

## South Arkansas Church of the Nazarene 2022 Kid's Camp Camper Application June 27th - July 1st

**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

CAMP:	COMPLETED GRADE	POSTMARK DATE	CAMP DATE
<b>Kids Camp</b>	<b>1<sup>st</sup>-5<sup>th</sup></b>	<b>June 1st</b>	<b>June 27th- July 1st</b>

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

Sex: \_\_\_\_\_ Grade completed by 6/2021: \_\_\_\_\_

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: Children's Small \_\_\_ Med \_\_\_ Large \_\_\_ XL \_\_\_ Adult Small \_\_\_ Med \_\_\_ Large \_\_\_ XL \_\_\_ 2XL \_\_\_

**NO CAMPER ADMITTED WITHOUT COMPLETE REGISTRATION AND AUTHORIZATION FORMS.**  
 Please return forms (must be accompanied with payment) to your local Children's Camp Director or to:

**Kyle Harvey  
 PO Box 2142  
 Glenwood, AR 71943**

All registrations and payments must be mailed by postmark date on top of this form (There will be a late fee of \$30 after registration postmark date)

<b>Camp Fees include T-shirt cost</b>	xxxxxxx
(by registration postmark date)	+ \$ <b>215.00</b>
Late Registration	(+ \$30.00)
Discount: -\$10 Child of Worker <b>OR</b> -\$5 multiple children attend camp	(-- )
<b>Checks made to: SOAR</b>	<b>TOTAL</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, bedwetting issues, 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 medications 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)

\*\*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):**

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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, stole, or damaged items belonging to the above applicant. I will assume financial responsibility for any times, damages, 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 discipline reasons.

**Signature of Parent:** \_\_\_\_\_ **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 :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ATTACH A COPY OF THE INSURANCE CARD**

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

## **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. Swim wear 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. Swim wear for the boys include 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 or responsible for accidents or injuries to persons renting the properties.
11. 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/parents 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.**

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**Signature of Camper**

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**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 to 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 a 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)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## **COVID-19 Information**

**South Arkansas Church of the Nazarene Children's Camp in conjunction with Heath Valley Campgrounds have reviewed the recommendations of the CDC regarding summer camps. The following policies/procedures and will be implemented to help keep this camp as healthy and safe as possible while also staying true to the "camp experience"**

- **Campers and volunteers will have their temperature checked upon arrival**
- **Any camper or volunteer with a fever at any point will have to leave the campground**
- **Cabins will have access to disinfectants and will be encouraged to clean/disinfect cabins daily**
- **Hand sanitizer will be available across the campground**
- **There will be fewer campers in cabins to help accommodate social distancing**
- **Meals will take place in shifts to accommodate social distancing in the dining hall**
- **COVID-19 Vaccination is not required to be a camp volunteer**
- **Face masks will be optional**

**\*\*All COVID-19 Policies and Procedures are subject to change due to CDC guidelines, Heath Valley Campground Guidelines, or Camp Director's discretion\*\***

**\*\*\*\*Please keep this page at home for information and reference purposes (not to be returned with camper application)**

South Arkansas District/Heath Valley Campground  
General Information

Address: Heath Valley Campground  
928 Polk 61  
Mena, AR 71953  
479-394-1177

- We encourage you to write your child. All campers love receiving mail. When writing to your camper, please do so as early as possible so they will receive it while at camp. If you wish to have your camper send you a letter or postcard, you will need to supply the material and stamp
- Due to the large number of campers and only one phone line, campers will not be allowed to call home. This number is to be used for emergencies only.

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**What to Bring:**

Bedding (sleeping bag or sheets and blanket with a pillow)  
Bible  
Good flashlight and batteries  
The right stuff to wear (do not bring new clothing or shoes)  
Tennis shoes and flip-flops  
Sunscreen and hat  
Mosquito/bug spray  
Toiletries: shampoo, comb or brush, toothbrush and toothpaste, soap, etc.  
Towels: bath and swim  
Swimsuit (modest & preferably 1 piece)  
Spending money for snack shack

**What NOT to bring:**

Tobacco  
Drugs  
Alcohol  
Fireworks  
Weapons of any kind  
Cell phones  
Valuables  
Video games  
Tablets and Computers  
Audio Equipment (including IPODS, etc.)  
Secular music, books, magazines

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**Refunds:**

1. Full refunds will only be granted due to illness or family emergencies which will hinder the camper from participating at camp.
2. A non-refundable fee of thirty dollars (\$30) will apply to all other circumstances whether they have been on the campgrounds or not.
3. No refunds will be granted unless for medical reasons or family emergencies. The camp board will have final determination of amount.

**Medical Information:**

1. Do not send campers who are sick. They will be sent home at your expense.
2. All campers will be checked for head lice. No one with head lice will be admitted onto the campground.
1. All campers must have release and permission to treat sections signed on Camper Application form by parent or guardian to attend camp.
2. All medicine will be turned over to Camp Nurse and must be in **original container with pharmacy label**

**Rules:**

1. Please obey the rules.
2. The breaking of campground rules may result in removal from the campgrounds.
3. The camper's Pastor will be contacted to arrange transportation of the camper home.
4. Transportation home will be at the expense of the camper and no refund will be granted.