

**SET YOUR AFFECTION ON THINGS ABOVE,
NOT ON THINGS ON THE EARTH.**

ESCAPE FROM DANGER ISLAND

camp deerlake 2015

NAME: _____
SEX: M F AGE: _____ GRADE NEXT SEPTEMBER: _____
SHIRT SIZE: YM YL S M L XL EMAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PARENT'S / GUARDIAN'S NAME: _____
CONTACT NUMBER (IN CASE OF EMERGENCY): _____
**ALL JUNIOR CAMPERS MUST BE AT LEAST 8 YEARS OLD AS OF THE WEEK OF CAMP THEY ATTEND.*
PASTOR: _____
CHURCH: _____
CHURCH ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CAMPER REGISTRATION FORM

REGISTRATION \$135.

PLEASE SPECIFY:

(AGE 8-12)

- J1 JUNE 22-27
 J2 JULY 27-AUGUST 3

(AGE 13-17)

- T1 JULY 27-AUGUST 3

I INDEMNIFY AND SAVE CAMP DEER LAKE AND ITS AFFILIATES, EMPLOYEES, AND AGENTS HARMLESS FROM ANY LIABILITY OR MEDICAL PAYMENTS RESULTING FROM MY CHILD'S PARTICIPATING IN THIS CAMP OR OTHER ACTIVITIES DURING HIS/HER STAY AT CAMP DEER LAKE. I FURTHER UNDERSTAND CAMP DEER LAKE DOES NOT PROVIDE MEDICAL INSURANCE COVERAGE FOR MY CHILD AND THAT ANY MEDICAL EXPENSES INCURRED WILL BE PAID BY EITHER MY OWN MEDICAL INSURANCE OR MYSELF. I HEREBY GRANT PERMISSION FOR MY CHILD TO ATTEND CAMP, TO PARTICIPATE IN ALL CAMP ACTIVITIES, AND TO BE TREATED BY A LICENSED MEDICAL PROFESSIONAL IN THE EVENT OF ANY INJURY, ACCIDENT, ILLNESS, OR OTHER SITUATION THAT MAY REQUIRE MEDICAL ATTENTION. I AFFIRM THAT THE MEDICAL INFORMATION ON THE BACK OF THIS FORM IS BOTH COMPLETE AND CORRECT.

I GRANT PERMISSION FOR MY CHILD'S PICTURE TO BE USED IN FUTURE PUBLICATIONS IF SELECTED. I UNDERSTAND AND ACCEPT THE TERMS STATED IN THIS ENTIRE APPLICATION FORM.

PARENT/GUARDIAN SIGNATURE

DATE

INFORMATION

STUDY THE BOOK OF COLOSSIANS THROUGH SCRIPTURE MEMORY, BIBLE STUDY, AND BIBLE QUIZ.

EXPERIENCE GOD THROUGH HIS WORD AND THE GREAT OUTDOORS.

ENJOY LAKE ACTIVITIES (WATERSLIDE, ZIP LINES, CANOES, FISHING) AND OUTDOOR RECREATION.

MAKE FRIENDS WITH YOUNG PEOPLE WHO DESIRE TO SERVE GOD.

ENGAGE IN FUN AND CHALLENGING TEAM ACTIVITIES.

TEST YOUR MARKSMANSHIP SKILLS WITH RIFLERY, ARCHERY AND PAINTBALL.

WHAT TO BRING

BEDDING, PILLOW, TOWELS, TOILETRIES, BIBLE, NOTEBOOK, PEN, SPORTS CLOTHES AND SHOES FOR OUTDOOR ACTIVITIES, WATER SHOES, SPENDING MONEY FOR THE SNACK SHOP, INSECT REPELLANT, SUNSCREEN, FLASHLIGHT, FISHING GEAR AND TACKLE, AND CASUAL DRESS CLOTHES FOR EVENING SERVICES ENCOURAGED.

WHAT NOT TO BRING

CELLULAR PHONES, RADIOS, CASSETTE, CD, OR MP3 PLAYERS, DVD PLAYERS, ELECTRONIC GAMES, FIREWORKS, ALCOHOL, TOBACCO, OR CLOTHING FEATURING INAPPROPRIATE LOGOS OR IMAGE (COUNTRY /ROCK /RAP BANDS; ALCOHOLIC BEVERAGES; TOBACCO PRODUCTS).

ARRIVAL / DEPARTURE

CAMP OPENS MONDAY, 1:00 PM;
ORIENTATION, 2:00 PM.
CAMP ENDS SATURDAY, 8 AM.

REGARDING INSURANCE

IN THE EVENT OF AN INJURY, PRIMARY INSURANCE COVERAGE IS THE RESPONSIBILITY OF EACH CAMPER'S /COUNSELOR'S PARENTS, OR THE COUNSELOR'S / CAMPER'S OWN PERSONAL INSURANCE.

SAVE \$10

SUBMIT YOUR \$25 RESERVATION BY **MAY 1, 2015** AND SAVE \$10 OFF YOUR TOTAL CAMP REGISTRATION.

CODE OF CONDUCT

CHRISTIAN STANDARDS OF CONDUCT AND MORALITY ARE EXPECTED OF ALL PARTICIPANTS. SWIM TIMES ARE SEPARATE FOR YOUNG MEN AND WOMEN; PHYSICAL CONTACT BETWEEN CAMPERS WILL NOT BE ALLOWED; MODEST FITTING APPAREL MUST BE WORN; AND ALL CAMPERS ARE SUBJECT TO THE SUPERVISION AND AUTHORITY OF CAMP LEADERSHIP.

CODE OF DRESS

LADIES / GIRLS MAY WEAR MODEST FITTING, KNEE-LENGTH DRESSES, SKIRTS, CULOTTES OR WALKING SHORTS, PANTS/SLACKS PERMITTED. BLOUSES, T-SHIRTS AND SPORT SHIRTS ACCEPTABLE. ONE-PIECE SWIMSUITS AND WATER SHOES ARE APPROPRIATE FOR SWIM TIME. PLEASE DO NOT WEAR TANK TOPS, BLOUSES WITH SPAGHETTI STRAPS, MIDRIFF-BARING T-SHIRTS, LOW CUT STYLE TOPS, LOW RISE PANTS, OR MID THIGH SHORTS.

MEN / BOYS MAY WEAR JEANS, SWEATS, OR KNEE-LENGTH SHORTS. T-SHIRTS AND COLLARED SHIRTS ACCEPTABLE. PLEASE DO NOT WEAR SHORTS (ABOVE KNEE LENGTH), BIKER SHORTS, TANK TOPS, OR SLEEVELESS SHIRTS. WATER SHOES RECOMMENDED FOR ALL SWIM ACTIVITIES.

REGISTRATION

DUE TO LIMITED AVAILABILITY, REGISTRATION IS ON A FIRST-COME, FIRST-SERVE BASIS. BE SURE TO REGISTER EARLY.

SUBMIT YOUR NON-REFUNDABLE \$25 RESERVATION ALONG WITH THIS REGISTRATION FORM. THE REMAINING BALANCE (\$110) IS DUE AT BEGINNING OF CAMP WEEK.

PLEASE NOTE: CAMP DEER LAKE INSURES CAMPERS AND STAFF ON AN EXCESS BASIS ONLY.

SEND CAMPER CORRESPONDENCE TO:

CAMPER'S NAME
C/O CAMP DEER LAKE
550 CHAPEL TRAIL
MEBANE, NC 27302

PAYMENT

PLEASE MAKE CHECKS PAYABLE TO
ANDREWS MEMORIAL BAPTIST CHURCH
AND REMIT TO:
ANDREWS MEMORIAL BAPTIST CHURCH
303 WEST ELM STREET
GRAHAM, NC 27253-2805
PHONE (336)-228-7801
FAX (336)-228-7803

MEDICAL INFORMATION

ACCORDING TO H.H.S STANDARDS, EACH CAMPER MUST BE IMMUNIZED AGAINST THE FOLLOWING: POLIO, MEASLES, MUMPS, RUBELLA, DIPHTHERIA, TETANUS, & WHOOPING COUGH.

MEDICATIONS TAKEN REGULARLY: _____

REASONS: _____

DATE OF LAST TETANUS SHOT: _____ ALLERGIES: _____

BEE STINGS: _____ PENICILLIN: _____ OTHER: _____

REACTIONS: _____

TREATMENT: _____

ACTIVITY RESTRICTIONS: _____

PLEASE FILL OUT THIS FORM COMPLETELY. A PARENT OR GUARDIAN **MUST SIGN** THE MEDICAL RELEASE STATEMENT ON THE FRONT OF THIS APPLICATION.

OFFICE USE ONLY:
DR. _____ BD. _____