

Trinity Presbytery Summer Camps
2010 Registration Form

Camp Gilmont, Gilmer, TX

Return by June 19, 2010 to: Marvin Terrell, 5811 Yarborough Road, Longview, TX 75604
phone (903) 759-1305

Please make checks payable to Trinity Presbytery.

PLEASE CHECK THE CAMP YOU ARE REGISTERING FOR:

<input type="checkbox"/> DAY CAMP July 20-22, 9:00-4:00 Age: entering 1st-3rd grades Fee \$60 <input type="checkbox"/> Transportation needed from Elmira Chapel.	<input type="checkbox"/> JUNIOR CAMP July 18-23 Age: entering 4th, 5th, or 6th grades Fee \$245	<input type="checkbox"/> JUNIOR HIGH CAMP July 18-23 Age: entering 7th, 8th or 9th grades Fee \$245
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Name of Camper _____ Gender _____

Birth Date _____ Grade Entering _____ Age (At Camp) _____

Home Address _____ City _____ State _____ Zip _____

Parent or Guardian _____ Email: _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Church Through Which You Are Registering _____

T-Shirt Size (Circle One) **Child** S M L or **Adult** S M L XL XXL

Cabin Buddy Request (must be in the same camp) _____

Medical Information/Release:

Emergency Phone Number _____

Social Security # _____ Immunizations up to date? Yes _____ No _____

Date of Latest Tetanus Shot _____

Allergies _____

Special Medical Problems/Handicaps _____

Special Medication _____

Routine Medication (Name & Dosage) _____

Any Normal Activity in Which Camper Should Not Participate: _____

Name & Phone Number of Family Physician _____

Insurance Information: (Please send a copy of your Insurance ID Card with registration)

Name of Insurance Company _____

ID# _____ Insurance Phone Number () _____

We, the undersigned parents, appoint Mr. Marvin Terrell, Coordinator of Camps, and his staff as our agent to:

- 1) In the event of sickness or injury, administer minor medical emergency aid or treatment that they shall deem appropriate for my child.
- 2) In the event of sickness or injury, give consent to any emergency medical procedures, tests or treatments for my child that they shall deem appropriate under the circumstances.

(Parent's Signature)

(Date)

As a part of this application, permission is given to use my child's picture in Trinity Presbytery/Camp Gilmont publications.

TRINITY PRESBYTERY CAMPS

FEE: *Includes all meals, lodging, T-shirt, canteen and use of facilities. Fee does not include gift shop money.*

Trinity Presbytery Camps are held at Camp Gilmont near Gilmer, TX.

Pre-registration deadline is June 19th. Timely registration is important.

Campers will receive a letter in early July to confirm their registration and provide further information on what to bring and other plans for the week of camping.

Mail completed forms to: Marvin Terrell
5811 Yarborough Road
Longview, TX 75604

RESIDENT CAMP INFORMATION

(Junior & Junior High Camps)

Trinity Presbytery Junior Camp

Theme: Fishers of Men

Trinity Presbytery Junior Camp for 2010 is a week-long camping opportunity for children entering grades 4-6. The cost of the camp is \$245.

Junior camp will be held July 18-23, 2010, and will be directed by Brian Martin, elder in the Concord Cumberland Presbyterian Church. For more information, you can contact him at (903) 854-2182.

On-site check-in will be held on Sunday July 18th, from 3:00-5:00 p.m. in Mackey Hall. Please time your arrival so that campers do not arrive early. Camp will end Friday, July 23th, promptly at 10:00 a.m.

Trinity Presbytery Junior High Camp

Theme: Fishers of Men

Trinity Presbytery Junior Camp for 2010 is a week-long camping opportunity for children entering grades 7-9. The cost of the camp is \$245.

Junior High camp will be held July 18-23, 2010, and will be directed by Brian Martin, elder in the Concord Cumberland Presbyterian Church. For

more information, you can contact him at (903) 854-2182.

On-site check-in will be held on Sunday July 18th, from 3:00-5:00 p.m. in Mackey Hall. Please time your arrival so that campers do not arrive early. Camp will end Friday, July 23th, promptly at 10:00 a.m.

DAY CAMP INFORMATION

Trinity Presbytery Day Camp

Theme: Part of His Plans

Trinity Presbytery Day Camp for 2010 is a 3 day camping opportunity for children entering grades 1-3. The cost of the camp is \$60.

Day camp will be held July 20-22, 2010, and will be directed by Emily Richeson. For more information, you can contact her at (903) 297-5848.

For local campers, transportation can be provided from Elmira Chapel. Please check the appropriate box on the registration form if you are interested in this option. Otherwise, check-in will be daily at Camp Gilmont at 9 a.m. We will finish by 4 p.m. each day. For those choosing transportation, we will be back to Elmira Chapel by 4:30 p.m.

PRESBYTERIAN CAMPS AT GILMONT, INC.

**CAMP GILMONT
CHALLENGE COURSE
ASSUMPTION OF RISK AND RELEASE AFFIDAVIT**

The undersigned has contracted with Camp Gilmont of Gilmer, Texas to participate in a camp program. To allow participation in the activities organized and conducted, Camp Gilmont, wishes to make known there is inherent risk in many of the programs offered. These programs include but are not limited to: swimming, hiking, hay rides, boating, group athletic events and the Challenge Course.

The low ropes section of the Challenge Course involves supervised participation in the elements that may be wooden platforms, boards, wires or other objects that may be 1 to 13 feet off the ground. These elements require group participation and participants with safety harness, helmets and a rope belay system that is attached to the instructor.

The signature on this document shall serve as a release and assumption of risk. The Undersigned assumes ordinary risks involved due to the nature of the program and will hold Camp Gilmont harmless from any and all liability whatsoever may arise from, or in connection with, the program except for claims arising from gross negligence or willful acts of employees or staff.

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this Challenge Course. I have listed on the Health Statement Form any medical condition that Camp Gilmont should be aware of which may hinder my participation in the program. However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in the program. I also state that I am not under, and will not be under, the influence of any chemical substance, including alcohol.

Name of Organization

Print Your Full Name

Signature

Date

Print Name of Parent/Guardian (if under 18)

Signature

Date

**CAMPER HEALTH-CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2**

Developed and revised by: American Camp Association
American Academy of Pediatrics, Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by 6-19-10 (date)

Marvin Terrell
5811 Yarborough Rd.
Longview, TX 75604

To Parent(s)/Guardian(s): Complete this section and give **this form (FORM 2)** and a copy of your **completed CAMPER HEALTH HISTORY FORM (FORM 1)** to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (____) _____ (____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an **as needed** basis to manage illness and injury. **Medical personnel:** Cross out those items the camper should **not** be given.

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimate)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure: _____ / _____

Allergies: No Known Allergies

- To foods (*list*):
- To medications (*list*):
- To the environment (*insect stings, hay fever, etc.—list*):
- Other allergies (*list*):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (*describe below*)

The camper is undergoing treatment at this time for the following conditions: (*describe below*) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (*name, dose, frequency—describe below*)

Other treatments/therapies to be continued at camp: (*describe below*) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (____) _____ Date: _____