



SUMMER 2018 CAMPER

2018 SUMMER SESSIONS

#1: July 8-13
Campers Ages 9-14
Director: Jeff Foster

#2: July 15-21
Campers Ages 14-18
Directors:
Charlie Delong
Chandler Walker

Camp fee for 2018:
\$100.00
If returned before June 1,
fee will be \$80.00.
If returned before July 1,
fee will \$90.00
(no camper will be turned
away for financial reasons)

MAIL TO:
Four Corners Encampment
631 E. Montezuma
Cortez, CO 81321

Camp Telephone: (970) 882-7839
Office Telephone: (970) 565-3631
E-Mail: cortezcofc@live.com

Camp Website:
fourcornersencampment.org
Website has camp
applications, photos,
information & more

All prospective campers and/ or their parents/guardians **must complete this application in its entirety** and **provide all signatures** that are requested. Once completed, the application and all other necessary documentation should be **mailed to the Cortez Church of Christ** (lower left-hand corner), or be brought to camp on the first day of the camp session. Any application not received before July 1 will be responsible for the full \$100.00 camp fee. **ALL PARENTAL SIGNATURES ARE REQUIRED BY STATE LAW.**

If you have questions concerning registration, please contact Rob Hall by calling (970) 565-3631, or by e-mail, at cortezcofc@live.com.

Camper's Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Sex: _____

E-Mail Address: _____ Age: _____

Birthdate (mm/dd/yyyy): _____ Grade _____

Parent/Guardian Name(s): _____

Work Phone(s): _____

Cell Phone(s): _____

Emergency Contact: _____

Home Phone: _____ Work Phone: _____

Work name & address: _____

Has the camper been baptized? _____ Where? _____

May the camper be baptized at camp? _____
(Parent/Guardian provide signature if approval is given. You will be called from camp prior to the baptism of your child)

The camper may leave camp premises in the company of:

The camper may NOT leave camp premises in the company of:

Payment amount included with Application \$ _____

Which session(s) do you want to attend? (You may attend more than one session)

Session 1: July 8-13 (Ages 9-14)

Session 2: July 15-21 (Ages 14-18)

Cabin assignment requests (friends, etc.) _____

Health Record: Colorado state law requires that all persons attending Four Corners Encampment must provide a statement confirming a health screening signed by a physician or nurse practitioner and a health history, including current immunization record, from the parent or guardian regarding the child's physical condition. The health screening must have been conducted within the 12 months preceding the camp session (a copy of a school physical or an annual physical will be accepted.)

If the camper wished as exemption from a statement confirming a health screening and immunizations due to religious beliefs, the camper shall submit a written statement, signed by the camper's parents or legal guardian, which states the reason for such an exemption and that the individual is in good health. Four Corners Encampment has the right to refuse the admission of a child who has no statement from a physician or nurse practitioner.

Please answer the following questions with as much detail as is necessary. This information will be kept confidential and be brought only to the attention of the session director, medical staff, and others as directed by the parent or guardian. This information will be kept on file in the camp office and be consulted when medical care is needed.

Is the camper presently taking any prescription medications? Please list the medications and dosage schedule.

Does the camper have any reaction to penicillin or other drugs? (Explain)

Does the camper have any allergic reaction to insect bites or stings? (Explain)

What special medical or dietary routine is needed by this camper? Please provide notice of any food allergies the camper has.

Healthcare Provider's Signature: I have examined the person above and found him/her to be in satisfactory physical condition, free from any contagious disease, and capable of active participation in a regular camp program except as follows:

Signed: _____ Title: _____

Date: _____ Telephone: _____

Address: _____

Consent to Administer Medical Care: I authorize Four Corners Encampment to administer and /or seek appropriate medical care for my child. I know that in the case of emergency, effort will be made to contact me (using the emergency numbers listed in the application). If, however, no one can be reached, I hereby give permission to the physician, nurse practitioner, paramedic, first responder, or other trained healthcare professional selected by the camp director and/or its medical staff to hospitalize and secure proper transport and treatment (including surgery and invasive medical procedures) for my child. I also give permission for the camp medical staff to administer non-prescription health aid with the following exceptions and restrictions:

Parent/Guardian Signature:

Health Insurance and Policy Number:

Camp Policies

- Every person is required to follow the camp schedule unless excused by the session director.
- The “raiding” of cabins and/or hazing of any kind is absolutely prohibited. The harm of other persons and/or the destruction of property are grounds for immediate dismissal from camp.
- Each camper must bathe regularly and be properly groomed and attired. Modest dress and undergarments are required for males and females. Any shorts worn should extend past the fingertips when standing with hands at your side. The staff, and session director retain the authority to ask anyone on the premises to change their attire if it is deemed inappropriate for camp. When packing clothing, remember to bring clothing appropriate for warm and cold temperatures.
- Alcohol, illicit drugs, tobacco and any harmful substances are not permitted. Guns, hunting knives, hatchets, matches, or fireworks are not permitted. Possession of these items is grounds for immediate dismissal from camp.
- Abusive and/or profane language are not permitted. The respectful and honest treatment of all persons is expected.
- All prescription and non-prescription medication, vitamins, and/or supplements of any kind MUST be given to the camp nurse upon registration. The nurse must be notified of any medication routine.
- No camper is allowed to leave the premises without the permission of the camp director and without the accompaniment of those specifically noted in this form. Parents are asked to check in with the camp director before taking their child off the premises.
- Cell phones are permitted for camera use only. Any personal media use is permitted only at the discretion of the session director.
- Do not bring food or beverages to camp. All food, snacks, and beverages will be supplied by the camp. There is NO food allowed in the cabins.
- Visitors must check in with the camp director and abide by all policies outlined in this section. All vehicles should be parked in the designated area.
- The session director may expel any person (camper, staff member, or visitor) from camp premises if in their judgement there is conduct detrimental to the camp. The parent/guardian of any expelled camper will be contacted immediately and the camper will not be allowed to leave the premises without the accompaniment of the parent/guardian or one designated in this form. No refund will be given to the camper expelled from camp.

Camper Agreement: I agree to abide by all camp rules to the best of my ability. I will obey the camp director, counselors, teachers, and other staff

Camper Signature: _____

Parent signature: _____

Parent/Guardian Agreement: I understand the terms of this registration and it has my approval. It is agreed that Four Corners Encampment, Inc. assumes no responsibility for the camper’s personal property and is released from liability in connection with medical ministrations except as covered by camper insurance.

I give permission or my child to be disciplined in an appropriate manner and by the appropriate camp staff if his/her conduct is in violation of camp policies. I understand that any disciplinary measures used will be non-physical and will be constructive or education in nature, and may include measures such as diversion, separation from problem situations, talking with the child about the situation, and similar measures. I understand that I will be notified by the camp director if my child’s behavior is harmful to himself/herself or to others and is detrimental to the conducting of camp.

I give permission for my child to go on trips away from camp premises, whether on foot or by vehicle. I give permission for my child to participate in all camp activities with the following exceptions:

Please note that Four Corners Encampment offers opportunities for swimming and river play, sports activities and other active games, hiking, campfires, fun with water balloons, arts and crafts, Bible classes, worship assemblies, etc. Please indicate to us any restrictions you wish to place on your child’s activity at camp. Policies and safety procedures regarding camp activities are posted at www.cortezchurchofchrist.org.

Parent/Guardian Signature: _____

Physical Address: _____

What you need to bring to camp

Essentials:

Bible
Sleeping Pad
(health dept. will not allow open foam pads)
Clothing for the Week
Coat or Jacket (it does get cold)
Sleepwear
Sleeping Bag/or Other Bedding
Personal Toiletries
Towels & Washcloths

Extras:

Talent Show Materials
Pen and Paper
Flashlight
Extra Shoes (closed toe for river)

Four Corners Encampment, Inc. is licensed by the Colorado Division of child Care. For information, or to file a complaint, call (800) 799-5876. To report child abuse in Montezuma County, call (970) 565-3796.