

CAMP LOST PINES

2019 CAMPER APPLICATION

Questions?

Contact us at:

254-631-5506 or 254-631-5666

Email:

Buster_Terry@hotmail.com

Web:

WWW.Camplostpines.com



Senior Camp (Ages 15-18)

June 10-15

\$200 (regular)

\$175 (early bird)

Young Teen (Ages 12-14)

June 17-22

\$200 (regular)

\$175 (early bird)

Big Shot (Ages 7-11)

June 25-June 29

\$175 (regular)

\$150 (early bird)

(Early bird rate till June 1st for Mail-In or Friday prior to the beginning of your camp for Online Registration)

LOCATION

All camps are conducted at Camp Lost Pines
Texas Church of Prophecy Campground
6047 Hwy. 77 P.O. Box 58 Warda, Texas
Camp phone: 979-242-3360

Coordinators: Buster & Terry Robinson
Phone: 254-631-5506



What Do I Bring?

You will need bed linens (twin size) or a sleeping bag, pillow, towels/washcloths, flashlight, Bible, bathing suit, appropriate shoes for recreation, toiletry items (Toothbrush & paste, soap, shampoo, etc.) and money for extra snack cards.

When Do I Arrive?

Registration time begins at 3:00 p.m. the first day of camp. Please do not arrive prior to this time, as there will not be staff available to monitor the campers. Departure time will be at 11:00 a.m. the last day of camp. Please be on time when picking up campers. Campers who drive must adhere to the same departure time.

Who Can Come To Camp?

Camper applications are accepted without regard to *sex, race, color, national origin, religion or disability*, however, Camp Lost Pines reserves the right to deny admission to any camper for whom we feel that we cannot give safe and effective care or to whom we feel unqualified to administer care.

- Complete the application, all pages and return it by the deadline.
- Provide all necessary health and insurance information.
- Get parent/guardian to sign application.
- Campers must be appropriate age for the respective camp they are attending by the first day their camp begins.

Directors

Senior: John & Shandy Rutledge

Young Teen: TC & April Villalobos

Big Shot: Rebecca Goodson

What About Medications?

All campers will receive a brief medical screening upon their arrival. Medications will be given to the camp nurse. The camp nurse must administer all medications. Prescriptions should be clearly labeled in original bottle with correct dosage. Send only the amount needed while at camp. Please make sure that any special need is clearly marked on your application for the camp nurse. Special needs should be discussed with the nurse and your cabin leader. Anyone can contract head lice and unknowingly bring it with them to camp. Please have yourself checked thoroughly before camp. We cannot allow anyone with head lice/nits to remain at camp. Lice checks will be done in a secluded area at time of registration.

Can I Choose My Cabin Mates?

There is a space on the application for you to list your cabin mate preference. We will do our best to accommodate your request. The earlier you send your application in, the easier it is for us to match up cabin mates.

What About Visitors/Phone Calls?

Non-staff and/or unregistered visitors are not allowed during the camping session. Camp is only a few days so please, do not call campers unless an emergency arises. Please do not ask campers to call home. If you must contact the camper you may call the camp phone and a message will be given to the camper who can return the call during a non-scheduled event with the exception of an emergency. Camp policy prohibits the use of cell phones for personal use. Cell phones will be collected during registration and placed in a locked area until camper is released from camp. Camp Lost Pines will not be responsible for lost, stolen or damaged items.

Registration Deadlines & Payment Information

Camp tuitions are listed on the front page of the application. The early bird rates are good through June 1st for Mail-In Applications and the Friday prior to the beginning of your camp for Online Registrations. Regular/Walk In Rate will be assessed after these dates. Immediate families with 3 or more campers will each receive a Multi-Camper discount of \$10.00 off the camp tuition for each camper after the initial full tuition application. Additional financial resources are available online at www.camplostpines.com

NO PERSONAL CHECKS ACCEPTED. Acceptable forms of payment are: Cash, Money Order, Church Check or Credit Card. (Do Not Send Cash Through the Mail).

Camp Rules

Camp rules are designed to preserve an atmosphere of Christian growth, maintain a high standard of conduct and to insure the safety of the campers. Camp is a happy, positive place!

- Campers will not be allowed to leave the campground without permission from the deans and/or directors. Campers are required to attend all camp activities and to be on time.
- After lights out, campers should not leave the dorm/cabin without permission from a cabin leader to ensure their personal safety.
- All medications, prescription or OTC must be given to the Camp Nurse when you arrive. Campers are not allowed to keep any medication with them or in their personal belongings. The Camp Nurse must dispense all medications. Report all illnesses & injuries to the Camp Nurse immediately.
- Use of profanity, possession/use of fireworks, matches, lighters, tobacco products, alcohol, illegal drugs, or weapons of any kind are strictly prohibited and *will be considered grounds for immediate expulsion from campground.*
- Dress code: Please bring appropriate clothing. Clothing must not be too tight, too loose or too short as to be revealing and/or a distraction. Clothing must not exhibit vulgar, profane or obscene statements. Camping Ministry Administration reserves the right to correct clothing concerns.
- Don't bring Weapons, Radios, Cell Phones, iPods/iPads, Valuables, Pets or Snacks/ Drinks. Camp Lost Pines is not responsible for lost, stolen or damaged items.
- Respect camp property. Damage to camp property can result in expulsion from the camp, and/or liability to the parents/guardian.
- Visitors must register with the Camp Secretary and/or Camp Director and must agree to abide by the camp rules. Texas Department of State Health Services (DSHS) requires overnight visitors to have a background check and a current Child Protective Training certificate on file at the campground.
- No inappropriate behavior, fighting or bullying will be tolerated. This also includes any PDA.
- NO guys in the girl's dorms/cabin and NO girls in the guy's dorms/cabin! Campers are not allowed to sit in their vehicles after being registered as a camper.

Anyone who is unwilling to abide by these camp rules may be sent home.

We pray blessings and safety may abide upon all campers and staff during your time at Camp Lost Pines!

CAMP LOST PINES

2019 CAMPER APPLICATION

Make Church Checks or Money Orders Payable to Camp Lost Pines & Mail to the director listed for the camp your child will attend or

Download and fill out applications online at www.camplostpines.com

NOTE: Applications are requested to be postmarked by June 1st to ensure that proper amounts of food and supplies are provided for your camp **Tuition fee includes a camp T-shirt and one snack card. Mail-In Applications received after June 1st will be regular rate.**

Camper Personal Information

Camper Name: _____ Gender: M / F Age: _____
Address: _____ Date of Birth: _____
City: _____ State: _____ Zip Code: _____
Phone: _____
E-Mail: _____ Local Church: _____

Parent/Emergency Contact

Parent/Guardian's Name: _____
Home Phone: ()-_____-_____-_____- Cell Phone: ()-_____-_____-_____-
E-Mail: _____

Director/Tuition Information

Please check the circle next to the camp your child will be attending. Mail application to director of the camp your child will attend or register online.

						<u>Early Bird</u>	<u>Regular/Walk</u>
<input type="radio"/> Senior:	John & Shandy Rutledge	P.O. Box 283 Ranger, Texas 76470	254-462-7365	Ages 15-18	June 10-15	\$ 175	\$200
<input type="radio"/> Young Teen:	TC & April Villalobos	6833 Lakeview Haven # 1421 Houston, TX. 77084	281- 831- 6049	Ages 12-14	June 17-22	\$175	\$200
<input type="radio"/> Big Shot:	Rebecca Goodson	709 W. Bilbo Orange, TX. 77630	Ages 7-11	June 25-June 29		\$150	\$175

A Discount of \$10.00 is available for each additional child from same immediate family with 3 or more attending one of the summer camps (after 1st full tuition).

T-Shirt Size (circle): Adult S Adult M Adult L Adult XL Adult 2XL Adult 3X Youth S Youth M Youth L

Names of Campers you would like to room with:

Camper Release Information

Other individuals authorized to pick up camper: _____

Statement of Certification and Understanding

I CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IN SIGNING THIS APPLICATION I AM AGREEING TO ABIDE BY ALL THE POLICIES AND DISCIPLINE OF THE CAMP, ITS ADMINISTRATION, STAFF AND PERSONNEL. ANY CONDUCT INCOMPATIBLE, INCONSISTENT OR CONFLICTING WITH THE MISSION OF CAMP LOST PINES AS A CHRISTIAN CAMP WILL CONSTITUTE REASON OR CAUSE FOR DISMISSAL FROM CAMP AND/OR THE DECISION TO REFUSE ACCEPTANCE TO FUTURE CAMPS. I ALSO UNDERSTAND THAT CAMP LOST PINES NOR THE CHURCH OF GOD OF PROPHECY IS RESPONSIBLE FOR ANY VALUABLES AND/OR PERSONAL PROPERTY THAT MAY BE LOST, STOLEN OR DAMAGED. I ACCEPT THE RESPONSIBILITY FOR AND AGREE TO FINANCIALLY REIMBURSE CAMP LOST PINES FOR ANY DAMAGE MY CHILD MAY CAUSE TO THE CAMP PROPERTY. I UNDERSTAND CAMP LOST PINES RESERVES THE RIGHT FOR SEARCH AND SEIZURE. CAMP LOST PINES RESERVES THE RIGHT TO UTILIZE ANY OR ALL PHOTOGRAPHS AND/OR VIDEO FOOTAGE TAKEN OF CAMPERS OR STAFF MEMBERS FOR PROMOTIONAL USE OR ADVERTISEMENT.

PARENT/GUARDIAN SIGNATURE OR CAMPER'S SIGNATURE (IF OLDER THAN 18)

DATE

Medical Information

Camper's Name: _____

HEATH STATEMENT: The following information is of vital importance **in case of an Emergency**, and therefore **Must** be completed. **No individual will be permitted to attend camp unless the Health Statement is COMPLETE!** Please take the time to answer thoroughly and completely.

Please check any of the following conditions that are applicable:

- | | |
|--|---|
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Kidney Trouble |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> HIV/Aides |
| <input type="checkbox"/> Serious Allergy Reactions (Poison Ivy/Oak etc.) | |
| <input type="checkbox"/> Other: (List) _____ | |

Allergy Information (reactions to):

- | | |
|--|--|
| <input type="checkbox"/> Bee/Wasp Stings | <input type="checkbox"/> Food: (List) _____ |
| <input type="checkbox"/> Penicillin | _____ |
| <input type="checkbox"/> Ivy/Oak/Sumac | <input type="checkbox"/> Other: (List) _____ |
| <input type="checkbox"/> Medications: (List) | _____ |

Recent Surgeries: _____
 Physical Limitations: _____
 Dietary Restrictions/Special Needs: _____

Prescription Medications Note: Prescription medications must be in the original bottles from the pharmacy with the camper's name and current directions and dosage on the labels. All medications (prescription and OTC) must be given to the camp nurse at the time of registration. The camp nurse must administer all medications.

List the medications the camper will be taking during camp:

Medication	Dose	Time Taken
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Activity Permission

I give permission for my child to be baptized ☐ Yes ☐ No

I give permission for my child to swim ☐ Yes ☐ No

Is camper up to date on all required immunizations?

☐ Yes ☐ No

Date of most recent tetanus shot: _____
 (must be included)

- ☐ I give permission for my child to receive over the counter medications such as Tylenol, Advil, Tums, Pepto Bismol, etc. by the camp Nurse.
☐ I do NOT give permission for my child to receive over the counter medications such as Tylenol, Advil, Tums, Pepto Bismol, etc. by the camp Nurse.

Emergency Information

Name: _____ D.O.B.: _____ Age: _____ ☐ Male ☐ Female

Covered by Insurance: ☐ Yes ☐ No Medical Insurance Company: _____ Phone: _____

Policy/Medicaid Number: _____

Please List Two Emergency Contacts:

- | | | |
|---------------|--------------------|--------------------|
| 1. Name _____ | Relationship _____ | Phone Number _____ |
| 2. Name _____ | Relationship _____ | Phone Number _____ |

Please attach a copy of your insurance card to this application.

Medical Treatment Release

The medical release must be signed by the person legally responsible for the camper or application will be rejected and the camper denied admittance. In the event your child needs emergency medical care, the director or nurse will make every effort to reach the emergency contact person listed on this application and/or the parent/legal guardian. In the event I cannot be reached, I hereby give my permission to the camp director, camp nurse and physician selected by the camp to secure proper treatment for the camper. All personal camper medical expenses will be first billed to the camper's medical insurance/provider. I understand that if any sickness/injury should occur prior to camp concerning my child, these are cases for which the camp insurance is not responsible. In an effort to provide safe environment for all campers, each participant will undergo screening for head lice by designated staff during registration. Any camper, determined by and/or in the opinion of the camp nurse, to have an "at risk" medical condition (i.e. contagious disease, head lice, etc.) which would negatively affect the health of other campers and staff will be immediately dismissed upon discovery. It is understood by the camp administration that medical information provided is private according to Health Insurance Portability and Accountability Act (HIPAA). I hereby grant permission to camp administration to share pertinent health information with those only who must ensure the health and safety of the applicant.

Parent/Guardian Signature or Camper Signature (if over 18) _____ Date _____

Does Camper qualify for Multi-Camper Discount? ☐ Yes ☐ No

If you are a new camper and have never been to Camp Lost Pines, who Invited You? _____

Payment Information: NO PERSONAL CHECKS (We accept Money Orders, Church Check, Cash)

Amount Enclosed: _____

DO NOT send cash in the mail
 Make Checks/Money Orders
 payable to: CAMP LOST PINES
 Credit Card Online Registration
www.camplostpines.com

Payment Information (Office Use Only)

☐ Church Check# _____ Amount: _____
☐ Money Order# _____ Amount: _____
☐ Cash _____ Amount: _____
☐ Credit Card _____ Amount: _____
 Balance Due at Registration: _____