



Preparing Kids Today for Life Tomorrow

CAMP CHAZON 2008 Camper Application

LAST NAME _____ FIRST NAME _____ SEX _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ BIRTHDATE ____/____/____ AGE _____

Camp Program (please mark which camp week you are attending)

JULY 21-25, 2008



- _____ **Extreme Camp** (Teens 13-14)
- _____ **Adventure Camp** (ages 10-12)
- _____ **Explorer Camp** (ages 7-9)

NOTICE: ALL CAMPER MUST PRE-REGISTER with a \$50 NON-REFUNDABLE DEPOSIT REQUIRED BY JULY 3. 15% surcharge for applications received after July 3.

Please fill out all of this form and mail completed form with \$50 deposit to
Camp Chazon 9214 St Rd 62 Dillsboro, IN 47018.
 Make checks payable to Camp Chazon. Keep the second page for your records.
OR, you can register and pay online at www.campchazon.com

What to bring: bedding (sleeping bag, blankets, towels, etc.); toiletries; money for concession stand (low cost optional crafts, T-shirts available for purchase); personal sports equipment (ball glove, pads, etc.); transportation to/from Camp Chazon.

Parents, Please note: It is **not** a reasonable expectation for your kids to call home. There are phones available, but for emergencies only.
Do not instruct your kids to call home.

What NOT to bring: No illegal substances, cigarettes or alcohol of any kind; no magazines, no radios, tape or CD players (your favorite CDs are welcome for use on the PA system, cell phones must be registered with staff upon arrival. **No outside food to be brought into camp during the week.**

HEALTH FORM & PARENT STATEMENT

My child has the following allergies: Bee Sting Aspirin Penicillin Sulfa Other (list here)

IMPORTANT!! Date of last tetanus shot: _____ (call your doctor if you're not sure)

Medications to be taken at camp (write directions): **ALL medicines to be left w/ Camp Staff at registration.**

I understand that pictures of my child may be used for future camp promotional purposes. I give my permission for the above named camper to take a full and active part in the program of Camp Chazon and to receive medical treatment in case of an accident which may occur while he/she is registered at camp. I understand that the camp policy is a CO-PAYMENT policy which covers costs that are not covered by my own health plan. Sickness is not covered by insurance. IN CASE OF SURGICAL EMERGENCY, I hereby give my permission to the physician/hospital selected by the camp director or his agent to secure medical treatment for my child. Normal procedure would be to contact parents/guardians in non-emergency situations.

I understand that my child will be under the authority of the camp staff and give my permission for such staff to direct the instruction and discipline of my child. In cases of misconduct, no refund will be made. The Camp director reserves the right to dismiss any camper whose conduct is detrimental to the overall good of the camp. I have read and understand the above statement of rules and procedures, and hereby agree with them.

Parent/Guardian signature _____ date _____

Relationship _____ Family physician & phone no. _____

Please include a copy of your health insurance card, or attach all pertinent information.

Person to contact in case of emergency & parent/guardian not available:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

CAMPER TO READ & SIGN I understand that I will be under the authority of the Camp Chazon staff. I will enthusiastically participate in the camp programs to the best of my ability and I will work toward maintaining an attitude that will help accomplish the camp's goals. I will comply with any camp guidelines for dress, behavior, or possessions explained both in this brochure or in person at camp time.

Camper signature _____