

**South Arkansas**  
**2022 Teen Camp Camper Application**  
**(July 18th-22nd)**

Instructions

1. The entire form must be completed by parent/guardian
2. To ensure your camper gets at least one cabin buddy of their choice this form must be received prior to the postmark deadline. The guaranteed cabin buddy will be in the same age range and same sex as the camper

Name: \_\_\_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_

Sex: M / F \_\_\_\_\_ Grade completed by 6/2022: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

Primary Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

Parent email: \_\_\_\_\_  
(used only for camp director purposes for communication updates and camp information)

Name of Church: \_\_\_\_\_ City: \_\_\_\_\_

Roommate Preference: (name of camper or church group) \_\_\_\_\_  
\_\_\_\_\_

T-shirt size: Small \_\_\_ Med \_\_\_ LG \_\_\_ XL \_\_\_ XXL \_\_\_

**NO CAMPER ADMITTED WITHOUT COMPLETE REGISTRATION AND AUTHORIZATION FORMS**

Please return forms (must be accompanied with payment) to the District Office:

**South Arkansas District Office**  
**ATTN: Joseph Blissett**  
**P.O. Box 55005**  
**Little Rock, AR 72215**

<b>Camper Registration Cost: \$215</b>
<b>Checks made to: SOAR</b>

# Camper Information

1. Does your child have any diagnoses that may be relevant to their needs while at camp? (Please include medical, psychological, and behavioral) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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2. Are there any other special situations related to your child's needs? (Please include information about any relevant family situations, behavioral triggers, fears, or needs that might assist the camp staff in providing the most safe and successful environment possible).

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3. If behavioral needs were noted above, please list any successful strategies that have been used in the home or school that you would like the camp staff to be aware of (this may include any positive strategy or consequence-based strategies used at home or school, etc.)

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4. Our goal is to make this week successful for all campers. If there is anything you think we should know that was not covered above, please add it here (can include activity restrictions, dietary needs, and whatever else you can provide us with):

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# Medical/Medication/Allergy Information Form

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

The Camp Nurse can give camper (if needed for pain or fever): \_\_\_\_\_ Tylenol \_\_\_\_\_ Ibuprofen

For Prescription Medications only... ALL Medication that is brought to camp must be: **(1) Turned into Camp Nurse upon arrival, (2) Prescribed for the camper (not a sibling or parent), (3) in the original container with all labels intact and (4) correct current dosage. Please place your child's medication in a clear plastic bag labeled with name.**

Please do not send over-the-counter medications (i.e. Tylenol, Ibuprofen, Pepto Bismol, etc). These types of medications are provided. (if sent with camper, they must be turned into Camp Nurse also)

## Please list all medications of the camper:

**\*\*NAME OF MEDICATION:** \_\_\_\_\_

Purpose for medication use (allergies, asthma, etc)

\_\_\_\_\_

Dosage (amount to be given): \_\_\_\_\_ How often or at what time: \_\_\_\_\_

Remarks or special instructions:

\_\_\_\_\_

**\*\*NAME OF MEDICATION:** \_\_\_\_\_

Purpose for medication use (allergies, asthma, etc)

\_\_\_\_\_

Dosage (amount to be given): \_\_\_\_\_ How often or at what time: \_\_\_\_\_

Remarks or special instructions:

\_\_\_\_\_

**\*\*NAME OF MEDICATION:** \_\_\_\_\_

Purpose for medication use (allergies, asthma, etc)

\_\_\_\_\_

Dosage (amount to be given): \_\_\_\_\_ How often or at what time: \_\_\_\_\_

Remarks or special instructions:

\_\_\_\_\_

**\*\*NAME OF MEDICATION:** \_\_\_\_\_

Purpose for medication use (allergies, asthma, etc)

\_\_\_\_\_

Dosage (amount to be given): \_\_\_\_\_ How often or at what time: \_\_\_\_\_

Remarks or special instructions:

\_\_\_\_\_

**Other Allergies (including food, medicine, environmental, etc):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone (with area code) \_\_\_\_\_

**\*\*\*\*Parent's Authorization for Medical and Surgical Care:**

I hereby certify that \_\_\_\_\_ is in good health, free from communicable disease, and able to participate in all camp activities. In case of medical and/or surgical emergency, I hereby give permission to the camp nurse, emergency medical personnel, and physician/hospital (selected by the camp administration) to hospitalize, secure proper treatment for, and/or order injection, anesthesia and/or surgery for the person named above as deemed necessary.

I hereby waive any and all claims against the South Arkansas District Church of the Nazarene, or its representatives, because of any injury and/or damage to the person or property of the above applicant. I will assume financial responsibility for the applicant's care (beyond what any insurance might cover).

I understand that South Arkansas District Church of the Nazarene, or its representatives, are not responsible for lost, stolen, or damaged items belonging to the above applicant. I will assume financial responsibility for any items damaged, destroyed, or stolen by the above applicant. I agree to pay transportation costs in the event that the applicant must be returned home because of disciplinary reasons.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*\*Parent's Authorization for Security Search and Photo release**

1) For the protection and safety of the whole camp, I hereby give permission to the camp staff to search my son/daughter's items if deemed necessary.

2) I authorize the use of photos or video taken of my child at camp for promotional purposes.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ATTACH A COPY OF THE INSURANCE CARD**

Health Insurance Company	Policy Holder
Name:	Name:
Address:	SS #:
Phone #:	Policy/Account #:

\*All workers and campers will be checked for head lice. No one with head lice will be admitted onto the campgrounds.

# Heath Valley Campground Camper Rules

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1. No tobacco, alcohol, fireworks, firearms, or drugs will be allowed on the campgrounds. Any violation of this rule will result in dismissal from the campgrounds.
2. Profanity is prohibited from use on the campgrounds.
3. Fishing will be allowed with adult supervision. Boating is only allowed with adult supervision and lifeguard present.
4. Male campers are not allowed in any female camper's cabin. Female campers are not allowed in any male camper's cabin.
5. Curfew on the campground will be midnight unless noted otherwise by the director.
6. All vehicles must be parked in designated parking areas. Campers must turn over their keys to the camp director or the camp director's designee upon arrival. Those who use the campground facilities should stay on all paths or roads.
7. Dress code for the campgrounds follows the principle of Christian modesty. Swimwear for the girls should include a one piece bathing suit of modest nature. If a two piece is worn, a light colored t-shirt (excluding white) will need to be worn over it. Swimwear for the boys includes swim trunks of modest nature. Dress code issues will be handled by the Camp Director if necessary.
8. Cleaning cabins will be done on a daily basis. Any person who intentionally causes damage to buildings and equipment will be held responsible.
9. The South Arkansas District Church of the Nazarene will not be held liable for accidents or injuries to persons renting the properties.
10. All campers will sign and abide by the Anti-Bullying policies. This policy is included in packet for parent information but will be reviewed and signed at camp by the camper. Infractions can result in dismissal from campground (at the camper's/parent's expense).

**Each camper will follow all rules established by the camp board, camp directors, and those in charge. Rules not followed may result in dismissal from the campgrounds.**

**Signature of Camper:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Heath Valley Campground/South Arkansas District Camps

## Anti-Bullying Policy

Bullying of any type has no place in the camp setting. Heath Valley Campground will endeavor to maintain and provide a camping environment for all persons free of any form of bullying.

### Definition

Bullying means the intentional harassment, intimidation, humiliation, ridicule, defamation, or threat or incitement of violence by a camper against a camper or adults. This harassment may occur by a written, verbal, electronic, or physical act that causes or creates a clear and present danger of one or more of the following:

- Physical harm an adult or student/camper or damage to their property
- A hostile atmosphere due to the severity, persistence or pervasiveness of the act upon another individual
- Substantial disruption of the orderly operation of the Camp

### Procedures

Any camper or adult who is a victim of bullying or who witnesses or has reliable information that a camper has been the victim of bullying or who witnesses or has reliable information that a camper has been the victim of bullying should report the incident to the Camp Director immediately. The reporting camper/adult identity will be kept anonymous if he/she wants.

The Camp Director will act immediately to investigate complaints and if it is determined that bullying has occurred, the Camp Director will apply discretion as to disciplinary action which may include:

- Immediate discussion with the Camp Director (and possibly Cabin Counselor or representative from church)
- Possible removal from activities or suspension of activities for a determined amount of time
- Depending upon severity and situation, possible send-home at the parent's/guardian's expense and mode of transportation. (parents will be notified)

**Signature of Camper:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_