



Alabama Christian Service

Camper Application

Things to remember

1. All medication must be turned in to the camp medic at check in.
2. All prescription medication **MUST** be in the original contained that has the camper's prescription (including dosage and doctor's name) on the label.
3. Parents must give Alabama Christian Service Camp written permission to administer prescription and non-prescription medication (such as aspirin, tylenol, and cold medicine) to a camper.
4. The following are prohibited: fireworks or explosives of any kind, firearms or munitions, pets, refrigerators, cooking equipment, traffic signs, illegal drugs, alcoholic beverages, and any other items that could cause bodily harm or damage. Cellular phones, pagers, and other small electronic devices
5. Smoking is also prohibited in all buildings on campus.
6. Each camp member is to be properly dressed. Any camper deemed not properly dressed will not be allowed to participate in that event.
7. **NO** physical contact between members of the opposite sex.
8. All injuries, regardless of their seriousness, must be reported to the camp medic immediately.
9. Fighting and bullying is not acceptable behavior at ACSC.

Alabama Christian Service Camp

I. CONSENT

I (We) _____, the parent(s) (or legal guardian(s) of _____, a minor, in consideration of the agreement by the Alabama Christian Service Camp to permit my (our) child to participate in camp activities, do indemnify, protect and hold harmless the Camp, its officers, board members, elders, ministers, supervisors, agents, servants, employees, and all private persons or organizations volunteering services without charge to supervise or chaperone my (our) child while on any trips from any claim or liability whatsoever, including, but not limited to, personal injury, property damage, court costs, attorneys' fees and interest, however caused, as a result of my (our) child participating in the trip or activity.

I (We) do further agree that the Camp, its officers, board members, elders, ministers, supervisors, agents, servants, employees, and all private persons or organizations volunteering services without charge to supervise or chaperone reserve the right to terminate the participation of the above child for failure to behave and act in accordance with the Camp's regulations on conduct, for failure to follow the instructions and directions of the supervisor(s) and/or chaperons, or for any acts of conduct of the above child deemed by said board, its officers, agents, and/or employees, to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the trip or activity as a whole. If the participation of the above child is terminated, only the funds not actually used will be refunded, and the child will be sent home at my (our) expense

II. LIMITED POWER OF ATTORNEY

If I (We) cannot be immediately contacted, we grant full power of attorney to the official representative or chaperone in the event of accident or illness of the above child at any time from the commencement to the termination of the trip, to do as follows:

- (1) To arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including, but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and
- (2) To sign any releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.
- (3) To do and perform every act necessary and proper to be done in the exercise of any of the foregoing powers as fully as I (we) might or could do if personally present, with full power of substitution and revocation hereby ratifying and confirming all that my (our) said attorney(s) shall lawfully do or cause to be done by virtue hereof.
- (4) I (we) further aver that I (we) have disclosed all known medical conditions, allergies, hyper sensitivities, illnesses (chronic or otherwise) and other medical information to my (our) said attorney(s) pertaining to said child.

 Parent/ Legal Guardian
 Telephone: () _____
 Address: _____

STATE OF ALABAMA)
 COUNTY OF _____)

Personally came before me this _____ day of _____, 201____, the above named individual(s), to me known to be the persons who executed the foregoing instrument and acknowledged the same.

_____, Notary Public _____ County, Alabama
 My Commission expires: _____.

Week	Dates	Grade Entering	Price
First Chance Camp	June 3-5, 2011	1-3	\$90.00
Junior Week	June 5-10, 2011	4-6	\$150.00
Junior High Week	June 12-17, 2011	7-8	\$150.00
Senior High Week	June 12-17, 2011	9-12	\$150.00

*** As a courtesy to you, the camp will make arrangements to accommodate the youth for one extra night to help you with travel arrangements. There is an extra fee that is to be paid when tuition is paid.

For Office Use

Amt Rec'd - \$ _____
 Date Rec'd - _____
 Rec'd by - _____

Circle appropriate week to left.

CAMPER REGISTRATION

Name: First _____ M ____ Last _____

Street _____

City: _____ State: _____ Zip: _____

Home Church: _____

Legal Guardian: _____

Home: () _____ Phone 2: () _____

Phone 3: () _____ Phone 4 () _____

Parents Email: _____

Emergency Contact: _____

Phone Number: () _____

In case I am not able to pick up my child, the following person is authorized to pick up my child:

Phone Number: _____ --

Registration for: First Chance Junior Camp Jr High Camp Sr High Camp

DOB: ____/____/____ Grade Completed: _____ Immersed Believer: Yes No

Gender: F M Pictures of my child: May May Not be use in advertising (to include websites) material.

MEDICAL FORM

This is to certify that _____ (camper) ____ Can ____ Can Not participate in the camp program including swimming and running activities.

Date of Last Tetnus Shot: _____

- Camp Medic is authorized to administer the prescription that I sent my with my child
 Camp Medic is authorized to administer non prescription medication such as aspirin, Tylenol and cold medication

Has applicant been exposed to any communicable disease in the last month? ____ Yes ____ No

Please list all allergies and other health issues:

Please list all medications to be taken during the week. ALL MEDICATION along with the times and dosages must be checked with the camp medic at registration. NO CAMPER WILL BE PERMITTED TO SELF-MEDICATE.

INSURANCE INFORMATION

Insurance Company: _____

Policy Number _____ Group Number _____

Person Responsible for payment _____ -