



Camp Y-Noah
Sunday, June 30th thru
Saturday, July 6th

Summer Overnight Camp

REGISTRATION PACKET

We are excited about the many experiences we will have at camp this year. Please take your time and complete each portion of the registration packet attached.

Included you will find:

1. Application Form

- Complete all portions and sign
- Must include your \$50 deposit when submitting
- Submit as soon as possible to hold your spot (space is limited)

2. Medical Form

- Must be signed by the physician.
- Include ALL medical information
- Remember to bring required medications on departure date

3. Statements of Release

- Must be signed in blue or black ink
- Required to complete registration

4. Rules and Regulations

- Signature of parent/guardian and camper are required
- Required to complete registration

5. Camp Fee: \$225.00 (per child)

- Pay in Full
 - use sponsorship envelopes
 - write the camper's name on the envelope
 - write check or money order out to GSBC
 - place in offering basket, business office box or give to the director
- Payments can be made
 - use sponsorship envelopes
 - write the camper's name on the envelope
 - place in offering basket, business office box or give to the director
- If sponsorship is needed...
 - complete sponsorship request form
 - place in offering basket, business office box or give to the director

Registration Deadline – June 9, 2013



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Sunday, June 30th thru Saturday, July 6th

REGISTRATION PROCESS:

1. Application Form
2. Medical Form
3. Statements of Release
4. Signed Rules and Regulations
5. \$225 Camp Fee (per child)

APPLICATION FORM

CAMPER INFORMATION

Camper's Name _____

Address _____

City _____ State _____ Zip _____

Birth date ____/____/____ Grade completed in June _____ Sex _____

Parent or Guardian's Names _____

Home Phone _(____)_____ Cell: _(____)_____

Work Number _(____)_____ Email _____

Home Church _____ City _____

Emergency Contact #1 _____ Relationship: _____

Phone _____

Emergency Contact #2 _____ Relationship: _____

Phone _____

The following information is designed to assist the camp director and counselors in doing the most effective job of grouping, planning, and counseling with your camper. Only those directly responsible for your camper will have access to this information.

1. Has your camper ever been away from home overnight? YES NO

2. Only child? YES NO Siblings? YES NO How many? _____

3. Are either parent deceased? YES NO If yes, who? _____

Are parents divorced? YES NO

Any custody issues? YES NO

If yes, explain: _____

4. Does your camper have any problems with reading or comprehension? YES NO

If yes, explain: _____

5. Does your camper have any problems getting along with other children? YES NO

If yes, explain: _____

6. Has your camper ever attended camp at GSBC? YES NO

Last year attended: _____

7. Has your camper been baptized? YES NO

8. Is your camper bothered by bed-wetting? YES NO

If yes, how often? _____

9. Does your camper have problems sleeping at night? YES NO

If yes, describe: _____

10. Is there any other information that would help us with your camper?

PLEASE INCLUDE ANY PERSONAL INFORMATION WE MAY NEED TO BEST SERVE YOUR CHILD DURING THIS WEEK AT CAMP.

STATEMENT OF PARENT OR GUARDIAN

In signing this application, I hereby certify that the information given is correct. I give permission for _____ to participate in the GSBC Overnight Camp at Camp Y-Noah, Clinton, Ohio.

Signature of Parent or Guardian

_____ Date: _____

Submit to the Camp Director, staff member OR mail your application with full payment or deposit to:

Good Shepherd Baptist Church
Attn: Camp Director
17822 Euclid Avenue
Cleveland, Ohio 44112
(216) 481-5444



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MEDICAL FORM

CAMPER INFORMATION

All campers and staff are required to present this form, fully completed before participating in the Good Shepherd Baptist Church overnight camp program. All entries should be typed or printed in ink. This form may be sent with the application form or at a later date. **Physician signature and immunization records are required. NO exceptions.**

Camper's Name _____

Address _____

City _____ State _____ Zip _____

Birth date ____/____/____ Social Security Number _____

Parent or Guardian's Names _____

Home Phone _(____) _____ Cell: _(____) _____

Work Number _(____) _____ Email _____

IN THE EVENT OF AN EMERGENCY, NOTIFY:

Name _____

Relationship to Camper _____ Phone _____

DOCTOR & INSURANCE

Family Physician _____ Phone _____

Name of dentist/orthodontist _____ Phone _____

INSURANCE INFORMATION:

Is this camper covered by medical insurance? YES NO

If yes, name of insured member _____

Policy or Group # _____

Provider/Carrier _____

MEDICAL HISTORY

HEALTH HISTORY

(Check ALL that apply, Give approximate dates.)

- _____ Frequent Ear Infections
- _____ Frequent Nose Bleeds
- _____ Heart Defect/ Disease
- _____ Convulsions
- _____ Diabetes
- _____ Bleeding/ Clotting
- _____ Hypertension
- _____ Mononucleosis

Diseases

- _____ Chicken Pox
- _____ Measles
- _____ German Measles
- _____ Mumps

Allergies

- Hay Fever
- Ivy Poisoning etc.
- Insect Stings
- Penicillin
- Other Drugs
- Asthma
- Food _____
- Other (Specify) _____

Operations or serious injuries (dates)

Restrictions on activities

Dietary restrictions

Comments on health related information for camp personnel

Current medications (explain diagnosis)

FEMALE

Has this person menstruated? YES NO

If not, has she been told about it? YES NO

Special Consideration _____

Include an up-to-date copy of camper's Immunization Records

PHYSICIAN'S SIGNATURE:

Date _____

IMPORTANT—THIS SECTION MUST BE COMPLETED FOR ATTENDANCE

I hereby authorize the staff of GSBC to dispense Tylenol/Ibuprophen or Benedryl, if needed. Initial _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted above.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed records may be photocopied and used by a physician for trips out of camp.

Signature of parent/guardian or adult camper/staff member

Date _____



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RULES AND REGULATIONS

All things are lawful for me, but not all things are helpful; all things are lawful for me, but not all things edify. Let no one seek his own, but each one the other's well being.

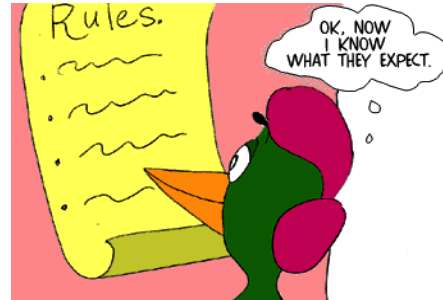
1 Corinthians 10:23-24

Please review these rules and regulations with your child. Once you have finished reading the rules, please sign the rules and have your camper sign them as well. It must be on file in order to complete the registration process.

These rules are meant to contribute to the SAFETY AND WELL-BEING of everyone at Good Shepherd Baptist Church Overnight Camp. They are also meant to aid our efforts to provide a CHRISTIAN CAMP ATMOSPHERE. Anyone who persists in disobeying the rules will be counseled, assigned extra duties, and finally, if all else fails, sent home.

1. All campers will display a **respectful, kind** and **compassionate Christian attitude** toward all adults and campers involved with GSBC camp.
2. All campers are to **participate** in scheduled camp events and to share in assigned duties.
3. Please keep the **camp facilities** clean and treat it with care and respect.
4. **DRESS CODE:** Dress in keeping with the highest Christian standards while at camp. This is the most commonly challenged policy.
 - Shorts must extend past the wearers fingertips when arm is placed straight at the side. No low rise pants
 - Shirts and blouses must be worn at all times.
 - Shirts and blouses may not expose bare mid-riff, and no low cut neck lines..
 - Only one-piece bathing suits are allowed.
 - No drug, gang or occult or cult symbols on clothing.
 - The camp director will be the final judge as to the appropriateness of clothing.
5. The use or possession of firearms, fireworks, alcohol, tobacco, illicit drugs or any other controlled substance is prohibited. Violation of this rule will result in immediate expulsion from camp.
6. Profanity is prohibited. Bullying, name-calling, putdowns, and taunting are NOT acceptable Christian behavior.
7. No Campers or GSBC Camp Staff allowed to leave the camp grounds without the Director's knowledge and/or approval.
8. After lights out, stay in the dorms until morning. Campers should not leave the dorm without permission from the senior counselor.
9. The girls' cabin area is off limits to boys and the boys' cabin area is off limits to girls.

10. Damages to camp property and the property of others are the responsibility of the parents of the camper doing the damage. A bill will be sent to the camper's parents.



FAILURE TO COMPLY with the rules and regulations of GSBC Overnight Camp will result in removal from camp and parents will be required to come and pick up their child from Camp Y- Noah, Clinton, OH

STATEMENT OF AGREEMENT

In signing this form, I agree to abide by the policies set forth by Good Shepherd Baptist Church and the Inspiration Hills Camp. I promise to participate in the camp activities with enthusiasm, trying to give my best in the Spirit of Christ. I promise to obey all rules, which GSBC has made for the best interest and safety of all. I understand that failure to comply with these rules will result in disciplinary action and possibly my removal from the camp. Therefore, I will maintain a Christian attitude and behave in a manner that is pleasing to my Lord and Savior Jesus Christ.

CAMPER SIGNATURE:

_____ Date: _____

PARENT OR GUARDIAN SIGNATURE

_____ Date: _____

Submit this signed agreement to the Camp Director or staff member



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STATEMENTS OF RELEASE

GENERAL STATEMENTS

1. The camper / applicant is a person who is capable of the camp experience physically, mentally, socially and emotionally. **Initial:** _____
2. Camper / applicant is given permission to fully participate in camp programs (except as noted on the medical form) on or off premises subject to the policies, rules and regulations of camp. **Initial:** _____
3. I give permission for my child to be transported in vehicles established by **GOOD SHEPHERD BAPTIST CHURCH**. **Initial:** _____
4. GSBC has permission to use any photographic or audio materials produced during the camper’s participation for the purposes of record keeping or promotions. **Initial:** _____
5. **GOOD SHEPHERD BAPTIST CHURCH** retains the right to enforce its rules and, if necessary, send home, **WITHOUT REFUND**, any camper infringing on the rights of others or otherwise unacceptable behavior or actions. **Initial:** _____
6. The camper / applicant will not be brought to camp if they are known to have any contagious conditions (pink eye, lice, viral conditions, ringworm & etc.) **Initial:** _____

UNDERSTATEMENT OF RELEASE

In consideration of permission granted to me for my participation in the Good Shepherd Baptist Church Camp (GSBC Camp), I the undersigned on behalf of myself, my heirs, executors, administrators, and assigns do hereby release and discharge the GSBC Camp, its officers, employees, officials and agents, jointly and severally, from any and all claims, demands, actions, judgment and executions, which may arise out of my participation in the GSBC Camp. Further, in consideration of permission granted to me for my participation in the GSBC Camp, I hereby agree on behalf of myself, my heirs, executors, administrators and assigns, to indemnify all or any combination of the aforesaid, jointly and severally and to hold and save harmless from and against any and all actions, claims, demands, liabilities, loss, damage, or expense of whatever kind and nature, including attorney’s fees, which may at any time be incurred by reason of my participation in the GSBC Camp.

PARENT OR GUARDIAN SIGNATURE:

_____ Date: _____