

# River of Life Ministries IPHC CAMP APPLICATION

Camper's Full Name: \_\_\_\_\_ Please circle: Male or Female

Camper Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Completed in June 2023: \_\_\_\_\_

ADULT T-SHIRT SIZE: (please circle) S M L XL 2X 3X CHURCH NAME: \_\_\_\_\_

Current Address: \_\_\_\_\_ TEEN CAMP: \_\_\_\_\_ KIDS Camp: \_\_\_\_\_

Legal Guardian Name: (1) \_\_\_\_\_ Phone Number #1: \_\_\_\_\_

Phone Number #2: \_\_\_\_\_

(2) \_\_\_\_\_ Phone Number #1: \_\_\_\_\_

Phone Number #2: \_\_\_\_\_

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

**ALTERNATIVE CONTACTS** – for emergency and you cannot be contacted.

1. Name, Relationship and Number: \_\_\_\_\_

2. Name, Relationship and Number: \_\_\_\_\_

**MEDICAL INFORMATION/ALLERGIES:** (List all known medical conditions, including food allergies and/or drug allergies. In addition, include any and all over the counter and/or prescription drugs taken regularly.)

Medical Condition (please write 'none' if no medical conditions): \_\_\_\_\_

Allergies (please write 'none' if no allergies): \_\_\_\_\_

Specific Dietary Needs (please write 'none' if no dietary needs): \_\_\_\_\_

Swimming/Physical Activity Restrictions (please write 'none' if N/A): \_\_\_\_\_

Date of Last Tetanus Injection: \_\_\_\_\_

**Prescription Medications:** (Each prescription is required to be in a RX bottle labeled with dosage instructions and campers' name.)

Please write 'none' if no prescriptions: \_\_\_\_\_

Prescription Medication 1. \_\_\_\_\_ Dosage: \_\_\_\_\_

2. \_\_\_\_\_ Dosage: \_\_\_\_\_

3. \_\_\_\_\_ Dosage: \_\_\_\_\_

4. \_\_\_\_\_ Dosage: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_

Preferred Hospital (if condition permits): \_\_\_\_\_

## FOR CAMP USE ONLY

Application FEE: \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Paid by: \_\_\_\_\_

Balance DUE: \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Paid by: \_\_\_\_\_

Extra Spending money: \_\_\_\_\_ Comments: \_\_\_\_\_

**INSURANCE:** (if you do not have insurance, **please circle** here: NO INSURANCE )

Primary insurance: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

ID #: \_\_\_\_\_ Group Policy #: \_\_\_\_\_

**REGISTRATION INFORMATION:**

1. Total cost of ROLM Teen OR Kids camp: \$200
2. Minimum payment of \$50 (non refundable deposit) is due with camp application.
3. The remainder is due anytime before or at the time of camp registration.
4. Make Checks Payable to: ROLM (River of Life Ministries)
5. Cancellations: The remaining camp registration will be refunded to you less \$50 if you cancel before camp starts.
6. Refund Policy: After the camp has begun, No Refunds will be issued.
7. Lice Head Check: Please check your child for lice before arriving to camp. Your child will be checked for lice upon arrival. If lice are found on your child, your child will be sent home. Your refund will be considered as a cancellation (see #5 Cancellations).
8. Bedwetting: Please provide the necessary items and proper bedding for your child.

**ITEMS TO BRING:** Bible, notebook, pen, regular camera or disposable camera, sleeping bag or sheets, blanket, pillow, pajamas, underclothing, socks, tennis shoes, sandals, modest shirts, modest shorts, jeans, sweat pants, sweat shirt, jacket, dirty clothes bag, flashlight, sunscreen, bug spray, shampoo, soap, deodorant, brush, comb, toothbrush, toothpaste, 2 towels, washcloth or loofa, shower shoes, swimsuit and beach towel. You may bring a plug in fan or a small a/c unit for the window if you wish. PLEASE LABEL ALL PERSONAL ITEMS with permanent marker. All clothing must be modest. Strapless tops, belly shirts, midriffs, minis skirts, bikinis, etc are not acceptable. Two piece bathing suits must be worn with a BLACK shirt and shorts. Boy shorts/ jeans must not show boxers or undergarments. Camp Director or staff member has the right to ask the camper to change clothes if considered immodest or inappropriate. We cannot be held responsible for your child's lost or misplaced clothing, or personal items. They must be responsible for the items they bring to camp.

**REMINDER:** Camp fee includes registration, all field trips, travel expenses, meals, t-shirt and canteen. Any extra spending money is left to the discretion of the parent. The CAMP is not responsible for any lost money or items.

I allow my child to participate in all activities of the IPHC ROLM Summer Camp and give my permission for you to take the camper on supervised off campus activities. I hereby release and waive any and all rights, claims or actions, that myself, my child, or anyone acting on behalf of my child's interest may have against the IPHC PA Conference or campground staff, its camp facility, and conference directors. In case of emergency, I authorize the Camp Director and/or Camp Staff to select a medical facility or hospital to seek emergency medical treatment for my child who may become ill or injured while under camp authority. I understand that I am responsible for any and all medical bills incurred for such medical care that is not covered by insurance. The IPHC PA Conference campground, camp director, or any officers of such, shall not be held liable for any expenses beyond those covered by insurance. I hereby agree to release all liability and claims and agree to hold any IPHC PA Conference Staff harmless of any liability against any sponsoring organization, facility, instructor, and any other party involved, due to injuries, accidents, negligence, or any other circumstances arising from participation in this summer camp program. I also give permission for photographs of my child to be used for promotional purposes by the IPHC summer camp. I also understand that I am financially responsible for any property damages caused by my child's behavior. I certify that the information contained on these forms is accurate to the best of my knowledge.

\_\_\_\_\_  
**Parents/Guardian Signature**

\_\_\_\_\_  
**Date**

**CAMPERS RULES & BEHAVIOR CONTRACT:**

1. I agree to observe and obey the camp rules. I agree to obey Camp Director & Camp Staff.
2. I agree to behave in a Godly manner while participating in all camp activities.
3. I agree to participate in all required camp activities & programs
4. All medications (prescription and over the counter) will be given to the Camp Nurse for distribution.
5. I agree that I am NOT to bring any electronic device such as a cell phone, iPad, etc. to camp. I understand that any unapproved personal devices brought with me to camp will be surrendered at the time of my registration and returned home with my parent/guardian; if items are found after camp registration, they will be confiscated.
6. Any use of tobacco, illegal drugs, and/or alcohol will result in my immediate dismissal from camp without a refund of any camp fees.
7. Any inappropriate behavior between campers will result in the risk of dismissal from camp without refund of camp fees.
8. In breaking any of the camp rules, I am fully aware that my actions could result in my dismissal from camp without refund of any camp fees.

\_\_\_\_\_  
**Camper Signature**

\_\_\_\_\_  
**Date**

Cabin # \_\_\_\_\_ (staff will fill out)

Counselor Name: \_\_\_\_\_ (staff will fill out)

## River of Life Ministries Camp Medical Form 2023

Camper Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female (circle)

**ALLERGIES** \_\_\_\_\_

\*Please note we will only provide campers with **Tylenol, Ibuprofen, and Benadryl**. Any other medications (prescription, over the counter or vitamins) **MUST** come from home in their original bottle. (Ex: Claritin for seasonal allergies) Please do not send medications in a "days of the week" container. They will not be given and you will be called to camp to provide original bottles or you will have to come each time a med is due to administer yourself if unable to provide original bottle. R.O.L.M. will not be held responsible for administering unlabeled medications.

**Please initial that you have read the above paragraph and are in agreement:** \_\_\_\_\_

**Permission to give as needed medication:**

I give R.O.L.M. permission to give said camper Tylenol \_\_\_\_\_, Ibuprofen \_\_\_\_\_, and/or Benadryl \_\_\_\_\_ as needed according to medication guidelines. **Please initial each medicine that is OK to give.**

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Emergency contact will only be called if a parent / guardian cannot be reached first.

\*\*\*\*Campers will be checked for head lice by nurse: \_\_\_\_\_ (Must be done before camper enters a cabin)

Prescription Medications	Purpose or Reason Taking	DOSE	Time(s) Of Day	Form (Liquid, capsule, tablet)	Special Instructions

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