

**Please mark camp desired:**

CAMP	COST	DATES	DEADLINE
___ <b>Mid High Mania 1</b>	\$225	June 7-11, 2010	May 28
___ <b>Mid High Mania 2</b>	\$225	June 14-18, 2010	June 4
___ <b>Elementary 1</b>	\$225	June 21-25, 2010	June 11
___ <b>Mini Camp</b>	\$125	July 2-4, 2010	June 18
___ <b>Elementary 2</b>	\$225	July 5-9, 2010	June 25
___ <b>Elementary 3</b>	\$225	July 12-16, 2010	July 2

Fill out completely and mail to: **(Name of Event), P.O. Box 20408, St. Simons Island, GA 31522.** Applications are accepted on a first-come, first-served basis. Space is limited so register right away. Make checks payable to Connectional Ministries. You must turn in a legible copy of camper's health insurance card with current policy and group numbers along with health form, or camper will not be accepted.

**T-shirt Size (adult sizes only):**

Small  Medium  Large  X-Large  2X-Large  3X-Large

Full Name \_\_\_\_\_

Preferred Name for Name Tag \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Birth date \_\_\_\_\_ Grade in Aug. 2010 \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone/Pager \_\_\_\_\_

Father's Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone/Pager \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Local Church \_\_\_\_\_

District \_\_\_\_\_

Choice of cabin mate (ONLY ONE). Cabin mate must request you. \_\_\_\_\_

**Health Form:** Please check any of the following that apply to the applicant:

Allergies  Seizures  Asthma  Diabetes  Hypoglycemia

Other: \_\_\_\_\_ List any allergies (i.e. poison ivy/oak, bee stings, medication):

Do you have any special dietary requirements?  Yes  No If so, describe:

Are you currently taking any medication?  Yes  No If so, describe:

Are you currently under a physician's care?  Yes  No If so, describe:

Are there any other medical or special needs that might occur while you are at camp?

Yes  No If so, describe: \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

Do you carry family medical insurance?  Yes  No

**(Please enclose a copy of both sides of applicant's insurance card and complete the information below)**

Mother's Insurance Co. \_\_\_\_\_

Policy/Group # \_\_\_\_\_

Father's Insurance Co. \_\_\_\_\_

Policy/Group # \_\_\_\_\_

Other insurance (name) \_\_\_\_\_

Policy/Group # \_\_\_\_\_

A medical doctor's statement may be needed for special situations. I give my permission for the Connectional Ministries office to seek and provide care for this applicant in case any need arises, including natural disasters.

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

Photos will be taken during camp that may be used for future camp promotions.

**Honor Code**

As a good steward of what God has entrusted to me and to preserve my witness, I agree to protect, care for, and be responsible for the property of the place at which I stay/meet. I also agree to abide by any and all rules placed on me by these entities. Administration reserves the right to send any person or group home who jeopardizes the purpose of the event for others by their misconduct. As a representative of Christ and His Church, we take seriously our responsibility to one another and our concern for the well-being of the total community.

Camper's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE: Both the registration and health forms must be returned to guarantee registration and admittance for camp.**