

CAMP PROGRAM

Fun, good beds, great food, loving supervision, trampoline, snacks, crafts, chapel, playground, swimming, free time, hikes, canoeing, paddleboats, sports & much, much more.

WHAT TO BRING TO CAMP

Personal clothing, comb, toothbrush etc. swim suit, blankets, & sheet or sleeping bag, pillow & case. Be sure to bring a hand towel and towel for beach. Each bed is equipped with a mattress & pillow.

The following are not allowed at Smoky Trail & Riverview: I-Pods, radios, tape players, walkman, cell phones, knives, matches, food, smoking materials, drugs, alcohol, or offensive reading material.

Campers allowed \$5.00 candy & pop + 7.00 camp T-shirt **Total \$12.00** spending money per wk

CAMPER'S MEDICAL & CONSENT FORM

Camper's Name _____

Parent's/Guardian's Name _____

Mailing Address(If different than camper's) _____

City _____ Prov. _____ Postal Code _____

Home Phone # _____ Health Card # _____

Status# _____ Band _____

In Case Of An Emergency Second Contact:

Name _____ Relationship _____

Address _____

Home Phone # _____ Bus Phone # _____

Band Office _____ Contact _____ Phone# _____

Check Each Of The Following The Camper Has Had

Chicken Pox Hepatitis Tonsillitis Bedwetting Epilepsy or Fainting

Measles(Red) Measles German Asthma Sinusitis Rheumatic Fever

Whooping Cough Ear Trouble Mumps Appendicitis Stomach Aches

Operations _____ Last Tetanus Shot Date _____

Allergic Reactions To:

Foods: _____

Bee Sting Other Insects _____

Penicillin Other Drugs _____

Information About Other Special Conditions (Emotional/Physical Etc.)

Restricted Activities In: _____ Level of Swimming _____

List Medications Bringing to Camp: _____

To the best of my knowledge my child is in good health, I will notify the camp director if my child is exposed to an infectious disease during the three weeks prior to arriving at camp. In case of medical emergency, I understand every effort will be made to contact parents or guardians. In the event that I cannot be reached, I hereby give permission for treatment by a Physician selected by camp directors/nurse.

If my camper is unable to function within the program I will be contacted immediately for pickup.

Note: Anyone the camper cannot be released to?: _____

I hereby give my permission to Smoky Trail Native Bible Camp & Riverview Bible Camp to obtain information from any necessary parties and to release information necessary to parties pertaining to the enrolled camper. I give consent for my camper to be photographed/video taped for purposes of camp promotion. I give consent for all information to be retained as required in a retrieval system. Information gathered by Smoky Trail is used for its own purposes and is stored securely.

Parent's/Guardian's Signature _____ Date _____

(Over 18 years of Age)