

# Junior Camp 2010

## Roundup at Mizpah



# Registration Form for JUNIOR Camp 2010 (Please print clearly)

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade in September \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Home Church \_\_\_\_\_ Pastor \_\_\_\_\_  
Father's Name \_\_\_\_\_ Work/Cell Phone (\_\_\_\_) \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Work/Cell Phone (\_\_\_\_) \_\_\_\_\_  
Parent's Email Address \_\_\_\_\_

In case of emergency, please contact the following adult (if unable to reach parent). This adult is also authorized to take the camper from camp if parents are unable to do so. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Is there any medical or physical reason why the camper cannot participate in any activity? Yes / No If yes, please specify:  
\_\_\_\_\_

## CAMPER HEALTH STATEMENT—This completed form **must** accompany the camper at registration.

Camper's Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Policy Holder \_\_\_\_\_

***This child is planning to attend a residential camp away from his/her home and may be distant from medical care. Your response to these questions will help in the care of your child.***

Past history of lacerations, injuries, or illness \_\_\_\_\_  
Known Allergies & Reaction to Allergen (excluding *seasonal* allergies) \_\_\_\_\_  
Medicines now being used by the child or special dietary requirement \_\_\_\_\_

This camper is in satisfactory physical condition and capable of active participation in a regular camp program except as follows: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Immunization Record

Enter month & year each immunization was given

Diphtheria-Tetanus-Pertussis (DTP or Baby shots) \_\_\_\_\_  
Tetanus-Diphtheria (TD) \_\_\_\_\_  
Polio \_\_\_\_\_  
Measles (Hard,Red) \_\_\_\_\_  
Rubella (German Measles) \_\_\_\_\_  
Mumps \_\_\_\_\_  
Other \_\_\_\_\_

### Authorization for Administration of Medication for a Specific Camper

I hereby authorize the Camp health supervisor to administer the medication which is prescribed :

\_\_\_\_\_ (Camper's name)

Name of medication \_\_\_\_\_

Date prescribed \_\_\_\_\_

Directions for use \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Medication Policy: Medications brought to camp **MUST** be given to the camper's counselor to be handed to our First Aid Staff. All prescription medications **MUST** be in the original container with the camper's name, name of medication, and directions clearly marked on the pharmacy label. All over-the-counter medications **MUST** be in the original container and accompanied by parental instructions. Medication with no identification **WILL NOT** be given.

I authorize the staff on duty at HSBC Junior Camp to administer first aid as required of illness or injury. In case of an emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician or dentist selected by HSBC Junior Camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child (named above).

I voluntarily waive any claim against HSBC Junior Camp, its camp personnel, or other person(s) transporting my child, against all liability, claims, damages, attorney fees, expenses arising out of any loss, personal injury, accident, misfortune, or damage to the above-named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above-named.

I further authorize the camp to use photos or videos taken of my child at camp for HSBC Junior Camp promotion and advertising including print media for camp brochures, articles, and websites. At no time will camp photos be used by unrelated organizations.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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## GENERAL INFORMATION

**Arrival:** Registration for the Camp begins at 5:00 p.m. on Monday, June 28, at Mizpah. Transportation from HSBC at 3:00 p.m.

**Departure:** Camp ends at 10:00 a.m. on Thursday, July 1 from Mizpah. Arrive at HSBC @ noon (approx.)

**What to bring:** Bible, notebook, sleeping bag, pillow, towels, toiletries, camera, sports clothes, spending money, jacket, and sneakers.

**Girls/Ladies note:** Please bring modest one-piece swimming suit for swimming. We ask that all shorts be modest length.

**Boys/Men note:** Please bring modest swimming trunks for swimming. We ask that all shorts be modest length.

**Christian conduct:** Let's work together to make this an exciting, Christ honoring experience. Please do not put our camp staff into a position of having to dismiss you from camp because of disruptive or abusive conduct. The use of tobacco, alcohol, or any form of illegal drugs is not acceptable.

**Camp nurse:** Special instructions will be given at camp for those taking medications.

**Special diets:** Those on special diets need to bring their own food items if a supplement beyond the regular meals is necessary.

**No extra baggage please:** One of our camp goals for the week is to focus totally upon the Lord Jesus Christ and His creation. Please do not bring any electronic devices.

## Attention Parents:

**It is imperative that campers be registered with a completed medical form.**

**Please make check payable to *Hannaford Street Bible Church*.**

Campers are expected to stay the entire camp period except for sickness or emergency at home.

Please mark all luggage and clothing with camper's name.

Campers are not permitted to use the phone except in cases of emergency and with permission. Parents are asked not to call their children during the camping week except in emergencies.

When writing a camper please use this address:

### Camp:

Mizpah Christian Retreat  
2121 U.S. Highway 89 N  
White Sulphur Springs, MT 59645  
(406) 547-3833

Please include camper's name on the envelope.

## CAMP SCHEDULE



**June 28-July 1 Junior Camp** (Gr. 4-7)

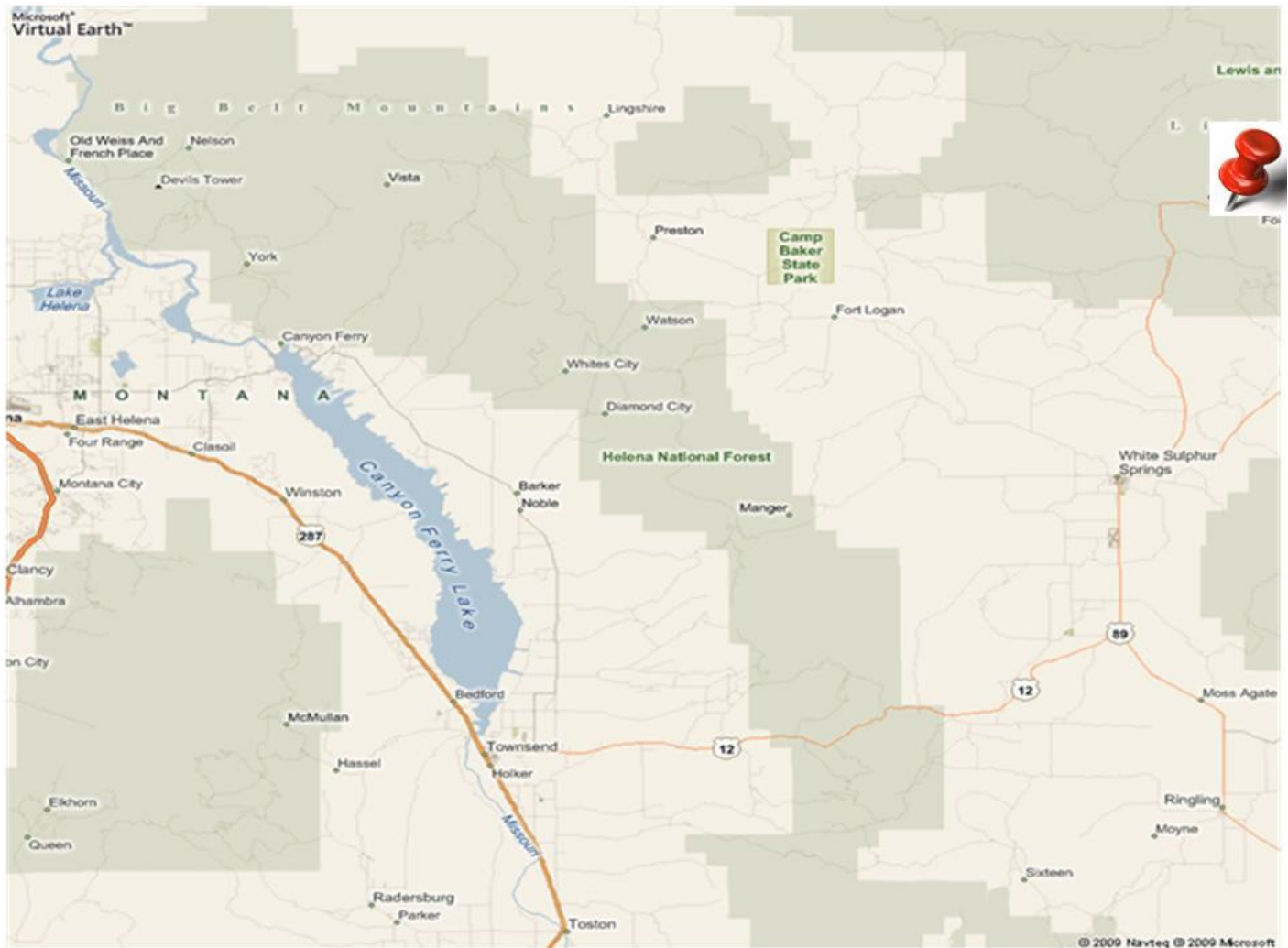
Cost: \$60

*\$10 Discount for 2<sup>nd</sup> Family Member*

*\$20 Discount for 3<sup>rd</sup> or more Family Members*

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# Camp Directions



Take US 12 to Townsend. Turn left in Townsend to go to White Sulphur Springs. In White Sulphur Springs turn right at Y in town, go through town and stay on road for approximately 3 miles. Turn left on U.S. Highway 89 N (toward Great Falls). It is approximately 20 miles to Mizpah (left side of road).

*Camping activities include swimming, capture the flag, volleyball, counselor hunt, and many more.*

