**State Line Christian Camp**

June 22-27, 2014

At Big Reedy Christian Camp

**967 D. Simpson Rd., Round Hill, KY 42275**

Sponsored by Mt. Gilead church of Christ

**Why?** To have fun and learn about Jesus, all at the same time!

**What do you do at camp?** There is morning and evening church, daily Bible classes, special periods of singing and worship, and cabin devotionals to help your child grow spiritually. Recreational activities include water sports, crafts, and games such as softball, basketball, ping-pong, checkers, corn hole, etc.

There is also a special activity each evening in which all campers will participate. The program provides a well rounded experience for your child.

**How do I register?:**

1. Fill out all pages of the application in ink. The application must be notarized at the bottom of the health record. Please be sure to supply the insurance information on the health record.

2. Enclose the camp fee of $115 (this includes all meals and a daily craft and canteen). Limited Scholarships are available – contact us!

3.Give the appropriate size for the child’s shirt (S, M, L, XL). All shirts will be adult sizes.

4. Mail the application, with a **check made payable to** **State Line Christian Camp**, to:

PO Box 266

Tompkinsville, KY 42167

5. When your application is processed you will receive in the mail information on:

\* What to bring

\* A more complete set of Camp rules

\* Directions to camp

Application (pages 2-4):

**Camper's Health Record**

Please use an ink pen and fill out this page completely. PLEASE include the insurance information requested

CHILD’S SOCIAL SECURITY #

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH HISTORY (Please check any that apply)

Frequent colds\_\_\_ Constipation\_\_\_ Broken Bones\_\_\_ Whooping Cough\_\_\_ Ddiabetes\_\_\_ Frequent sore throat\_\_\_ Kidney trouble\_\_\_ Bed wetting\_\_\_ Sinusitis\_\_\_ Heart trouble\_\_\_

Chicken Pox\_\_\_ Abscessed ears\_\_\_\_ Convulsions\_\_\_ Polio\_\_\_

Bronchitis\_\_\_ Athletes feet\_\_\_

Upset stomach\_\_\_ Mumps\_\_\_

Nervousness\_\_\_\_ Fainting spells\_\_\_ Sleep walking\_\_\_ Rheumatic fever\_\_\_

Tuberculosis\_\_\_

 Any recent operations, injuries, illnesses, or other health concerns? If so what?

 Allergic reactions: Bee stings\_\_\_ Penicillin\_\_\_ Other allergies(e.g. peanut)?

Are there any activities this child should not participate in because of health?

Please give the NAME, ADDRESS, AND POLICY NUMBER of your health insurance provider:

**In Case of Emergency**:

(Please Note: this form must be notarized.)

I hereby give permission to the camp director or one temporarily in that capacity or camp nurse to release the information in this application to a doctor chosen by officials of the camp, when the opinion of the camp director or camp nurse deems it appropriate for the health and benefit of the camper. When a doctor is contacted by camp officials for treatment of any illness or injury of my camper, I give said doctor my permission and full authority to proceed with any anesthesia or surgery deemed necessary without further permission if I am not reasonably available or cannot be located, or in any emergency situation which in the doctor’s professional opinion warrants immediate action, I give him permission and authority to proceed immediately without attempts to contact me.

I further agree that I will not hold Mt. Gilead church of Christ, Big Reedy Christian Camp, State Line Christian Camp, its Directors, Camp Director, camp nurse or any member of its staff, responsible or liable for any action as directed above, or for any accident, injury, or illness which may occur to my child while attending camp at Big Reedy Christian Camp, unless the same occurs as a result of the gross negligence or willful misconduct of any representative, employee, or staff member of Mt. Gilead church of Christ or State Line Christian Camp.

Signature of Parent or Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of \_\_\_\_\_\_\_\_\_\_\_\_\_, County of \_\_\_\_\_\_\_\_\_\_\_ — Personally appeared before me, the undersigned Notary Public of said state and county \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that they executed the above instrument for the purposes therein contained and expressed. WITNESS my hand and seal this \_\_\_day of \_\_\_\_\_, 2014.

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public:

Camp Insurance:

The camp’s insurance is a supplemental or secondary insurance policy. It will cover what the camper’s family insurance does not cover. In case your child is injured or becomes ill, please provide your personal insurance information in the space provided.

Any questions please contact:

Tim McHenry, camp director

Cell: 270-427-0520 Office: 270-487-5342

Camper Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Boy\_\_\_ Girl\_\_\_ Likes to be called:

**Camper must have completed 3rd grade**! Age:\_\_\_\_ Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First time at camp? YES or NO Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_ Church Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is camper a member of the church? \_\_\_\_\_\_\_\_\_\_\_\_\_ Home Congregation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: we will assist campers who wish to be baptized unless otherwise instructed by parents or guardian.

Parents’ name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Homephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Workphone\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency contact: Relationship to camper: Emergency contact’s phone: Any notes for camp staff?

Camp shirt Size ( All shirts are adult sizes)circle: S M L XL or XXL

The main rule for camp is Matthew 7:12... ‘Do unto others...”. A more complete set of rules is found at [www.mtgileadchurch.net/stateline/index.html](http://www.mtgileadchurch.net/stateline/index.html)

We agree to abide by the rules of camp. Please sign:

**Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Camper:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We are looking forward to a great week of Summer Bible Camp!!!