



Kids;
Eve~one likes to fit in and feel part of a group. However, God tells us that, as His children, we are both different and peculiar (I Peter 2:11). This year's Children's Camp, filled with lots of fun, games and surprises, will help you learn how to live in this world and be **dfnrt** on purpose and **pculyr** by choice.

IMPORTANT INFORMATION

- Dates:** Camp runs from supper on Monday, **June 16th**, through lunch on Friday, **June 20th**.
Location: **Timber Lakes Camp** is located about 8 miles west of Ottawa, KS.
Cost: **\$200** minus the following discounts:
\$30 discount if pre-registered by May 15th
\$10 discount for the 2nd and 3rd child from the same family
- T-Shirts:** Campers have the opportunity of ordering t-shirts imprinted with the camp logo (see above). The cost of a shirt is **\$12**. These shirts can only be ordered up to the pre-registration deadline and only when payment for the shirts accompanies the camp registration.

REGISTERING IS AS SIMPLE AS 1-2-3

1. Fill out the registration information below and the Medical/Health form on the second page.
2. Indicate whether or not you want a t-shirt (**payment for the shirts must accompany the registration**).
3. Mail form with the appropriate registration fee or at least a deposit of \$40 to: **Midwest District Children's Camp**, c/o Mrs. Deb Stahly, 685 - 308th Road, Milford, NE 68405.

REGISTRATION INFORMATION

Please print:

Name _____

Address _____ Zip _____

Phone (____) _____ Birthdate ____ / ____ / ____ Age _____ Gender _____

School grade to be completed by start of camp _____ E-mail: _____

Are your parents Missionary Church pastors/missionaries? ____ Do you have contact with a local Missionary Church? If so, which one? _____

I'd like to room with _____ from _____
(We'll do our best to honor your request to room with one other camper, however we cannot make any guarantees- especially with late registrations).

____ Yes I want to order a camp t -shirt

____ Youth size (14-16)

____ Adult size (L)

____ No I do not want to order at-shirt

____ Adult size (8)

____ Adult size (XL)

____ Adult size (M)

INSURANCE RELEASE

I (we) will not hold Timber Lakes Camp, the Midwest District of the Missionary Church or any individual connected with the district children's camp responsible in case of accident, illness or accidental death of my (our) child listed above. In the case of sickness or accident I (we) request that my (our) child receive necessary medical attention, understanding that I (we) will be notified immediately if the situation is serious. I further authorize that any insurance benefits that otherwise might be payable to me by Mutual Security Life Insurance Co. be paid to the provider of the medical services.

Parent/Guardian signature _____
Parent/Guardian name (print) _____ Date: _____

MEDICAL INFORMATION

1. Check sickness or diseases that camper has or has had:

___ Allergies (please list) _____

- | | | | | |
|---------------------|------------------|-----------------|--------------------|--------------|
| ___ Appendicitis | ___ Appendix out | ___ Asthma | ___ Chicken pox | ___ Diabetes |
| ___ Epilepsy | ___ Measles | ___ Mumps | ___ Polio | ___ Rubella |
| ___ Rheumatic fever | ___ Tonsillitis | ___ Tonsils out | ___ Whooping cough | ___ Other: |

2. Check if the camper is subject to any of the following:

- | | | | | |
|-----------------|------------------|-------------------|-----------------|-----------|
| ___ Bed wetting | ___ Sore throat | ___ Fainting | ___ Headaches | |
| ___ Nightmares | ___ Constipation | ___ Upset stomach | ___ Nose bleeds | ___ Sleep |
| walking | ___ Leg aches | ___ Other _____ | | |

Any special information that we should know in dealing with the above: _____

3. What was the date of the camper's last tetanus shot? _____

4. Can the camper swim? _____

5. Is the camper allergic to any specific medications? _____ If so, please list: _____

6. Will any past or present illness or allergies prevent the camper from taking part in any camp activity? _____

If so, please give details: _____

7. Please list any medications your child will need to take while at camp. (Please send only necessary medication with your child along with written instructions for his/her counselor). _____

CONTACT INFORMATION

In case of a medical emergency, please contact the following individual:

Parent _____

Address _____

Work or cell phone (____) _____ Home (____) _____

Name of alternate contact _____

(Relationship to child _____)

Address _____

Work or cell phone (____) _____ Home (____) _____