

New Beginnings Christian Camp

# 2008 ENROLLMENT PACKET

The following information sheets and forms are included in this packet:

1. **CAMP SESSION INFO 2008**

Hang on to this information sheet. Please notice the information about mailing letters and packages to campers, e-mailing campers, and emergency phone calls to campers.

2. **CAMPER ENROLLMENT 2008\*\***

This form must be completed and mailed to New Beginnings Christian Camp, along with at least a \$65.00 non-refundable deposit and the Personal Health & Medical Record, in order to register for camp.

3. **PERSONAL HEALTH & MEDICAL RECORD\*\***

This form must be completed and returned along with the Camper Enrollment form and payment in order to register for camp.

4. **MEDICATION STATEMENT**

This form should be completed and **brought to camp with the camper**. It will be turned in to the camp nurse on the first day of camp during registration. Please be sure to read this form carefully.

**TO REGISTER FOR A CAMP SESSION, YOU MUST MAIL THE FOLLOWING ITEMS TO THE *New Beginnings Christian Camp* ADDRESS SHOWN BELOW:**

- Camper Enrollment form\*\*
- Personal Health & Medical Record form\*\*
- Registration Fee (at least a \$65 deposit)

New Beginnings Christian Camp  
5904 S. Cooper  
Suite 104 - PMB #148  
Arlington, TX 76017

## Daily Camp Activities Include:

- ☺ Flag Pole Devotional
  - ☺ Bible Classes
    - ☺ Chapel
      - ☺ Wild Thing
  - ☺ Team Building Activities
  - ☺ Hiking, Crafts, Swimming
- ☺ Evening Praise and Worship Time
  - ☺ Fun Hour with Oma
  - ☺ Circle Devotional

**This year we are excited to announce that  
you can keep up with your child's day at  
camp on our blog !**

**You can find us at:**

[newbeginningscamp.blogspot.com](http://newbeginningscamp.blogspot.com)

(Visit the blog often before camp to see updates and new information.)

### Camper Mail and Packages

If you want to send a letter or package to your camper during his/her week at camp, use the address below. ***Please DO NOT send camper letters or packages to the Arlington address!***

Brookhaven Retreat  
ATTN: (Camper's Name)  
748 County Road 3909  
Hawkins, TX 75765

### Camper E-Mail

If you would like to send an E-MAIL to your camper during his/her week at camp, you may send it to [karanbridgwater@sbcglobal.net](mailto:karanbridgwater@sbcglobal.net) with your child's name in the subject line.

### Emergency Contact Phone Number

If you need to get an emergency message to your camper while he or she is at Camp, you may contact the Brookhaven Retreat Center office at the number below. Please use this ***for emergencies only.***

(903) 769.2811

# CAMPER ENROLLMENT 2008

New Beginnings Christian Camp

Our Mission is to encourage children to live lives that follow the teachings of Jesus Christ in an environment away from the noise and distractions of every day life. We want to foster independence, responsibility and healthy living in the children we serve.

Camper's **LAST** NAME:

Camper's **FIRST** NAME:

Boy

School Grade Next Year:

Girl

Birthday:

Mailing Address:

City, State, Zip:

Home Phone: (       )

Camper's E-Mail:

Camper's first time at ISCC?  Yes  No

Camper has been to a New Beginnings Camp before?  Yes  No

Home Church (name and location):

Has Camper been baptized?  Yes  No

**IF POSSIBLE**, Camper would like to room with:

Name(s) of Parent(s)/Guardian(s):

Address (if different from Camper's):

Parent/Guardian's E-Mail:

**Please list emergency contact phone numbers for Parent(s)/Guardian(s) and at least one other person:**

	NAME	RELATIONSHIP	PHONE NUMBERS
1			
2			
3			

**I, PARENT OR GUARDIAN, DO HEREBY** relieve and hold harmless New Beginnings Christian Camp and staff thereof, and Brookhaven Retreat Center and staff thereof, from any and all liability for sickness, accidents or injuries of any cause whatsoever while my child is in attendance at, or traveling to or from, camp property.

**I, PARENT OR GUARDIAN, DO HEREBY** agree to pay all costs required at camp. I understand that my registration deposit cannot be refunded, and I further understand that no refunds of all or any part of the full registration fee will be made, unless my child's participation in the camp session is terminated for medical reasons as ordered by a physician. I agree to abide by the rules and policies of camp management.

Permission is hereby granted for photographs and videos to be taken of camper, and for any photographic image, likeness, or depiction of camper to be used at any time, in whole or in part, without restriction as to changes or alterations to the image, by New Beginnings Christian Camp and staff thereof, for any purpose and in any medium now or heretofore known, including print and electronic. I further waive any claim for compensation for said use of photographic images.

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Signature of Parent or Guardian  
Date

❖ ❖ ❖ ❖ ❖ ❖ ❖ **RETURN THIS FORM WITH PAYMENT AND PERSONAL HEALTH & MEDICAL RECORD** ❖ ❖ ❖ ❖ ❖ ❖ ❖

## CAMPER REGISTRATION FEE PAYMENT

To enroll camper, **payment must be submitted with this Enrollment Form**. You may submit the entire Registration Fee of \$195 with this Enrollment Form, or you may submit a \$65.00 non-refundable deposit with this Enrollment Form, and the remaining balance will be due upon registration on the first day of the camp session.

I am enclosing  CASH  CHECK # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ with this Enrollment Form.

**Total camp fee including crafts and canteen is \$195.00**

Mail to: **New Beginnings Christian Camp • 5904 S Cooper, Suite 104 #148 • Arlington, Texas 76017**

New Beginnings Christian Camp

## PERSONAL HEALTH & MEDICAL RECORD

(Return this form with Camper Enrollment form and payment)

Camper's  
**LAST NAME:**

Camper's  
**FIRST NAME:**

Male  Female

Age:

Height:

Weight:

Blood Type:

### FOOD ALLERGIES

Please list any foods to which camper is allergic:

### DRUG ALLERGIES

Please list any drugs/medications to which camper is allergic:

**MEDICAL HISTORY/ HEALTH STATUS:** Please describe **any** medical conditions that the camper has experienced, **past or present**, that may occur at camp, may affect his or her participation in camp activities, or that we simply need to be aware of. Be sure to include any psychological, psychiatric, neurological, or behavioral disorders that may manifest themselves in abnormal behaviors; any limitations to physical activity; and any other stresses or situations the camper is experiencing that we should know about.

List conditions/disorders here:

Give explanations here (attach a separate sheet if needed):

**IMMUNIZATIONS:** Please give the date of last inoculation for each disease listed below.

Tetanus toxoid

Diphtheria

Pertussis

Measles

Mumps

Rubella

Polio

**INSURANCE:** List information concerning camper's medical insurance policy, if any.

**Attach photocopy of insurance card.**

Insurance Company: (Company's name, address, phone numbers, etc.)

Policy Number:

Group Number:

### MEDICAL TREATMENT CONSENT:

In case of emergency in which my child requires medical attention, I, Parent or Guardian, do hereby give my consent for above-named camper to be transported to a medical facility and for the director or camp medical staff to authorize the physician to do what is deemed necessary.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

New Beginnings Christian Camp  
**MEDICATION STATEMENT**

BE SURE TO READ THIS FORM CAREFULLY. INITIAL AND SIGN IN APPROPRIATE PLACES AT BOTTOM OF FORM.

Camper's <b><u>Last Name:</u></b>	Camper's <b><u>First Name:</u></b>
Iron Springs Session #:	Cabin #: <span style="float: right; font-size: small;">(Camp registration staff will fill in Cabin #)</span>

To Parents and Guardians:

In order to comply with the State Law and to provide the best healthcare possible for your child while attending New Beginnings Christian Camp it is necessary that the following be observed:

- ⇒ All **PRESCRIBED** medications must be in their **ORIGINAL** containers with current directions as indicated by the physician. We will **NOT ACCEPT** medications in plastic bags, paper sacks or weekly dose containers. If it is not in the original container, the medication cannot be dispensed and you will be asked to bring the original container to us.
- ⇒ Please make sure that all immunizations are up-to-date and **ALLERGIES TO FOOD AND MEDICATIONS** are listed on the Health and Medical Record form.
- ⇒ **OVER-THE-COUNTER MEDICATIONS (OTC):** Please note that the camp has a well-stocked infirmary so it is generally unnecessary to send routine over-the-counter medications with your child. A partial list of OTC medications available is listed at right. If you are not sure whether a specific OTC medication is available, please speak to the medical staff at the time of registration. If your child's OTC medication is unavailable and you bring his or her own supply, please leave it in the original container and label it with your child's name.

Please list all **PRESCRIPTIONS** and personal supplies of **OTC MEDICATION** on the medication form below. Include the need or indication, the dose, and the time(s) to be given. Then sign and date the form where indicated.

**PARTIAL LIST OF AVAILABLE OVER THE COUNTER (OTC) MEDICATIONS:**

- Acetaminophen (generic Tylenol)
- Ibuprofen (generic Motrin)
- Diphenhydramine (generic Benadryl)
- Decongestant (generic Sudafed)
- Hydrocortisone cream
- Triple antibiotic cream
- Antifungal cream
- Aloe Vera gel
- Swimmer's Ear drops
- Cough medicine (generic Robitussin DM)
- Cough drops
- Sore throat lozenges
- Antacid & antigas tablets
- Loperamide (anti diarrhea)
- Artificial tears

Medication / Dosage	Indication / Reason for Taking	Breakfast	Lunch	Dinner	Bedtime

**PARENT/GUARDIAN AUTHORIZATION:**

Parent/Guardian INITIALS	PARENT/GUARDIAN: Place your initials in the left-hand box for each statement below for which you give authorization, then sign and date the form at the bottom. Initialing a statement means you are answering "YES" to that statement.
	I, the undersigned Parent/Guardian of above-named Camper, give permission for the medical staff at New Beginnings Christian Camp and/or Brookhaven Retreat Center. <b><u>TO DISTRIBUTE PRESCRIPTION MEDICATIONS AND PERSONAL SUPPLIES OF OVER-THE-COUNTER MEDICATIONS</u></b> to said Camper as outlined above.
	I, the undersigned Parent/Guardian of above-named Camper, give permission for the medical staff at New Beginnings Christian Camp and/or Brookhaven Retreat Center. <b><u>TO DISPENSE OVER-THE-COUNTER MEDICATIONS OUT OF THE INFIRMARY</u></b> to said Camper as they see fit.
	The infirmary also has prescription epi-pens and/or albuterol for use in emergency situations. I, the undersigned Parent/Guardian of above-named Camper, give permission for the medical staff at New Beginnings Christian Camp and/or Brookhaven Retreat Center. <b><u>TO ADMINISTER PRESCRIPTION EPI-PEN AND ALBUTEROL</u></b> to said Camper in the event of a respiratory emergency and/or severe allergic event.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_