

**For Office Use Only**

Date Rec.: \_\_\_\_\_

Bal. Due: \_\_\_\_\_

Paid: \_\_\_\_\_

**GA Nazarene District Kids' Camp & Preteen Camp Registration Form 2017**

Deposit: \$25.00 (non-refundable) Total Early Cost: \$185 Total Late Cost: \$205

Mail To: Barbara Stephenson  
14 Caspian Ct.  
Whitesburg, Ga 30185

(Check one) I am registering for: Kids' Camp  Pre-Teen Camp

Name:(print) \_\_\_\_\_  
(first) (last) (nick name)

Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Finished: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Church Name: \_\_\_\_\_

(Be specific. **Not just Nazarene.** Ex: Columbus Grace Church of the Nazarene. If you attend a church other than a Nazarene Church, please give the name of Nazarene Church that invited you to attend camp.)

Parent/Guardian: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
(Print your name)

Counselor: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

Pastor: \_\_\_\_\_

Roommate Request: (Registrar may not be able to honor request if forms are not received early. Space is not always available. 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_)

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**Please Read the Camp Rules Carefully:**

- No fire works, knives, tobacco, drugs, or alcohol. Violators will be sent home.
- No pornographic materials.
- No profanity.
- Christian modesty in regards to dress at all times: shorts must be at least mid-thigh high, items like halter-tops or spaghetti straps will not be allowed.
- Shoes are to be worn at all times for safety purposes.
- A covering other than a towel must be worn to and from the pool area. Covering will be provided for those campers who do not bring proper covering.
- No electronic equipment.
- Private cabins are off limits.
- I, the camper, understand that I am to abide by the camp rules. Refusing to do so results in my parents being notified to drive to pick me up and take me home with no refund.

Camper's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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**INSURANCE AND MEDICAL INFORMATION & RELEASE AND INDEMNITY AGREEMENT**

Please list any medical problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

Past Surgeries: \_\_\_\_\_

Name of medications & dosage you will be taking at camp: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List medications you are allergic to: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Phone: (\_\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**PARENTS:** I hereby give authority to **Scott Ewing**, camp director, to obtain necessary medical attention or to authorize treatment at any hospital in the event of a medical emergency. I also recognize the authority of all adult sponsors and the event staff as those who will supervise this event and uphold proper conduct. The first step of discipline, should such become necessary, will be a warning and instruction. The second will be a telephone call to the parent or guardian concerning the participation of my son/daughter, \_\_\_\_\_.

In signing this document, I hereby certify that I give permission to my son or daughter to participate in the camping program at Adrian Camp and Conference Center. I also give permission for my son or daughter to be transported in vehicles for camp approved transportation and activities. I also authorize Camp Adrian to use photographs, video, and/or audio clips of my child in camp publicity. I understand that as a part of the camp program the camper will be involved in recreational activities that may include archery, BB guns, swimming, horseback riding, and horse-drawn carriage rides. I hereby validate with my signature, that I give permission for the above named camper to participate in these activities.

In consideration of permission granted the herein named individual to participate in camping activities, we hereby release and covenant with Adrian Camp and Conference Center that we will never, individually or as legal guardians of said individual, institute any action at law or in equity for any personal injuries, or injuries to property, real or personal, caused by, or arising out of camping and other related activities sponsored by Adrian Camp and Conference Center it's successors and legal representatives; we further agree to indemnify and hold Adrian Camp and Conference Center harmless against any and all costs, damages and expenses that camp activities have inherent dangers that no amount of care, caution, instruction or expertise can eliminate and we and the participants expressly and voluntarily assume all risk of personal injury sustained while participating in aforementioned activities whether or not caused by the negligence of the released parties.

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

(\*\*\*\*Signature must be in the presence of a Notary Public\*\*\*\*)

Before me, A Notary Public, in and for said County and State/Province this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ and acknowledged execution of the foregoing. In Witness Whereof, I have hereunto set my hand and Notary Seal.

State/Province of: \_\_\_\_\_ County of: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_ My Commission expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*NOTARY SEAL \*\*\*\*\*

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**2017 Kids' Camp & Pre-Teen Camp  
"Pre-Register" and "Pre-Pay" to  
Experience Express Registration at Camp Adrian**

**Kids Camp**

Completed Grade 1st, 2nd, or 3rd

June 5-9, 2016

Opens: 10:00 AM, Monday

(Lunch served to 1:15)

Closes: Friday after Chapel

(NO lunch served on Friday)

**Registration Due by: May 24, 2016**

**Pre-Teen Camp**

Completed Grade 4th, 5th, or 6th

June 12-16, 2016

Opens: 10:00 AM, Monday

(Lunch served to 1:15)

Closes: Friday after Chapel

(NO lunch served on Friday)

**Registration Due by: May 31, 2016**

**Deposit: \$25 per child (non-refundable)  
Total Camp Fee: \$185 (Includes non-refundable deposit)  
Late Registration: Camp Cost is \$205**

**Cancellation:** If cancellation is made more than 7 days prior to camp beginning, a refund will be issued less the \$25.00 non-refundable camp deposit or processing fee. No refunds from a camp will be made after the camp has begun, unless a child must leave due to illness the first night of camp.

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**Kids' & Pre-Teen Camp Registration mail to:**

Barbara Stephenson

14 Caspian Ct. Whitesburg, Ga. 30185

Questions Contact: (camp director)Scott: 478-951-9992 (registration)Barbara: 770-663-6856

Email: (Scott) [dadofezekiel@gmail.com](mailto:dadofezekiel@gmail.com) (Barbara) [barbswired@icloud.com](mailto:barbswired@icloud.com)

**Make Checks Payable to:**

Georgia Sunday School Discipleship Ministries International  
"Georgia SDMI"

**Location:** Adrian Camp and Conference Center  
37 Meeks Rd., Adrian, GA 31002  
478-668-4817