

# 2010 CAMP REGISTRATION

It is an honor to serve you & your family this summer. We value excellence & desire to provide your student(s) with the best week of their life! To do this all registrations MUST be sent through your local church. Please do not mail this to us without going through your church coordinator.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Male  Female Grade (Fall 2010) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at camp \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Name \_\_\_\_\_ City \_\_\_\_\_

Pastor's Signature  \_\_\_\_\_

**This section to be completed by PARENT / GUARDIAN. We thank you for filling this out completely and accurately!**

## STATEMENT OF HEALTH

Parent / Guardian Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ 2nd Emergency Contact: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Date of last Tetanus: \_\_\_\_\_ Family Physician: \_\_\_\_\_ Ph: \_\_\_\_\_

History of:  Seizures  Heart Trouble  Diabetes  Kidney  Bowel Habits  Bleeding  
 Surgeries  Menstrual Problems  Sleepwalking  Bedwetting  Headaches  Lung/Breathing Problems

ALLERGIES:  Hay Fever  Asthma  Bee Stings  Plants  Foods  Medications \_\_\_\_\_

Explanation for checked items: \_\_\_\_\_

Restricted Activities: \_\_\_\_\_

Known to be a carrier of any contagious or infectious disease? \_\_\_\_\_ Please explain: \_\_\_\_\_

Known behavioral or psychological problems or disorders: \_\_\_\_\_

Any known problems with lice in the last 6 months? \_\_\_\_\_

Current Medications: List all medications to be administered at camp. \_\_\_\_\_

All medications must be in original container and clearly labeled: patient's name, name of medication, prescription number, date prescribed, instructions.

Other health information we should know: \_\_\_\_\_

**PARENTAL AUTHORIZATION:** The "Statement of Health" listed on this sheet is correct as far as I know and the camper listed on this form has permission to engage in all prescribed activities except noted by me. I give my permission for the camp nurse to treat the listed camper in the event of a minor illness or minor injury. IN CASE OF EMERGENCY, and when I am unable to be contacted, I hereby give permission to the local physician selected by the camp to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child. Camp counselor refers to "a person in charge of a group of children at camp" and does not imply they are licensed to give counsel. Permission is given to Iowa Ministry Network to use photographs of my child for the camp video and/or future promotional purposes.

Signed  \_\_\_\_\_ Relationship \_\_\_\_\_ Date: \_\_\_\_\_

## Mark week you will attend

- |   |  |
|---|--|
| <input type="checkbox"/> Junior High<br>June 14 - 18        | <input type="checkbox"/> Kids #1 July 12 - 16                              |
| <input type="checkbox"/> Jr / Sr High<br>June 1 21 - 25     | <input type="checkbox"/> Kids #2 July 19 - 23                              |
| <input type="checkbox"/> Jr / Sr High<br>June 2 28 - July 2 | \$150.00 Early Bird Rate<br>\$160.00 Regular Rate<br>\$180.00 On-Site Rate |

I have read and will abide by all camp rules and regulations.

Camper's signature:

 \_\_\_\_\_

**FAMILY RATE:** If someone from your family has already attended a camp this summer (or this same week), please check one:

Family Discount	Early Bird Rate	Reg Rate
I am the: <input type="checkbox"/> Second	145.00	155.00
<input type="checkbox"/> Third	140.00	150.00
<input type="checkbox"/> Fourth or more	135.00	145.00

Pre-Paid Camp Yearbook/DVD \$20 \$ \_\_\_\_\_

Pre-Paid Camp T-Shirt \$12.00 \$ \_\_\_\_\_  
(\$20.00 on site, availability on site is not guaranteed.)

SIZE:  Kids 10-12  Adult Small

Adult Med  Adult Lg

Adult XL  Adult XXL

Registration Deposit \$30.00 \$ \_\_\_\_\_  
(Minimum: Non-Refundable)

This will be deducted from the tuition.

Total Enclosed \$ \_\_\_\_\_

**DEADLINE:** To receive the "early bird" rate of \$150.00, registrations must be received 21 days prior to camp beginning. All others received after the 21 days before camp will be charged the "regular rate" of \$160. All walk-ons will be charged the "on-site" rate of \$180 **(No family discounts with on-site rate).**

Make checks to: Iowa Ministry Network  
 10525 Buena Vista Ct, Urbandale, IA 50322

# Camp Policies

## DRESS CODE

- + All campers are encouraged to dress modestly and appropriately in a manner which is conducive to the spiritual goals of camp. Modest shorts may be worn anytime during camp.
- + Clothing should be such that no undergarments show. The midsection and shoulders must be covered. No clothing with inappropriate slogans, or advertisements such as beer and tobacco companies, etc., will be permitted.
- + Cover clothing must be worn to and from the swimming pool over the swimsuit.
- + Counselors and leaders will be available to guide campers with any questions about the dress code.

## CAMP REGULATIONS

1. Attendance at all classes and assemblies is required.
2. Prescription medicines must be turned in at registration to the first aid personnel.
3. No camper is permitted to leave the grounds without a written note from a parent.
4. The possession or use of tobacco, illegal drugs, alcohol, or fireworks is sufficient reason for immediate dismissal from camp.
5. CD players, i-pods, radios, cell phones, pagers, and pets are not permitted at camp.
6. The camp staff reserves the right to inspect the contents of all personal belongings, including backpacks. The holding and / or disposal of improper and illegal contents is the right of the camp staff.
7. All car keys of campers must be turned in to the camp director at registration.
8. Only the parent who signed the camper's form will be allowed to check out a camper early, or take them to and from an appointment during camp.

## CAMPER HEALTH POLICY

We have initiated a number of policies this year to protect your campers and to help promote a healthy camp environment. Our policy prohibits anyone with head lice to be admitted to camp. For those rare campers who were unable to receive a lice inspection prior to arrival, qualified camp personnel will provide a private head check for each camper, counselor and worker upon arrival. No one found to have head lice will be permitted to register. Unfortunately, due to limited resources and personnel, transportation home for these individuals is

the responsibility of the parent or guardian. We ask that each church do a head check 14 days prior to camp and also at their departure for camp. We appreciate your help to insure a healthy, safe camping experience for everyone.

## Tuition

Camp tuition includes: lodging, meals, all recreation and many other incidental expenses.

ALL CAMPS	(early bird rate)	\$150.00
	(regular rate)	\$160.00
	(on-site rate)	\$180.00

A \$5.00 family discount will be given for the second child to attend; \$10.00 family discount for the third child to attend; \$15.00 family discount for the fourth child and all others who attend from the same family. **NO FAMILY DISCOUNTS WITH ON-SITE RATE.**

A \$30 deposit must accompany registration form and is non-refundable. This will be deducted from the tuition. **REGISTRATION DEADLINE:** Received at the network office 21 days before the camp you are attending begins (to get early bird rate).

**REGULAR CAMP TUITION:** \$160.00 if received less than 21 days prior to the camp you are attending begins.

*Acceptance and participation is the same for everyone without regard to race, color, national origin, gender, religion, age, disability or political beliefs.*

## Sign-in / Dismissal

Registration begins at 10:00 AM on Monday. Camp ends at 12:00 noon on Friday.

## Visitor Policy

For the protection of all campers, NO VISITORS (other than parents and pastors) will be allowed. Camp Phone: (515) 275-2117 (emergencies ONLY please). Visitors will be allowed after 6:30pm for the evening services and must check in with the camp director. Please email [tbooth@imnag.org](mailto:tbooth@imnag.org) if you will be visiting. Parents who choose to visit must have pastoral approval from their local church.

## Important Info

**MONEY:** There is a snack-shop and a camp store with T-shirts and camp yearbook available for sale.

**MEDICATION:** All prescriptions brought to camp must be brought in their prescription bottle or container.

## Location

Sunstream is located between Boone and Ogden. Take the gravel road north off of US 30 that is 3 miles east of Ogden and follow the signs. Camp address is: 1130 Juneberry Rd, Ogden, IA 50212.

Please send camp registrations to:

Student Ministries  
10525 Buena Vista Ct, Urbandale, IA 50322

## Things to bring that are easy to forget!

- + Bedding for a single bed (Either covers or sleeping bag)
- + Pillow
- + Towels/Washcloths
- + Soap
- + Shampoo
- + Modest Swimsuit/Cover Clothes
- + Bible
- + Pen
- + Notepad
- + Toothpaste
- + Toothbrush
- + Rain gear
- + Camera/Film
- + Alarm Clock
- + Spending Money
- + Medicines (take to nurse)
- + Extra pair of shoes
- + Plastic bags for wet/dry clothes

## Theme Days

- Tuesday - "Crazy Hair" Day
- Wednesday - "Red" Day (anything red)
- Thursday - "Peace, Love, and Camp" Day

## Fine Arts

Fine arts is coming to camp this summer! Come prepared to share your gifts with all your friends.