

KIDZ Camp Application

(Those who have completed grades 1-5)

July 28– August 1

Cost: \$135 if pre-registered by July 7, 2008. It will cost \$150 if postmarked after July 7th. We will accept full payment with the registration or a deposit of \$70. Please send the total amount if possible. Deposits will be refunded in the case of an emergency only. Please make checks payable to SWID.

Registration will begin at 1:30 p.m. on Monday July 28th. No lunch will be served that day. **Dismissal** will be: Friday August 1, after lunch. Approximately 11:30 a.m., please be prompt!

We ask that each child pick **only 1 or 2 children** they would like to room with. There will be a maximum of 4 campers from each church to a cabin. Campers must pick roommates according to Primary: 1-3 graders and Pre-teen: 4-5 grades. We will not mix primary and pre-teen campers.

Mail Registration forms to: Kimberly Marks– 311 Myers St.— Seymour, IN, 47274.

Items to Bring: Bible, Bedding, Swimsuit (no bikinis), flashlight, baseball mitt, towels, toiletries, jacket, snack shack money, and any necessary medications.

Items NOT to bring: cell phones, water guns, ipods, electronic games, radios, skate boards, roller blades, or shaving cream.

Camp Rules

No Cell phones will be permitted for campers. If any campers are found with them they will be confiscated and returned to them upon departure from camp.

No one is allowed to leave camp grounds without permission of the directors.

All Campers are expected to abide by the schedule for all activities.

Attire & Conduct should reflect modesty. Please watch what your kids pack and make sure they do not bring halter tops, short shorts or skirts or low cut tops. Thanks!

Each child will be checked for head lice upon arrival at camp and before admittance to the dorms. If nits are found they will be treated before they are released to their cabin.

Snack Shack money will be limited to \$10 and sold in \$5 increments. No refunds will be given!

Medications must be in original containers with clear instructions. (Example– Pharmacy labeling for prescription drugs.

Original box with medication name and dosing ranges for over the counter meds.) Loose medications without proper labeling will not be accepted or given by the camp nurse.

Please review all rules with your children!

Please cut and mail bottom half

Camp Registration

Child's Name _____ Male/Female _____ Age _____ Grade completed _____

Emergency Contact _____ Relation _____

Address _____ Phone # _____ Church _____

Choose 1 or 2 roommates(you are only guaranteed 1) _____

T-shirt Size (please circle) Child size: Small Medium Large X- Large

Adult size: Small Medium Large X– large XX– Large

Medications you will be bringing with you _____

Allergies _____

Any Medical Conditions _____

As parent/guardian of the above applicant, I have read the camp rules and understand that violation of camp rules are subject to dismissal without a refund. In giving my consent, I hereby waive any and all claims against the camp personal, church or any other organizations connected for any injury or other damage that may occur during camp. This also certifies that camp officials have my permission to have my child treated at a medical facility if so needed. Please write any other information about this camper on the back of this sheet that might help the campers counselor. I also give permission to the Camp Health Personnel to administer to my child the following if necessary: Tylenol, Advil, Benadryl, Mylanta, and Neosporin.

Signature _____

Printed Name _____

Date _____