

Exploring God's World Of Science

June 16-21 • Ages 8-15



YES! Count Me In! I want be among those who can proudly say "I was part of Discovery Camp 2019 at Camp Arrowhead!" I can't wait to experience God thru Hands-On Science.

DON'T FORGET TO BRING:

Everyday Clothes:

Pants, shirts, socks and undergarments (for each day), jacket, hat, rain gear, tennis shoes

Bedding:

Pillow, sleeping bag, or sheet & blanket

More Items to Remember:

Bath Towel, Toiletries, toothbrush, toothpaste, reusable water bottle

Swimsuit (modest one-piece)

Beach towel, Sunscreen, Bug repellent, Flashlight, Bible

... A willing spirit and a smile for your face!

PLEASE LEAVE THIS STUFF AT HOME

Portable Devices: Cell Phone, iPod, Computer, Games (or any other mobile or electronic device)

Tobacco (in any form), Alcohol, Illegal Drugs

Firearms/Knives (or any weapon) Fireworks (or any explosive material)

Pop and Candy (will be confiscated but returned at the end of the week)

Revealing clothes (Bikini's, Speedo's, tube or crop tops, short skirts, etc.)

Playing cards (or any form of gambling)

Medical Release

Name _____

Age _____ Birth Date _____ M / F _____

Parent/Guardian _____

Emergency Phone _____

Insurance Company _____

Policy ID Number _____ Group # _____

****Please include a copy of your Insurance card****

Health Problems/Limitations

Allergies: None

Drug _____ Plant _____

Food _____ Bees _____

Other _____

Immunization Dates:

Diphtheria _____ Tetanus _____ Polio _____

Medical Watch List:

Ear Trouble Sore Throats Fainting Spell

Chicken Pox Heart trouble Epilepsy

Measles Convulsions Diabetes Asthma

Hay Fever Other

Medical Instructions for camp personnel: _____

List of Medicine camper will be bringing: _____

Yes No My child may be given over-the-counter medication (aspirin, cold & cough medicine, etc) as deemed necessary by camp medical personnel. If specific medications should not be dispensed, please list:

Parent's signature authorizes emergency treatment in the event of illness/injury. The parent hereby authorizes the staff of Camp Arrowhead to act accordingly to their best judgment in any emergency; agrees to pay or cover through their health insurance any medical expenses that could be incurred as a result of medical treatment given to the above named camper for illness or injury while attending Discovery Camp at Camp Arrowhead.

Signature of Parent/Guardian Required

Check In & Fees

Check In: 2 PM to 4 PM ... Sunday, June 16, 2019

Check Out: 11 AM to Noon ... Friday, June 21, 2019

Fees

\$35 _____ Minimum Deposit

\$150 _____ Pre-Registration (Paid in full)

\$175 _____ June 1st or after

\$20 _____ General Store Credit (suggested amount)

\$ _____ **Total Prepaid**

\$ _____ **Due at Check In**

A minimum \$35 deposit is required for pre-registration. Please make sure you are able to attend when you send us your registration; understanding that your minimum pre-registration deposit or prepaid camp fees are non-refundable. All Checks should be made payable to Camp Arrowhead.

\$20 discount for bringing a friend who has never attended Discovery Camp before. Refund given at registration.

We suggest campers bring around \$20 to be applied to your very own General Store Punch Card to be used during your stay at Camp.

**Mail This Completed Page & Deposit to
Discovery Camp, C/O 1580 Road 324, Aurora, NE
68818**

****NOTICE**** Camper will not be admitted to Discovery Camp without a complete medical record & release, signed by that child's parent/guardian and a brief health evaluation by our camp nurse at registration.

Discovery Camp is staffed by persons of many different faiths; we welcome campers of all and ask that each camper respect each other in their beliefs. We strive to make our worships fitting for all faiths.

T-Shirt Size

Youth or Adult

S M L XL XXL

Contact & Permissions

Name: _____

Address: _____

City, State, Zip: _____

Parent/s or Guardian: _____

Phone # _____

Emergency # _____

Early Departure Policy:

Only authorized person designated on the Registration form may remove the camper from the camp.

Please list authorized person/s: _____

Please list anyone to whom we should NOT release your child: _____

Special Permissions:

Yes No My child has permission to ride the horses.

Yes No My child has permission to swim without a life jacket only after passing a brief swim test by the camp lifeguard.

Yes No You have my permission to photograph my child and use for promotional purposes.

I have read and approved the above information. You have my permission for my child to attend camp and participate in its activities.

Parent/Guardian Signature

The applicant and I support, and the applicant agrees to abide by all camp regulations and policies and to uphold its objectives; recognizing that Discovery Camp rules for acceptance and participation are the same for everyone, without regard to gender, race, color, creed or national origin.

Parent/Guardian Signature

Applicant Signature