|  |
| --- |
| **Application for Primary Camp: 2021** |
| **Primary Camp** FINSHING GRADES 1, 2, 3 **June 14 – 18, 2021** |
| **CAMP FEE: $135**(Early Registration due Monday, May 31, 2020) (2 weeks before camp)  **CAMP FEE: $165 (**Pre-Registration due Monday, June 7) (1 Week before Camp)  **CAMP FEE: $185** (Late Registration due by Thurs. June 10 **/ No Applications Accepted After June 10** |
| Payable To: WV Nazarene Youth Camp |
| Mail To: **Brenda Koontz P.O. Box 13235 Charleston, WV 25360 (304) 741-4342** |
| Email: [**beekoontz@gmail.com**](about:blank) |

**Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: M \_\_\_\_\_\_F\_\_\_\_\_\_**

**Camper’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/ST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name/Cell #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Grade Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/ST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name/Cell #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Roommate Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does this camper currently have a custody agreement or do not release agreement in place? Yes\_\_\_or No\_\_\_If yes, please attach a photocopy of said agreement. This is to ensure the safety and well being of the child. Any questions please contact the camp director *Brenda Koontz* by phone and/or email. Has this child ever attended Church Camp before? YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Camper’s Pledge:** I have read the camp rules and will abide by them. I will give full cooperation to my camp director and staff. I realize that if I do not comply with these rules, it will result in my being sent home from camp.

**Camper’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| ***With my signature, I hereby validate this application form and do expressly* w*aive any and all claims against the WV North* & WV South District Church of the Nazarene and/or any of its boards and/or any representatives, because of injury, illness or damage to the person or pro*perty of the above applicant in condition with or incident to, the WVN/WVS camp program.*** |
| ***Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

**Release Form for Media Recording** I, the undersigned, consent and agree that Summersville Nazarene, its employees, or agents may take photographs, video, and other image & sound-based media of activities including camp attendees, employees, students, and visitors while on the grounds. I understand there will be no financial or remuneration for recording camp activities, either for initial or subsequent use such as images in publications, advertising, presentations. Usage shall not include distribution to other agencies or commercial publications.

**Camper’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Pastor’s Recommendation** |
| I have read the above application and to the best of my knowledge, this applicant is registering in the proper camp according to  their grade level. I have discussed the camp rules with the camper and believe they will abide by them. I give my recommendation for this applicant to attend the camp to which they are applying. |
| **Pastor/Associate’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Church Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **West Virginia Nazarene Camp**  **Camper Medical Form 2021** |

**Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: M \_\_\_\_\_\_\_\_\_F \_\_\_\_\_\_\_\_\_**

***Indicate Known Allergies: Please indicate treatment given and medications needed.***

**Seasonal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Poison Ivy, Oak, Sumac: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medications: Prescribed/Over the Counter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Food: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Indicate Medications at Camp:* Please list any and all medications to be administered at camp.**

**Name of Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dosage Schedule\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dosage Schedule\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dosage Schedule\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dosage Schedule\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***All medications* MUST be in original container and will not be administered otherwise.**

***All medications will be documented and administered by a state Registered Nurse/LPN.***

**Dietary Restrictions or Special Needs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Camper Subject to: \_\_\_\_\_\_Convulsions \_\_\_\_\_\_\_Bed Wetting \_\_\_\_\_\_\_Behavioral/Mental Disabilities**

**\_\_\_\_\_\_\_\_Fainting \_\_\_\_\_\_\_\_Other-brief Explanation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recent Injury/Serious Illness: (brief explanation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physical/Personal Limitations: (brief explanation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact(s)**

1. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby give consent for the camp nurse to dispense over the counter medications, such as, but not limited to, Tylenol, Ibuprofen to camper named above. I also tW**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Please enclose a copy of your insurance card/cards)***

|  |
| --- |
| **West Virginia Nazarene Camp**  **Camper Policy Agreement Form 2021** |

**Church Camp Cell Phone Policy**

**While we cannot technically ban cell phones, we do strongly suggest you leave cell phones and all other electronic devices at home. This is for the protection of the camp and the campers. While we do understand the positives of having such a device with them, we also understand that these devices open a myriad of pitfalls as well.**

***VALUABLES:***

**Cell phones are expensive and can get lost or stolen. In addition, the physical camp environment is not kind to such items.**

***TEXTING:***

**We also understand that for many teens, increasing numbers of younger children, texting is a favored means of communication. We certainly are not against the form of communication outside of camp. At camp, however, another goal of the camp experience is to connect with other people face to face and nurture the art of interpersonal communication. Texting friends outside of camp during the camp session, impedes the ability of campers’ freedom to truly benefit from this special aspect of camp and the process of building theses new friendships. By leaving cell phones at home, this does not become an issue.**

***DIGITAL PHOTOGRAPHS:***

**Another drawback of having cell phones at camp is the built-in camera. As with schools, there are camps around the country where children have secretly taken inappropriate photographs of other campers or staff members and displayed them publicly. While we do not ban digital cameras, we do not recommend bringing them to camp. Please help us maintain a safe environment by explaining this to your child. You should know that any camper that takes a compromising photo of another staff member and makes it public in any way may be subject to dismissal from camp and may not be allowed to return. If the law is broken, the appropriate authorities will be notified. This includes websites like, but not limited to, youtube.com, and facebook.com.**

***COUNSELOR CELL PHONES:***

**Counselors will have cell phones in case of emergencies so that campers don’t have a need to carry them.**

***IPOD TOUCH, iPODS and MUSIC/VIDEO STORAGE DEVICES:***

**We maintain a policy restricting the use of ipods and other types of music and video data storage devices at camp. Due to the of capability of such devices to access the internet, download and store, in a private manner, easily available sexually explicit, degrading, foul and vulgar content, they are inappropriate for use at camp. In addition, it is our aim to promote activities, whether formally planned, informal, or spontaneous during free time, that are inclusive, and group oriented rather than exclusionary for private personal use or benefit.**

***Cell Phone or Other Electronic Device Policy Agreement Form***

**I understand this policy about bringing a cell phone or other electronic device to camp.**

**Signature of Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have read the above cell phone policy and agree to the guidelines stated, including that the cell phone and or other electronic devices will be taken if they are misused or become a distraction; to be returned at the conclusion of *Camp* if the policy is violated. I understand that if there is an emergency, I may contact the camp at the phone numbers listed in the camp packet.**

***Parent/Guardian Signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **West Virginia Nazarene Primary Camp Information 2021** |

***PERSONNEL: Counselors and staff members are carefully chosen, consecrated Christians, including pastors and laymen. Every Nazarene pastor is encouraged to participate in camp by working in some compacity unless providentially hindered.***

***HEALTH: A nurse/paramedic will always be on duty. Supplemental insurance is provided for each camper. Applicant’s primary insurance company is to be used under medical information. A lice check must be completed.***

***LODGING: All campers are required to be lodged in assigned dorm rooms.***

***DRESS: Modesty is our rule. Campers are to be neat and clean for all worship services and evening meals. Campers displaying extreme variation from modesty will be asked to change. The camp director of each camp will have the discretion over appropriateness of dress. Shirts and shoes must always be worn outside of the dorms. Prohibited clothing items include muscle, tank tops, offensive logos or sayings, fishnet shirts, see through or similar material.***

***FOOD: Well balanced meals will be prepared by qualified dietitians.***

***PHONE USAGE: Phones are to be used for emergency only. Cell phones are not permitted for campers.***

***What to Bring: Sleeping bags or sheets and blanket, pillow, towels, wash cloths, personal toiletries, dress clothes, recreational clothes, bathing suit (girls one piece/boys’ shirt & trunks), swim shoes (or old tennis shoes), shower shoes, tennis shoes, pjs, robe, jacket, sweatshirt, raincoat. The weather varies a lot so bring warm & cold clothes. Snack Bar money ($10-15) in a baggie with your name on it. (NO FLIPFLOPS)***

***SPECIAL NEEDS: Please provide information concerning any special conditions/needs the camper may have. All special needs will be kept confidential.***

***ARRIVAL TIME: All campers should be on the campgrounds by NOON on Monday. Lunch will be the first meal.***

***DEPARTURE TIME: All campers should be picked up by NOON on Friday. A bag lunch will be provided.***

|  |
| --- |
| **CAMP FEES:** |
| **Primary Camp** FINSHING GRADES 1, 2, 3 **June 14-18, 2021** |
| **CAMP FEE: $135**(Early Registration due Monday, May 31, 2020) (2 weeks before camp)  **CAMP FEE: $165 (**Pre-Registration due Monday June 7) (1 Week before Camp)  **CAMP FEE: $185** (Late Registration due by Thurs. June 10 **/ No Applications Accepted After June 10** |
| Payable To: WV Nazarene Youth Camp |
| Mail To: **Brenda Koontz P.O. Box 13235 Charleston, WV 25360 (304) 741-4342** |
| Email: [**beekoontz@gmail.com**](about:blank) |

**This form, with check & copy of insurance card attached, must be submitted by the pre-registration dates listed above.**

***REFUNDS:* There are NO REFUNDS after Monday morning of the first day of camp.**

***DISCRIMINATION: “In the operation of the Summer Food Service Program, the same meal will be available to all enrolled campers without regard to race, color, handicap, sex, age, or national origin, and there will be no discrimination in the course of the meal service. Persons who feel they have been discriminated against should write to the Secretary of Agriculture, Washington DC 20250***