

ANGLICAN LIFE ADVENTURE CAMP 2009

Friends in Christ:

Here are the 2009 camp registration papers! We are going to Elk Shoals in the mountains of North Carolina again this year and we are looking forward to it. We had a great time last year tubing the river, making crafts, singing around campfires, hiking through the woods, playing outdoor sports and learning our traditions. All of this was done in an Anglican spiritual environment which included Bible study, church services and Christian standards.

We are hoping for a full camp this year so your assistance in getting this registration information to your parish as soon as possible is important. During February thru April would you please announce in your Sunday services and in your church bulletins that camp registration has started and that the registration forms are available in your church. The registration forms include one camper registration form, and a four page (two pages back and front) health form. Please make as many copies as your parish needs but be sure to copy both the back and the front of the health pages. **We will accept registrations until the camp is full or until the registration deadline of June 10th.** The cost for the camp is \$250 if the completed registration and early registration fee are received by May 15th and \$325 if the registration and fee are received after that date.

As the priest of your parish you probably know children who would benefit from camp but can't afford it. To help with this we are also trying to encourage parishes and parishioners to consider donating a scholarship(\$300) or a portion of a scholarship to the camp. If you think your church or a parishioner would like to donate a scholarship please send a check to St. Michael's Anglican Church, 2211 Margaret Wallace Rd., Matthews, NC 28105 and memo "Camp Scholarship" or call Fr. Bakley, (704) 537-7777 or Dss. Tina Jenkins (704) 364-2832.

Thank you again for your help in getting out the registration materials and for encouraging your children to go to our Anglican summer camp. It is a wonderful away-from-home experience that strengthens our children spiritually. If you have any questions call Fr. Rich or Tina.

Quick notes about camp:

Ages: 8 to 15 plus any previous ALAC campers who are now 16

Dates: June 21st to June 27th

Cost: \$250 if registration is received on or before May 15th and \$325 if registration is received between May 16th and the June 10th final deadline

ANGLICAN LIFE ADVENTURE CAMP

HEALTH FORM

Please PRINT or TYPE

Page 1 of 4 (Page 2 is on the back of this form)

CAMPER'S FULL NAME _____ Date of Birth _____

Social Security Number if available _____

Name to be called _____ Girl ____ Boy _____

Name and phone number of camper's personal doctor :

Name: _____ Phone Number () _____

Does the camper have now or has the camper ever had any of these problems? (**Circle all that apply**)

Heart disease Asthma Polio Diabetes Epilepsy Allergies Personality Disorder
Bed Wetting Sleep Walking Other _____ Please
explain any past or present medical conditions _____

Explain any current medical conditions and list allergies (Including any allergies to food)

When was the camper's last tetanus shot? Date _____

Does the camper socialize easily? _____ Please explain. _____

Can camper participate in athletics? _____ Any handicaps? If so please explain: _____

Does camper know how to swim? _____ In deep water for over 3 minutes? _____

List anything that may restrict this camper's participation in normal camp activities: _____

Will medicine be brought to camp? _____ **If so, you must complete the attached form and include it with this registration.** All medicine must be given to camp nurse at check-in !!

Person to contact in emergency: _____

Relation to camper _____

Day phone: () _____ ***Night phone*** () _____

Cell phone () _____ ***Pager*** () _____

ANGLICAN LIFE ADVENTURE CAMP

Page 2 of 4

MEDICAL AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF CARE

We, _____ the undersigned parents and/or legal guardians of _____, do hereby extend authorization and permission for Anglican Life Adventure Camp and its directors to authorize such medical care facilities and physicians to treat our child as is deemed medically necessary. This authorization and permission for the administration of care shall grant unto the above named person(s) the right to decide and approve medical care procedures and treatments as are deemed in their judgement to be appropriate for the health and well-being of our child.

This authorization and permission for administration of care shall begin on the 20th day of June, 2009, and shall terminate and be of no force and effect as of the 29th day of June, 2009.

Dated this _____ day of _____, 2009

Father or Legal Guardian

Mother or Legal Guardian

State of _____

County of _____

NOTARY

This document was acknowledged before me this _____ day of _____, 2009 by _____ and _____, who are personally known to me or produced identification (drivers license) and signed the above document in my presence, and I have hereto affixed my seal.

Notary Public

Seal:

My commission expires : _____

ANGLICAN LIFE ADVENTURE CAMP MEDICINE FORM

Page 3 of 4 (Page 4 on the back)

for

This form was completed by: _____

Relationship to camper: _____

Phone Number _____

Date _____

List Medicines plus frequency and amount to be given:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

The camp insurance will be the primary insurance except for athletic injuries. We therefore **need a copy (front and back) of the child's insurance card** which will be used as secondary insurance or for an athletic injury. Please be sure that the policy number and the toll free phone number are legible. Please make the copy or attach the copy to the back of this form.

ANGLICAN LIFE ADVENTURE CAMP

PRIMARY INSURANCE:

Church Mutual Insurance

St. Michael's Anglican Church

Policy #0139247-21-912710

Phone # 1-800-554-2642

Rep. is Roger Haberfield

SECONDARY INSURANCE OR FOR ATHLETIC INJURIES:

CAMPER'S INSURANCE CARD: (Please copy the front and back of the card in the space below)

ANGLICAN LIFE ADVENTURE CAMP

REGISTRATION FORM

FINAL REGISTRATION DEADLINE : JUNE 10, 2009

(OR WHENEVER THE CAMP IS FULL)

DEADLINE FOR EARLY REGISTRATION FEE: May 15, 2009

Please PRINT or TYPE:

Camper's Name: _____

Name or nickname to be called: _____ Girl _____ Boy _____

Address: _____

City _____ State _____ Zip _____

Birth date: _____ Age: _____ School grade this fall: _____

Home Parish: _____ City: _____ State _____

Rector: _____ Phone # () _____ Baptized? _____ Confirmed? _____

Parent or Guardian Names: _____

Home phone: () _____ Work phone () _____ Cell phone() _____

Has the camper ever attended a camp? _____

When and how old was the camper? _____

*

CAMP DATES: JUNE 21st - JUNE 27thAges 8 - 15 years*

(* Campers who have been to **our** camp before may be 16)

The Early Registration fee is \$250 if you register by May 15th.

Registrations *received after May 15th* are **\$325.** **Registration deadline is June 10th.**

A \$100.00 registration fee (part of total fee) must be sent with this form. The balance may be paid in installments however the total fee must be received by June 10, 2009. All but \$50.00 is refundable up to June 10th. The camp fee includes room and board, t-shirt, supplies and tubing expenses.

*******Camper's T-shirt size :** Adult _____ or Child _____ (most want larger than normal size).

*******Please include with this registration:** one small pocket size photograph of the camper with their name written on the back. **Color pictures are best and color school pictures are great!**

Please read before signing: I understand Anglican Week Summer Camp offers a Christ-centered program and I will govern my conduct and dress by the teachings of Jesus. I will cooperate fully with the camp leaders for a safe, happy and meaningful experience. I understand and agree to all camp policies.

Camper's Signature _____ Date: _____

Parent's Signature _____ Date: _____

Mail this registration, completed health forms, deposit and pictures to: Tina Jenkins, St. Michael's Anglican Church, 2211 Margaret Wallace Rd., Matthews, NC 28105

ANGLICAN LIFE ADVENTURE CAMP

Application for Volunteer Staff and Counselors

Name: _____ Nickname: _____

Address: _____ City: _____

State: _____ Zip: _____ Home phone: () _____

Age: _____ T-shirt size (Adult) _____ Work phone: () _____

Birth date: _____ Social Security Number: _____

Date of last Tetanus shot: _____

Present Occupation and/or College Major: _____

Favorite hobbies: _____

Favorite sports:

Do you have any camp experience? _____ number of years: _____

Do you mind getting muddy, dirty or wet? _____

Do you have any of the following?

CPR Certificate? _____ First Aid Certification? _____

Teacher's Certification? _____ Child Care Certification? _____

Life Guard Certification? _____ Other _____

Do you have any other training that would help at camp? (ie. art, music, crafts, orienteering, outdoor recreation or sports training) _____

In which areas would you like to work? (Please circle) Dorm sleep-in counselors, hike leaders, lifeguards, recreation coaches, indoor recreation monitors, night assembly leaders (songs, skits etc;), art and craft teachers and monitors, Bible class instructors, fishing instructors, tubing guides, canteen workers, choir leaders other _____.

***Have you ever been convicted of a crime? _____ If yes please explain

I hereby authorize the Anglican Life Adventure Camp to conduct a criminal history investigation if needed for insurance purposes. I understand that this is a Christian camp and I agree to act as a role model. I will not use profanity, drugs (those not properly prescribed by a physician), alcohol or conduct myself in an immoral manner.

Signature: _____ Date: _____