

Do not staple form, use paperclips, please.

## 2017 CAMP REGISTRATION FORM

Camp Caroline is owned and operated by the Christian Church (Disciples of Christ) in North Carolina.  
If you need assistance filling out this form, please call or email Lisa Tedder 252-291-4047 ext. 201, [lisa@ncdisciples.org](mailto:lisa@ncdisciples.org)

### CAMP CAROLINE - 3398 Janiero Road, Arapahoe, NC 28510

<input checked="" type="checkbox"/>	<b>Choose Camp by Grade Completed:</b> Check (on left side) which camp you're attending	Date of Camp:	Fee:	Fee if postmarked by <b>March 15</b>	Start/End
	<b>Uno</b> for Grades <b>K-2</b> *(with one parent) Name & Gender of parent:	June 9-11	\$220	\$190	7pm/11am
	<b>CYF Conference</b> for <b>Grades 9-12</b>	June 11-16	\$360	\$330	7pm/11am
	<b>Created to Be Me</b> for <b>Grade 8</b>	June 18-24	\$435	\$405	4pm/11am
	<b>Sailing Arts &amp; Science</b> for <b>Grades 4-7</b>	June 25-30	\$360	\$330	7pm/11am
	<b>Alpha Camp</b> for <b>Grades 1-3</b>	June 25-30	\$360	\$330	7pm/11am
	<b>Delta Camp</b> for <b>Grades 6-7</b>	July 16-21	\$360	\$330	7pm/11am
	<b>Beta Camp</b> for <b>Grades 3-5</b>	July 23-28	\$360	\$330	7pm/11am
See separate registration forms for Camp Rainbow and Family Fellowship Weeks/Weekends.					

### CHRISTMOUNT - 222 Fern Way, Black Mountain, NC 28711 (ministry partner of Christian Church (DoC))

<input checked="" type="checkbox"/>	<b>Choose Camp by Grade Completed:</b> Check (on left side) which camp you're attending	Date of Camp:	Fee:	Fee if postmarked by <b>March 15</b>	Start/End
	<b>Jr. Camp</b> for <b>Grades 3-5</b>	June 12-17	\$365	\$335	1pm/10am
	<b>Jr. Hi. Camp</b> for <b>Grades 6-7</b>	June 12-17	\$365	\$335	1pm/10am
	<b>CYF Conference</b> for <b>Grades 9-12</b>	June 19-24	\$365	\$335	1pm/10am

Please notify your pastor or the Regional Office if **Campership Assistance** is needed. Deadline is March 1, 2017.

**No refunds after April 30. Refunds prior to April 30 will be minus \$100.00. Weekend camps will be minus \$50.00.**

**Please print and use INK. Separate form required for campers attending more than one camp.**

Camper Name \_\_\_\_\_ Age (upon arrival) \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home phone ( \_\_\_\_\_ ) \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Mom work phone ( \_\_\_\_\_ ) \_\_\_\_\_ Dad work phone ( \_\_\_\_\_ ) \_\_\_\_\_

Mom cell phone ( \_\_\_\_\_ ) \_\_\_\_\_ Dad cell phone ( \_\_\_\_\_ ) \_\_\_\_\_

Circle **grade completed** as of June 2017, or if in year-round schools, currently in as of June 2017:

K    1    2    3    4    5    6    7    8    9    10    11    12

Has camper attended camp before? \_\_\_\_\_ If so, where? \_\_\_\_\_

Parent Email Address \_\_\_\_\_

**A confirmation letter, What to Bring List and a Check Out form will be emailed to this address.**

Your local church/city \_\_\_\_\_ Are you a member? \_\_\_ YES \_\_\_ NO

Your Pastor's name & phone number \_\_\_\_\_

(You do not have to be a member of a Christian Church (DoC) or any other affiliate church in order to attend Camp Caroline)

Person to notify in case we are unable to reach the parent(s)/guardian:

Name \_\_\_\_\_ Relation to Camper \_\_\_\_\_

Phone Number(s) ( \_\_\_\_\_ ) \_\_\_\_\_

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Camper Name \_\_\_\_\_

Is applicant in good health and able to participate in all usual camp activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please explain: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Does applicant have any special medical conditions other than those listed below? \_\_\_\_\_

If so, explain: \_\_\_\_\_

Check any that apply:

Food Allergies (see below)		Respiratory Problems		Asthma	
Glasses/Contacts		Heart Problems		Diabetes	
Sleepwalking		Anxiety Problems		Athlete's Foot	

Special Diet (food allergies) \_\_\_\_\_

**Attach sample menus and special diet food list. Indicate which foods applicant is allergic to.**

Drug Allergies: \_\_\_\_\_

Medications needed at camp: \_\_\_\_\_

**Attach dosage schedule with instructions to this form.**

**Make sure all meds are in the original bottle(s) and are in a Zip-loc bag with camper's name on it as well.**

I give permission to receive the following over the counter non-prescription medications (initial each allowed):

Tylenol/Acetaminophen		Aleve/Naproxen Sodium		Advil/Ibuprofen		Benadryl	
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History of severe reaction to insect bites, bee stings, poison ivy, etc. (explain): \_\_\_\_\_

ARE THERE ANY OTHER CONCERNS THE WE SHOULD BE AWARE OF? Yes \_\_\_\_\_ No \_\_\_\_\_

*(Include any physical/intellectual/emotional problems, learning disabilities, or recent changes in family status or living arrangements which may affect the camper's experience.)*

If so, explain: \_\_\_\_\_

**ATTACH A COPY OF INSURANCE CARD (both sides).** I do not have insurance at this time (please initial) \_\_\_\_\_

We may use random pictures of campers for publicity purposes only. By signing this form, you are giving the region permission to use camper pictures that we have screened for publicity purposes. It does not give campers or counselors permission to post on public sites.

**Parent or Guardian: We respect the confidential nature of this information, and pledge to you our desire to keep it so. But it is to everyone's benefit that you complete this form as accurately as possible. This is to certify that the camper is free from any contagious disease, transmittable infections, or any form of organic illness that would limit or prohibit participation in camp activities. I have discussed camp with this camper and I think he/she has a clear understanding of the purpose of camp and accepts the responsibility of being cooperative and will abide by the Covenant Guidelines. I hereby authorize the counselors/staff to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that all the medical information given is accurate and up to date; I agree to notify the Christian Church in North Carolina if any medical change occurs before this event.**

Parent/Guardian Signature (Required) \_\_\_\_\_

Date \_\_\_\_\_

**We are not responsible for lost, stolen or broken items.**

**Make checks payable and mail completed form and copy of medical insurance card with entire camp fees to:**

**Christian Church in NC, PO Box 1568, Wilson, NC 27894**

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**2017 COVENANT GUIDELINES FOR Campers & Volunteer Staff  
For the Outdoor Ministries Program of  
The Christian Church (Disciples of Christ) in North Carolina**

**Name of Camper (print):** \_\_\_\_\_

A covenant is a promise to God. It is an agreement between a person and God, and should be carefully considered before being made.

1. I covenant to **not have or use alcoholic beverages, illegal drugs, tobacco products, fireworks, or weapons.**
2. I covenant to **honor the rule of no males in females' cabins and no females in males' cabins, and to respect the personal space of everyone.**
3. I covenant to **remain on the camp grounds for the whole event, being a present and active participant for the entire experience.**
4. I covenant to **lock my vehicle and turn over all my keys to the director at registration.**
5. I covenant to **turn in all medicines, prescription or otherwise, to the First Aid Counselor Staff.**
6. I covenant to **not have or use electronic devices.** The one only exception will be personal listening devices, which I will use **only at in-bunk times and that all listening device media will be appropriate for the event.**
7. I covenant to **turn in all cell phones to the director** at the beginning camp. \* See bottom paragraph.
8. I covenant to **keep all food, candy, drinks, snacks, etc. out of the cabins.**
9. I covenant to **wear proper footwear at all times, and closed toed shoes when required** while at Camp Caroline (exception= at the pool, at the pier)
10. I covenant to use **appropriate dress, language, and conduct** at all times.
11. I covenant to **be a good steward of our facilities**, to not use graffiti, to be responsible for any breakage or damage, and to make any reimbursement necessary to the Camp.
12. I covenant to **be a good role model in work and deed**, avoiding profanity and off-color stories or gestures.
13. I covenant to **relay immediately to the director any problems involving campers, or counselors.** The director will have responsibility to handle those situations as needed.
14. I covenant to **encourage all participants to maintain our covenant agreement** and will not encourage breaking this covenant either by spoken or unspoken permission.

**Camper Signature:** \_\_\_\_\_ **(Required)**

If a person chooses to live outside the covenant above, the following procedure will be implemented:

1. Verbal warning and covenant review with camp staff.
2. Individual discussion with counselor and/or camp staff and director.
3. Camper/Volunteer's Pastor and Regional Minister are contacted.
4. Parents are contacted to take the camper home.

\*Serious infractions may warrant bypassing the above steps as deemed appropriate by the Director or Staff.

\*\*Adult staff choosing to live outside of the covenant will be addressed by the camp Director and/or Manager.

**For Camper's Parent/Guardian**

I have reviewed this Covenant with the camper and I understand that if he/she chooses to live outside the signed Covenant, I will be called and asked to pick him/her up.

**Parent/Guardian Signature:** \_\_\_\_\_ **(Required)**

**The Commission on Christian Nurture adopted a Cell Phone Policy at its January 8, 2011 meeting.**

**Camp Caroline is going Cell Phone Free.** We are requiring campers, and cabin counselors, to leave all electronic communication devices at home, or in the hands of the camp director. Campers found with a device during their time at camp may be asked to leave that camp. No refunds will be offered.

If you should need to contact camper while at camp it should be done through our Camp Manager, Casey Perry (252-299-3157). **Note that your child will be sent home (with no refund) if caught with their cell phone.**