

## CAMP PROGRAM

Fun, good beds, great food, loving supervision, trampoline, snacks, crafts, chapel, literacy, 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 & Awana Landing:** I-Pods, tape players, walkman, cell phones, knives, matches, food, smoking materials, drugs, alcohol, or offensive reading material.

Campers bring **\$5.00** or **\$10.00 Teen-** candy & pop + **7.00** camp T-shirt **Total \$12.00 or \$17.00 teen** spending money per wk.

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## 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 toCamp: \_\_\_\_\_

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 Camps & Awana Landing 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)