



Camper Registration

Week Attending 2019

- Senior High Grades 9-12 June 12-16
- Junior High Grades 7-8 June 16-20
- Primary Grades 1-3 June 20-23
- junior Grades 4-6 June 23-27

Camper Information

First Time Camper

First Name _____ Middle Initial _____ Last Name _____

DOB _____ Gender _____ Grade Completed _____

T-Shirt Size: (Circle One) Youth Sm Youth Med. Youth Lg.

Adult Sm Adult Med Adult Lg Adult XL Adult 2XL

Parent Information

Parent/Guardian Full Name _____

Address _____ City _____ State NC ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Camper Lives With Mother Father Both

Other (Please Specify) _____

Emergency Information

Emergency Contact 1 _____ Emergency Contact 2 _____

Relation _____ Relation _____

Phone Number _____ Phone Number 2 _____

Financial	
Registration	_____
Canteen	_____
Paintball	_____
TOTAL ENROLLMENT	_____
Registrant Paid	_____
Payment Method	_____
Check/MO #	_____
SPONSORHIP AMOUNT	_____

Insurance Information

Please check here if not covered by health insurance

Name of Company: _____ Policy/Group#: _____

City, State: _____ Insurance Co. Phone _____

Medical Information

Camper has had the following (include the year occurring):

- | | | | |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Chronic Intestinal Problems |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Chorea | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> HIV Positive | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Eczema | <input type="checkbox"/> Speech Defect |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Hives | <input type="checkbox"/> Diabetes (Insulin) | <input type="checkbox"/> Diabetes (Non-Insulin) |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Rubella | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Frequent Sore Throats |
| <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Malaria | <input type="checkbox"/> Measles | <input type="checkbox"/> Inflammatory Bowel |
| <input type="checkbox"/> Jaundice/Hepatitis | <input type="checkbox"/> Mumps | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Orthopedic Problems |
| <input type="checkbox"/> Operations | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Otitis Media | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Malignancy | <input type="checkbox"/> Polio | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Other: _____ |

Date of last Tetanus shot (Must be within the last 10 years): ____/____/____

Name of Physician: _____ Phone Number: _____

Special medical problems, conditions or restrictions:

Please list all medications:

(State law requires that all medications be given to the camp nurse. All prescriptions must be in the original container and prescribed to the person taking them.)

Please check all that camper is allergic to: Penicillin Sulfa Aspirin Other: _____

Any food allergies/Special diet needs? Yes No

If yes, please explain: _____

Is camper troubles with bed-wetting? Yes No

Able to pursue all normal athletic activities? Yes No

If no, please explain: _____

2019 Camp DaySpring Policies and Procedures

Check-In/Check-Out

All camper registration fees must be paid in full at the time of check-in. Camper check-in is from 4:00 to 6:00 PM on opening day of each camp session. Please follow signs upon arrival to check-in location. No one will be registered before 4:00 PM. Walk-on campers will be allowed to register after 6:00 PM. Any pre-registered campers that do not arrive prior to 6:00 PM will be checked-in in the order they arrive with walk-ons. Campers will receive cabin assignments, turn in medications to the camp nurse and have the opportunity to purchase Junkyard Cards at check-in.

Cabin Assignments

All campers are pre-assigned to a cabin prior to check-in. Only one person per camper may be requested as a cabin mate. Both campers must request each other as a cabin mate and must have their application postmarked, emailed or submitted online by the early-bird deadline. If these conditions are not met, we will still do our best to honor the request. Camp DaySpring strives to house campers in cabins by church if possible, but will only guarantee written requests.

Cancellation/Early Dismissal

If cancellation is made two weeks prior to your scheduled arrival at Camp DaySpring, any amount above the \$70.00 deposit that has been paid will be refunded or transferred to another camper upon request. If cancellation is made less than two weeks prior to registration day, no refund or transfers will be made. No refunds will be given if the camper leaves before the camp session ends. Campers who wish to leave early must be picked up by parent/guardian who signed application and health form. Anyone other than the parent must have written permission signed by parent/guardian. Camp DaySpring reserves the right to refuse dismissal without proper identification.

Lice Check

Living Word Church will perform a lice check on all campers/staff prior to leaving the LWC campus. All campers will be subject to a lice check at registration at the Conference Center. In case of lice, the camper will be sent home and may not return to Camp DaySpring for that camp session under any circumstances as treatment of lice takes several days.

Medications

All medications must be listed on camper application, sent in a properly labeled original container and checked-in with the nurse upon registration/arrival. All prescription medications must also be in a properly labeled original container from the pharmacy including camper's name and physician's name. By signing this application, you authorize Camp DaySpring and the working nurse/medic to dispense prescribed medications, as well as over-the-counter medications as needed.

In Case of Emergency

In the event that the parent/guardian/emergency contacts cannot be reached in an emergency, the camper will be taken to the hospital, medical facility or dentist selected by Camp DaySpring to secure proper treatment. The camper's physician or office should be contacted, if possible. Camp DaySpring provides secondary insurance that will take effect only after the camper's insurance has paid.

Camper Participation

Campers may assume participation in all activities including but not limited to food consumption, swimming, zip line, climbing tower, paintball, blob, etc. unless Camp DaySpring receives written notification from the parent/guardian. By signing this application, parents/guardians understand that there are risks associated with these activities including but not limited to loss or damage to personal property, injury or fatality and Camp DaySpring nor will its staff be held liable in these cases as a result of camper participation. Camp DaySpring will follow safety procedures and precautions with all activities. These terms will serve as a Release and Assumptions of Risk.

Photo/Video Release

By registering for Camp DaySpring, campers name, voice, testimonial and/or picture may be used in any type of promotional material, social media, press releases and news stories about Camp DaySpring or Cornerstone Conference. Parents/guardians should notify Camp DaySpring in writing to waive participation in these outlets for their camper.

Cell Phone Policy

Camp DaySpring has a "No Cell Phone" policy. If a cell phone is seen by a staff member, the phone will be confiscated and held in the camp office labeled by camper name and cabin and will be returned to the camper at check-out. You may reach our staff members at the following numbers in order to reach your child: (336) 338-2312 and (336) 338-2327. We may also use these phones to contact you if a need arises or if there is an urgent reason that your child needs to contact you.

Dress Code

Camp DaySpring adheres to the following dress code, which will be enforced during all camp sessions:

- No see through, midriff-revealing, halter, spaghetti straps or tank tops
- Shorts must reach below fingertips in length with arms extended by campers side
- Shoes and clothing must be worn at all times, except when participating in activities that require shoes be removed.
- Clothing/jewelry/accessories must not advertise any secular bands or contain any wording, picture, image, insignia or graphic that is crude, vulgar, profane, sexually suggestive or which advocates the use of alcohol, drugs, violence or other disruptive behavior
- Casual wear is permitted for services. Shorts may be worn but MUST reach below fingertip length.
- Camp Deans, Counselors and others in authority have permission to request that a camper change their clothing if it is not in compliance with the Camp DaySpring dress code.
- If asked to change clothing, campers are expected to do so promptly and without complaint.

Payment Policy/Fees

If registration form is received by LWC by April 17th: \$140.00

If registration form is received by LWC after April 17th: \$155.00

If registration form is received by LWC on registration day as a Walk-On: \$170.00

A minimum, non-refundable deposit of \$70.00 per camper must accompany this application to guarantee registration. This application will not be processed until we receive this fee. All camper registration fees must be paid in full on or before registration day of each camp session.

If you wish to receive a Junkyard Card (Canteen Card) in place of the camper carrying cash while at Camp DaySpring or an Extra Paintball Play at Check-in on arrival day, these amounts should be paid in full with this application. Otherwise, the camper will have the opportunity to purchase a Junkyard Card or Extra Paintball Play separately after Check-in. Junkyard Cards are available in the amounts of \$5.00, \$10.00, \$15.00, and \$20.00. Multiple Junkyard Cards may be purchased. Extra Paintball Plays are available for purchase for the amount of \$5.00. [Note: Each camper will automatically receive one paintball play included in the registration fee.

Parent Agreement

All camp policies must be obeyed by every camper. Major disobedience or defiance of authority will result in the camper being sent home after parental notification without the right to a refund. By signing below, you are agreeing to adhere and support all Camp DaySpring policies and guidelines and are verifying that all sections of this application are completed and correct in its entirety.

As parent/guardian of (Print camper's name) _____, I have received a copy of and I agree to all of the Camp DaySpring Policies and Procedures.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Payment Information

Amount Enclosed:

- \$70.00 Registration Fee (Minimum amount to accompany application) – Due by April 17th
- \$140.00 Early-bird Total (Received on or before April 17th)
- \$155.00 Non-Earlybird Total (Received or post-marked after April 17th)
- \$170.00 Walk-on Total(Received upon arrival day of camp session)

NOTE: Living Word Church offers a 'matching fund' registration scholarship for youth who are active in the church/youth programs. If you are interested in receiving the scholarship, please complete all forms and return to the church by Wednesday, April 17th. Forms received after this date do not qualify for the scholarship.

Payment Type: Cash Check (# _____) Credit Card (Fill out Credit Card Authorization Form)

Amount Enclosed for Extras: (You may mark more than one option. Pre-paid Junkyard Cards and paintball Plays will be given to the camper at Check-in.)

- \$5.00 Junkyard Card
- \$10.00 Junkyard Card
- \$15.00 Junkyard Card
- \$20.00 Junkyard Card
- \$5.00 Extra paintball Play

- Fast Food Gift Card (suggested \$15). This is for **PRIMARY WEEK ONLY**. Please see attached form for more details.

Payment Type: ___Cash ___Check (# _____) ___Credit Card (Fill out Credit Card Authorization Form)

Please complete this portion if paying by Credit Card

Name on card: _____

Billing Address: _____

City, State, Zip: _____

Card Number: _____

Card Type: ___MasterCard ___Visa

Exp. Date: _____ CVV Code: _____ Amount to be charged: \$ _____

Cardholder Signature: _____