

PRAIRIE VIEW CHRISTIAN CAMP 2010

FULSTON

10706 312th Road Arkansas City, KS 67005 620-441-0387 www.mychurchcamp.org

In John 17:20-24, Jesus prayed for

fulston

He wanted us to know the enormous extent of
God's unfailing love
and he wanted us to live it to show it.
Do you have it? Do you live it? Do you show it?

what to bring

Bible	pen/pencil	bedding
Pillow	shower towel	swim towel
Soap	shampoo	toothbrush/paste
Clothes	flashlight	modest swimsuit
Shoes	jacket	flashlight
Mission \$	bug spray	sunscreen
Horsemanship camps:		jeans & boots
		horse if possible

don't bring

Cell phone	MP3 player	video games
Comic books	magazines	weapons
Fireworks	pets	food
Tobacco	alcohol	

'10 camps

2010 pvcc registration form

PVCC ACTIVITIES RELEASE

For Campers & Volunteers

COST: includes picture, shirt & canteen. See your church sponsor for possible discounted prices.
LATE FEES: \$15 if not submitted to sponsor church by deadline below. \$50 if submitted at check-in.
REFUNDS: 75% 2 weeks prior to camp, 50% 1 week prior to camp and 0% the day of camp.

DEADLINE = May 9, 2010		
First Timers (2 grade)	June 3-4	\$45
Day Camp (K/1 & 1 guardian) <small>(please no siblings)</small>	June 5	20
High School (9-12 grade)	June 6-11	190
Middle School (7-8 grade)	June 13-18	190
Horsemanship (10-16 yrs)	June 21-26	220
Junior (5-6 grade)	June 27-July 1	140
DEADLINE = June 13, 2010		
Kids 1 (3-4 grade)	July 6-8	75
Kids 2 (3-4 grade)	July 8-10	75

registration

1. Turn in completed form and fee to church sponsor.
2. Avoid Late Fees, return by deadline, no online reg.
3. If not attending with supporting church, send your form and fee to the camp by the deadline.
4. REMEMBER: canteen, shirt, picture, water bottle inc.

check-in

1. Check with your church for transportation details, including mode, date, times.
2. Registrations turned in at check-in require \$50 in addition to the \$15 late fee.
3. All camps begin with registration at 4pm and end at 10am on the final day. First Timers (10am-10am) & Day Camp (10am-4pm) are the exceptions.

CAMPER INFORMATION:

I AM REGISTERING MY STUDENT FOR: Horse HS MS Jr. Kids 1 Kids 2 1st Time Day Other:

Last Name	First Name	MI	Gender	Grade (Fall 09)
Address			Date of Birth (M/D/Y)	
City	State	Zip		
Home Phone ()	Cell Phone ()	DAY CAMP ONLY:		
Email	# of guardians			
Church attending with	Vegetarian: Yes No			
T-shirt size: (circle one) YS YM YL AS AM AL AXL AXXL AXXXL				

PARENT/GUARDIAN INFORMATION:

HOME ADDRESS/PHONE SAME AS STUDENT: Same (if same, leave address & phone blank) Different (if different, please fill out completely)

Last Name	First Name	EMERGENCY CONTACT INFO:	
Address		Name:	
City	State	Zip	Phone:
Home Phone ()	Cell Phone ()	Relation:y	
Work Phone ()	Relation to student		

INSURANCE INFORMATION:

NO INSURANCE, Name of person financially responsible _____ FRONT & BACK OF INSURANCE CARD IS ATTACHED

Insurance Company	Policy number
Policy Holders Name	

PAYMENT INFORMATION: Office use only

DATE: AMOUNT DUE: PAYMENT TYPE: CHECKED IN: REFUND:

MEDICAL INFORMATION: To be used by nurse and emergency personnel only.

Answer all questions. Use back to explain "YES."

Have you ever or do you currently have:

- | | | |
|--|-----|----|
| 1. Heart problem? | YES | NO |
| 2. Chest pains? | YES | NO |
| 3. High blood pressure? | YES | NO |
| 4. Faint or sever dizziness? | YES | NO |
| 5. Operations or serious injuries? | YES | NO |
| 6. Arthritis, joint, back problems? | YES | NO |
| 7. Epilepsy? | YES | NO |
| 8. Diabetes? | YES | NO |
| 9. Dietary restrictions? | YES | NO |
| 10. Limited activities by doctor? | YES | NO |
| 11. Allergies? | YES | NO |
| 12. Disabilities or chronic illness? | YES | NO |
| 13. Are you taking medications? | YES | NO |
| 14. Date of last tetanus booster? (Month/Year) | | |

RELEASE OF LIABILITY AND CONSENT TO MEDICAL TREATMENT.

I am aware that during participation in activities at Prairie View Christian Camp (PVCC), certain risks and dangers may occur. These include, but may not be limited to, the hazards of being in a rural area, the forces of nature, and other reasons because of the content of some of the activities offered. I am also aware that filing this form does not guarantee that my minor camper/volunteer or I will be allowed to participate in all of the offered activities. In consideration of these activities and a special environment, I do hereby assume all risks and will hold PVCC and its staff and volunteers harmless from any and all liability, actions, cause of action, debts, claims, and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my minor camper/volunteer's or my participation in any activities arranged for me by PVCC. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for my heirs, executors, and administrators and for all members of my family. In case of accident or illness, PVCC will attempt to provide first aid and arrange transportation to medical services if needed. Cost of medical care beyond first aid is the financial responsibility of the ill or injured person. I assume full responsibility for my minor camper/volunteer's or my health being such that the activities will in no way aggravate any conditions present. I declare the statements on this form to be true. I also agree that my minor camper/volunteer or I will follow the camp rules at PVCC; that I may be requested to take my minor camper/volunteer home or to leave camp for violation of camp rules; and I authorize PVCC to seek necessary emergency treatment for myself or my minor camper/volunteer.

I release permission for my child's photograph to be used on web/publicity materials.

Signature of Camper/Volunteer or Parent/Guardian

Date