

CAMP 2018 REGISTRATION • JULY 18-22

Wednesday – Sunday

Woodland Christian Camp in Temple, GA

Fun, Friends, and Fellowship

Camp is hosted, staffed, and directed by West Metro Church of Christ, a non-profit organization. Youth between the ages of 8 - 18 are welcome to be campers, participating in a variety of activities, and meeting old and new friends in a Christian environment. Camp will be held at Woodland Christian Camp, a rustic, wooded area in Temple, Georgia. Activities include fishing, canoeing, pedal karts, paddle boating, swimming, crafts, basketball, softball, Bible classes, and chapel.

What to Bring

Please bring a Bible, bed linens or sleeping bag, pillow, flashlight, toiletries, towels, swimsuit, athletic shoes, rain jacket/poncho, and enough appropriate clothing for the week.

Dress Code

Shorts or skirts may not be shorter than mid-thigh. Shirts must be long enough to touch pants or shorts whether sitting, standing, or bending. No tank tops or spaghetti straps will be allowed. Camp Director is responsible for interpretation and enforcement of the dress code.

What Not to Bring

Portable video games, radios, tape/DVD players, TVs, cellular phones, electronic devices of any kind, skateboards, roller blades, etc. Weapons, explosives, tobacco, and drugs are all strictly forbidden.

Dates / Times

Camp begins Wednesday, July 18, with registration from 4:00 - 7:00 p.m. (if arriving after 5:30, please eat dinner beforehand). It ends Sunday, July 22, with pick-up at 10:30 a.m. Parents, you are invited to join us for worship at 9:00 a.m. Check-out will be immediately following.

Directions

Woodland Christian Camp is located 40 miles west of Atlanta at 90 Woodland Camp Road in Temple, Georgia. Take I- 20 west to Temple, Exit 19. Turn left onto Highway 113 South. Travel 1.3 miles to Lovell Road and turn right onto Lovell Road. Go 1 mile to Woodland Camp Road and turn left. The camp entrance is about 200 yards on the left.

Cost (including staff)

\$200* per person (\$180 per person for subsequent family members)

NOTE: Family members are defined as members of the same household.

*The registration fee includes all meals, activities, T-shirt, and crafts.

If it makes it easier to budget, please feel free to follow the payment schedule below:

\$75 (per person) due May 27 • \$75 (per person) due June 24

Remaining balance due at registration on July 18

(Registration on back of page)

Phone: _____ Relation: _____

Name: _____

Address: _____

DOB: _____ Age at time of camp: _____

Sex: Male Female

T-shirt size: YS YM YL S M L XL XXL

Home Church: _____

Father: _____

Mother: _____

Legal Guardian (if different from above):

Home phone: _____

Mobile phone: _____

Work phone: _____

E-mail: _____

Contact in case of emergency room treatment:

Name: _____

Employer: _____

Phone(s): _____

Primary insurance carrier: _____

Policy #: _____

Group name & #: _____

Please list two other emergency contacts:

Name: _____

Phone: _____ Relation: _____

Name: _____

Please list any medications your child will need to take while at camp along with the frequency and dosages. (All medicines must be in original containers and clearly labeled. All medicines must be left with the nurse at registration.):

Please circle over-the-counter medications that you will allow the nurse to administer to your child:

Tylenol, Sudafed, Ibuprofen, Cough Medicine, Mylanta, Benadryl

Please list any medications your child is allergic to:

Please list any other known allergies your child has (foods, bee stings, etc.): _____

Does your child have any special dietary needs:

Anything else we need to be aware of (phobias, bed-wetting, etc.?):

Are your child's immunizations up to date?

Date of last tetanus shot: _____

I, the undersigned parent or legal guardian, appoint the Camp Director and his staff as my agent to, in the event of sickness or injury:

1. Administer minor medical emergency aid or treatment which they deem appropriate for my child.
2. Give consent to any emergency medical procedures, tests, or treatments for my child which they shall deem appropriate under the circumstances.

(Signature of parent/legal guardian): _____ Date: _____

Please note: This form must be filled out in full and signed before your child can be registered for camp. To reserve your place at camp, fill out the REGISTRATION FORM and the MEDICAL FORM and return with the appropriate payment to the camp registrar:

Ricky Gray, c/o West Metro Church of Christ, Post Office Box 100, Hiram, GA 30141.

Checks can be made payable to West Metro Church of Christ