



# IOWA DISTRICT CHILDREN'S MINISTRIES CAMP REGISTRATION FORM

June 25 - 29, 2018

**Ages 8\* - 12**  
(\*or completed 2nd Grade)

**CAMP**  
*Rooted*

**FULL REGISTRATION & BOARD**

\_\_\_\_\_ \$195.00 Early Bird

\_\_\_\_\_ **\$215.00 Regular Rate (Postmarked after June 12, 2018)**

Make checks payable to: **IOWA DISTRICT UPCI**

MAIL REGISTRATION TO:  
JIM MILES  
948 SOUTH VIRGINIA  
MASON CITY IA 50401

CAMPER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ MALE OR FEMALE (circle one)

CAMPER (Please circle appropriate response):  
Have you repented? Yes No  
Been baptized? Yes No  
Received the Holy Ghost? Yes No

As a camper I will abide by the camp rules & dress appropriately (see page 3) and will be obedient and cooperative.

Signature of Camper \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Pastor \_\_\_\_\_

**PASTOR:** If a medical emergency or discipline need arises, parents and/or pastor will be contacted immediately. Pastor, please help assure that each camper is aware of attire guidelines and free of head lice or any contagious disease before arriving on campground.

I have read and understand these guidelines.

Signature of Pastor \_\_\_\_\_ Date \_\_\_\_\_

*MAIL PAGES 1 AND 2 WITH PAYMENT.*

**MEDICAL INFORMATION**

**Any child/youth with head lice or any contagious disease  
WILL NOT be allowed on the campground.**

**<<<< NOTICE: ALL MEDS MUST BE IN ORIGINAL CONTAINERS ONLY. NO EXCEPTIONS! >>>>**

Please circle YES or NO for the following questions. Explain or list medications, if answer is YES.

**Does the camper...**

- have Asthma or Other Allergies? YES or NO List: \_\_\_\_\_
  - have any physical defects or illness of which we should be aware? YES or NO
- Explain: \_\_\_\_\_

**Has the camper...**

- been exposed to any contagious disease within the past month? YES or NO
- List: \_\_\_\_\_
- had Tetanus (lockjaw) inoculation? YES or NO When? \_\_\_\_\_
  - ever been hospitalized or received psychiatric services? YES or NO
- Explain: \_\_\_\_\_

**Is the camper...**

- taking any medication? YES or NO List: \_\_\_\_\_
  - on any psychotropic medications (for ADD or ADHD)? YES or NO
- List: \_\_\_\_\_
- allergic to any medication? YES or NO List: \_\_\_\_\_
  - covered by Parent's or Guardian's insurance? YES or NO If yes:
- Insurance Company Name \_\_\_\_\_
- Policy Number \_\_\_\_\_

**IF A MEDICAL EMERGENCY OR DISCIPLINE NEED ARISES, PARENTS AND/OR PASTOR  
WILL BE CONTACTED IMMEDIATELY.**

I (Parent or Guardian) of \_\_\_\_\_ hereby give permission for my child to receive the necessary doctor and medical treatment which the Camp Nurse and/or Camp Director deem(s) necessary for his/her well being. I agree to assume all responsibility for all expenses not covered by camp insurance.

Signed (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

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

**SUNSTREAM LIABILITY WAIVER**

I, \_\_\_\_\_ (Printed name of parent/guardian), as the parent or legal guardian of my child, \_\_\_\_\_ (Printed name of child), hereby give consent for my child to attend and participate in all activities provided by SUNSTREAM RETREAT CENTER. I, hereby, voluntarily and absolutely release, discharge, waive, and relinquish SUNSTREAM RETREAT CENTER and its officers, agents, servants, or employees from any and all liability for personal injury or property damage occurring to \_\_\_\_\_ (Printed name of child) as a result of he/she observing or using facilities or equipment of SUNSTREAM RETREAT CENTER, or engaging in or receiving instructions in any activities SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY.

*The undersigned parent/guardian represent that he/she has read this release, and is fully aware of and understands the terms and the legal consequences of the signing of this release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability.*

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

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## PERSONAL ITEMS BROUGHT TO CAMP

- Bible
- Modest sport clothes & swim wear
- Toiletry articles
- Dress clothes
- Ball glove
- A set of clothes to get muddy or wet
- Jacket or sweater
- Something *GREEN* to wear for Thursday theme night
- Bedding (quilts, blankets, sheets, sleeping bag, pillow)
- A musical instrument, if you play one and have your pastor's permission

Children with a musical ability? Choir is scheduled for Thursday's service.

There will be NO electronic devices, including cell phones.

## GUIDELINES 2018 CAMP ROOTED

Pastors working in conjunction with parents will be responsible for the cost of any damage done by their child and will be responsible to provide transportation home early if child is dismissed for behavioral or health issues.

Campers are expected to show respect to all camp personnel and staff at all times; as well as, abide by the rules and schedule of classes and activities. They must attend every class and service. Smoking, cursing, vile, and otherwise rude or vulgar language and behavior is absolutely prohibited.

**YOUNG MEN:** No facial hair. Neat, short-length haircuts; must be kept combed.

Trousers must be modest. No shorts.

No muscle shirts or sleeveless shirts.

**YOUNG LADIES:** No sheer or tight fitting skirts or dresses.

No pants, shorts or sleeveless shirts.

Hair may be worn down or up, but must be well kept.

No make-up or jewelry is to be brought on campgrounds.

## GENERAL INFORMATION

June 25-29, 2018, CAMP ROOTED, Iowa District Children's Ministries

Sunstream Retreat Center, Ogden, Iowa, Front Desk: (515) 275-3078

Campers who are 8 years old or have completed 2nd Grade on the first day of camp may register to attend Sunday School Camp.

Registration will be Monday June 25 at 2:00 PM. All campers must check in with the registrar.

Everyone is welcome to attend the first service on Monday at 3:30PM.

The first meal will be served Monday at 5:00 PM.

Campers **MUST** be picked up by 10:00 AM Friday, June 29.