

**Camp DaySpring  
CAMPER Registration Form  
2012**

**Please fill out form completely!**

Last Name			First Name			Middle Initial			Week Attending			
									Grades 9-12 June 20-24	<input type="checkbox"/>	Grades 7-8 June 24-28	<input type="checkbox"/>
Camper's Date of Birth			Weight			Male			Female			
						<input type="checkbox"/>			<input type="checkbox"/>			
									Grade Completed _____			
Parent or Guardian									Telephone Numbers with Area Codes			
	Full Name								Home ( )			
	Address								Work ( )			
	City		State			Zip			Cell ( )			
	Camper lives with ___ Mother ___ Father ___ Both ___ Other (Please Specify): _____											
IF NOT AVAILABLE IN AN EMERGENCY NOTIFY: (PREFERABLE RELATIVES)									Telephone Numbers with Area Codes			
Name			Relation to Camper:						( )			
Name			Relation to Camper:						( )			
Insurance Information	Name of Company		Check here if camper is not covered by insurance <input type="checkbox"/>					Policy/Group Number				
	City							Insurance Co. Telephone Number				
							( )					
Contact Info	Parent's Email Address								Church You Attend			
T-Shirt Size	Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large	Adult X-Large					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
First Time Camper at DaySpring	Yes	No										
	<input type="checkbox"/>	<input type="checkbox"/>										
<p align="center"><b>Amount Enclosed: Register by May 21st to take advantage of early registration rates. Registrations received AFTER May 21st will be \$145.00 and the cost is \$160.00 for walk-ons. Walk-ons are not guaranteed a spot for that week of camp and may be turned away as our attendance has increased.</b></p>												
Amount Enclosed	\$130 Early Bird		\$65 Registration**		Total	\$145 After May 21st	\$160 Walk-on	Cash Sent	or Check Number			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
<p align="center"><b>** The \$65.00 registration fee MUST accompany this form to guarantee you a space at camp. You are NOT registered until we receive this fee!</b></p>												
Amount Included for Extras**	\$5 Canteen Card	\$10 Canteen Card	\$15 Canteen Card	\$20 Canteen Card	\$5 Extra Paintball Play	Cash Sent	or Check Number					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____					
<p align="center"><b>** The amount for these extras MUST be received in OUR OFFICE for it to be credited to the camper's account.</b></p>												
<p align="center"><b>Please fill out the following information if paying by credit card</b></p>						<b>Office Use Only:</b> BC <input type="checkbox"/>						
Name on Card _____						Date Received _____ Postmarked _____						
Billing Address _____						Amnt Rec'd _____ Amnt Reg. _____						
City, State, Zip _____						Balance _____ Amnt Canteen _____						
Card Type <input type="checkbox"/> MC <input type="checkbox"/> Visa Exp. Date _____						Cash/Ck # _____ Amnt Paintball _____						
Card # _____						Card Holder's Signature _____						
Card ID # (3-digit # on back) _____						Amount to be Charged on Card \$ _____						

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Camper has or had the following (include the year occurred)			
<input type="checkbox"/> Anemia	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Sinusitis
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Chorea	<input type="checkbox"/> Chronic Intestinal Problems	<input type="checkbox"/> Venereal Disease
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Eczema	<input type="checkbox"/> Speech Defect
<input type="checkbox"/> Insulin	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Non-Insulin	<input type="checkbox"/> Frequent Sore Throats	<input type="checkbox"/> HIV Positive	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Hives	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Infectious Jaundice/ Hepatitis	<input type="checkbox"/> Inflammatory Bowel Disease	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Rubella (German)
<input type="checkbox"/> Measles	<input type="checkbox"/> Malaria	<input type="checkbox"/> Malignancy	<input type="checkbox"/> Otitis Media
<input type="checkbox"/> Operations	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Orthopedic Problems	<input type="checkbox"/> Tuberculosis or TB Contact	_____
	<input type="checkbox"/> Polio Myelitis	<input type="checkbox"/> Rheumatoid Arthritis	_____
Date of last Tetanus Shot (must be in within the last 10 years): ____/____/____			
Name of Camper's Physician		Physician's Phone Number	
_____		(____) _____	
Special Medical Problems, Conditions or Restrictions:			
_____			
List Medicines:			
<b>(State law requires that all medicines be given to the camp nurse. All prescriptions must be in the original container and prescribed to the person taking them.)</b>			
Please circle any of these that the camper is allergic to: Penicillin    Sulfa    Aspirin    Other _____			
Any food allergies/special diet needs? Yes ____ No ____ If yes, please explain.			
_____			
Is camper troubled with bed-wetting? Yes ____ No ____			
Able to pursue all normal athletic activities? Yes ____ No ____ If no, please explain.			
_____			

**Camper Information:** Campers wishing to leave early must be picked up by parent(s) that sign this health form. Anyone other than the parent must have written permission signed by the same parent that has signed this form. The camp reserves the right to refuse dismissal without proper identification.

**Camper's Name**

\_\_\_\_\_

**Signature of Parent or Guardian:**

\_\_\_\_\_

Date:

\_\_\_\_\_

\_\_\_\_\_

(Signature of both parents is preferred)



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I understand and agree to the following:

A minimum, non-transferable, non-refundable deposit of \$65 per camper must accompany this application. Camper's registration fees must be paid on or before registration day.

If cancellation is made two weeks prior to your scheduled arrival at Camp DaySpring, any amount above the \$65 deposit that has been paid will be refunded or transferred. If cancellation is made less than two weeks prior to registered camp date no refund or transfers will be made. No refunds will be given if the camper leaves before the camp session ends.

Camp DaySpring cannot administer prescription drugs to your child, even with written parental consent, unless the medication is sent in a properly labeled container from the pharmacy that contains the camper's name and the doctor's name. Any non-prescription drugs must be in original container and labeled with the camper's name. Camper is responsible to see nurse/medic for daily medications.

I authorize the Camp DaySpring nurse/medic to dispense over-the-counter medications to my child as needed.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician, hospital, medical facility or dentist selected by the camp to hospitalize, secure proper treatment for and order injections, anesthesia, or surgery for my child. My child's physician or his/her office should be contacted, if possible.

Camp DaySpring provides secondary insurance that takes effect only after the camper's insurance has paid.

My child has permission, without restriction, to participate in all snacks, regular and special programming (including, but not limited to swimming, zip line, climbing tower, paintball, etc), unless I notify the camp otherwise in writing. I understand and realize that Camp DaySpring will follow safety procedures and safety precautions, that all physical activities include a certain risk and that Camp DaySpring assumes no liability for injury or damage arising from or as a result of participation. I affirm that I have been advised that field sports, team games, climbing wall, zip line, paintball, crafts, swimming, canoes, paddle boats, indoor and outdoor games, and other camp activities include certain risks and dangers. These risks include, but are not limited to, loss of, or damage to personal property, injury, or fatality. In consideration of, and as part payment for, the right to participate in all Camp DaySpring activities and the services and food arranged (when applicable) for my child by Camp DaySpring, and its agents, servants, employees, and volunteers, I have assumed all of the above risks and intending to be legally bound hereby, will hold Camp DaySpring and its agents, servants, employees and volunteers harmless for any liability which may arise out of, or in connection with any participation in any activities arranged by Camp DaySpring, its agents, servants, employees and volunteers. The terms hereof shall serve as a RELEASE AND ASSUMPTIONS OF RISK.

I also give permission for Camp DaySpring to use my child's name, voice, testimonial, and/or picture in any type of promotional material, press releases, and news stories about camping, Camp DaySpring or Cornerstone Conference. I understand I can notify the camp office, if this is unacceptable.

No extreme clothing such as see-through, midribs, halter-tops, tank tops, spaghetti straps, suggestive pictures or phrases, and shorts above finger tips when extended are permitted. Clothing and jewelry shall not advertise any secular bands or contain any wording, picture, image, insignia or graphic that is crude, vulgar, profane, sexually suggestive, or which advocates the use of alcohol, drugs, violence or other disruptive behavior. Shoes and shirts must be worn at all times, except when participating in activities that require they be removed. Casual wear, other than shorts, may be worn to services. If a Dean or other person in authority over me request that I change due to not being in compliance with the dress code, I will do so promptly and without complaint.

Camper's Name \_\_\_\_\_

**Parent/Guardian  
Signature** \_\_\_\_\_

Date \_\_\_\_\_



X-Press Check-in: Once we received this form and the **registration amount in full** we will mail/email you an X-press Check-in confirmation. We must receive the registration amount in full by May 21, 2012 for a camper to be eligible for X-Press Check-in.

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Check in for camp is from 4:00 pm to 6:00 pm on Opening Day in the Auditorium. No one will be registered before 4:00 pm. No walk-on campers will be allowed to register before 6:00 pm. Any pre-registered campers that do not arrive before 6:00 pm will be taken in the order they arrive along with the walk-on campers.

**All campers' registration fees must be paid in full at the time of registration.**

Campers must be picked up between 1:30 and 2:30 pm on closing day in the Sanctuary, unless other arrangements have been made with the Dean of Camp. We prefer that you not pick them up during the service on closing day.

I agree and will comply with the new cabin pre-assignment policy as listed at the bottom of this form.

I understand that Camp DaySpring has a No Cell Phone Policy. The following numbers are to cell phones that 2 of our staff will have on 24 hours during each camp session, you may call these numbers if you need to reach your child due to an emergency: 336-338-2312 or 336-338-2327. We will also use these phones to contact you if a need arises or if there is an urgent reason that your child needs to contact you. I also understand that, if a staff member sees a camper with a cell phone, the phone will be taken from the camper and held in the office, labeled with the campers name and cabin, until the camper request their phone back at sign-out.

Each camper is responsible for their own belongings. Camp DaySpring, its agents, servants, employees or volunteers will not be responsible for lost clothes, money, belongings, etc. All items left at camp will be held in the lost and found for 30 days after the last day of camp. After 30 days, all items remaining in the lost and found will be donated to charity.

Everyone MUST obey ALL of the Camp Guidelines (copy is available on our website). Major disobedience of these rules by anyone will result in the camper/staff member being sent home after we notify their parents and/or pastor without the right to any refund.

**I understand that by acknowledging this Parental Consent/Waiver that I assume responsibility for payment of camp tuition and fees.**

**Camper's Name**

\_\_\_\_\_

Week Attending\*\*

- Grades 9-12 (June 20-24, 2012)  
 Grades 7-8 (June 24-28, 2012)  
 Grades 1-3 (June 28-July 1, 2012)  
 Grades 4-6 (July 1-5, 2012)

**Parent/Guardian Signature**

\_\_\_\_\_

Date

\_\_\_\_\_

**\*\*Please make sure to check the appropriate week for the grade the camper just finished in school; it is important that the camper attend the week for his/her age group due to activities being planned for specific age groups.\*\***



**Cabin Assignment Policy**

Cabin Mate Request: \_\_\_\_\_

**You may only request 1 person as a cabin mate.** All campers will be pre-assigned to a cabin. For us to assign you to a cabin with your requested cabin mate, both of you must request each other as cabin mates and have your camper applications in our office by the early bird deadline (May 21, 2012). If these conditions are not met, we will still do our best to honor request, as much as possible. We will try to put church groups together, as much as possible. We will not accept rooming request by phone or email. This new policy is to help eliminate the need to stand in long lines for Cabin Assignments on registration day.