no closet.

- Sleeping bag bedroll (blankets and sheets)
- Fitted sheet to go over mattress –twin size
- Pillow with a pillowcase
- Sleepwear or pajamas
- Undergarments & socks – for each day
 - (Suggest 6 each)
- Modest shorts & shirts – for each day
 - (Suggest 6 each)
- Jeans or pants – at least one pair
- Jacket, sweatshirt (hoodie) or long-sleeve
- 2 pair of tennis shoes (sneakers), just in case one pair gets wet (no sandals or clogs)
- Water or beach shoes for swimming at pool and showering
- Red, White & Blue (4th of July party)
- Feminine hygiene products (if necessary)
- Comb, brush, shampoo
- Toothbrush, toothpaste
- Soap, 2-3 washcloths & 3-4 towels
- Plastic bag to take home wet clothes
- Laundry bag (optional)
- Bible, spiral notebook, pens/pencils
- Insect repellent-suggest a cream or non-aerosol for safety
- Sunscreen (SPF 45 or higher recommended)
- Flashlight & fresh batteries
- Hat- for the sun (optional)
- Single use camera (optional)
- Modest bathing-suit (MUST be a one-piece; two-piece swimwear is NOT permitted even with a covering tee; a “Tankini” is considered a two-piece)
- Swim trunks AND tank or tee for boys (boys must always swim with a shirt)

Foot Care: Closed toe and closed heel shoes such as tennis shoes are required for all activities at the camp outside of swimming and are recommended to keep toes and ankles from being injured. Socks are highly recommended.

ALL Electronics INCLUDING cell phones are not permitted.

If found they will be confiscated.

As the date draws closer keep an eye on the local weather. It has rained on us at least once for the last 3 years. No umbrellas but a plastic poncho might be a welcome suitcase addition.

Kamp Pilgrim - Camper Behavior Contract

Behavior Contract: this contract should be read THOROUGHLY by both parent and camper.

Campground dress code: Campers should dress modestly. Modest attire is required throughout the camp. T-shirts advertising alcohol or tobacco products or having any message that promotes illicit or illegal activities may not be worn. All undergarments must be fully and completely covered at all times. Shorts need to be long enough to fully cover the rear and should come to the mid-thigh; "daisy dukes" are not permitted. No part of the belly should be exposed or off-shoulder shirts. Bathing suits should be modest and must be one-piece, no tankinis or bikinis. Boys should wear swim trunks, no Speedos. Boys must also wear a tee shirt or tank while swimming. Any swimsuit not meeting modesty standards will prevent a camper from being able to swim. Sandals are not permitted. Swimming shoes are highly recommended during showering and swimming.

Camper Behavior Policies and Expectations: Campers are expected to respect the feelings and rights of others. We will hold campers accountable for how they speak to and treat others. Profanity is not acceptable. Insubordination or defiance toward a staff member will not be tolerated and may result in parents having to pick-up their child from camp. Pranks will not be permitted. Failure to remain within the established physical boundaries of camp is a serious offense. Serious offenses can result in dismissal and the need for the parent/guardian to retrieve the camper from the camp. Dismissal from the camp may also result in the participant being excluded from future activities.

I have read and understand the above policies. I am aware that I will be held responsible for my child's actions during his/her stay at camp. If my child's behavior or actions result in the damage of any property or the incurrence of any fines I understand that I will incur the cost of replacing the damaged property or paying any assessed fine. I understand that I will be made aware of a problem before the decision to remove my child from camp is made.

Date _____ Parent Signature _____

I have read and understand the above policies. I am aware that I will be held responsible for my stay at camp. I also understand that not following these policies means I could be sent home early from the camp.

Date _____ Camper Signature _____

Payment Information: ADMIN. USE ONLY

Paid In Full: YES/ NO

Deposit: YES / NO

Making Payments: YES/ NO

Payment received: ____/____/____ \$ _____

____/____/____ \$ _____

Payment Type: CASH

CHECK (made payable to PRBC)

CREDIT

SPONSORED