



Are you ready for a summer adventure?

We are looking for kids, age 9-12, or completed 3rd grade to join us at Children's Camp this year as we learn about The Great Escape. There will be lots of fun activities, events and teaching times to help us grow closer to Jesus. As with any escape, time is of the essence! Fill out this registration form and send it in immediately to reserve your spot! See more at www.midwestdistrictchildrenscamp.blogspot.com or find us on Facebook!

IMPORTANT INFORMATION

- Dates:** Camp runs from supper on Monday, **June 11th** through lunch on Friday, **June 15th**
- Location:** **Timber Lakes Camp** is located about 8 miles west of Ottawa, KS.
- Cost:** **Postmarked By May 1st - \$210 (plus \$5 if ordering a backpack)**
Postmarked After May 1st - \$240 (No backpack can be ordered after May 1st)
 \$10 discount for the 2nd and 3rd child from the same family
- Questions:** Contact Ronnie Rouse at 316-253-9260 or email at mwdchildrenscamp@gmail.com

REGISTERING IS AS SIMPLE AS 1-2-3

1. Fill out the registration information below and the **Medical/Health form on the back.**
2. **Make Checks to: Midwest District Children's Camp.**
3. Mail the forms along with the appropriate registration fee or at least a non-refundable 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 _____ City _____ State _____ Zip _____

Age _____ Gender _____ Birthdate ____/____/____ School grade to be completed by start of camp _____

E-mail: _____ Please confirm my registration by e-mail.

Phone (____) _____ 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.

____ Yes I want to order a drawstring backpack
(Please include your \$5 +\$40 deposit. No backpacks can be ordered after May 1st)

____ No I don't want to order a drawstring backpack.

CONTINUED ON BACK SIDE

Minor Participation Authorization and Consent to Emergency Treatment

I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the "minor child"). I hereby give my consent to have my minor child participate in the Midwest District Children's Camp during the week of June 11-15, 2012.

I recognize that there are risks involved in participating in a camping event and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity. To the fullest extent permitted by law, I release the Midwest District of the Missionary Church, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating at Children's Camp and agree to save and hold harmless the Midwest District of the Missionary Church, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the camp activities.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission for the camp director to make the decisions necessary for treatment. Should the camp director be unavailable, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for any medical expenses relating to my minor child. Any insurance policy of the camp will be used as the secondary coverage.

Executed this _____ day of _____, 2012

Signature _____

Printed Name _____

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

Alternate contact: _____ Phone (____) _____

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 | ___ Leg aches |
| ___ Nightmares | ___ Constipation | ___ Upset stomach | ___ Nose bleeds | ___ Sleep walking |
| ___ 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). _____