**Traveling Day Camp at**

**Montoursville Presbyterian Church**

In Partnership with Krislund Camp

This day camp is an outreach ministry of Montoursville Presbyterian Church. Programming is provided by Krislund Camp staff and church volunteers - all of whom have undergone background checks. The church will have adult volunteers present during the entire program.

The day camp programming includes a portable version of the camp staples, “The Gaga Ball Pit”, and “9 Square In The Air” as well as others. Kids will sing songs, play games and do crafts. The central piece of all programming however, is the gospel. Campers will participate in a daily Bible study and be given the chance to grow closer to the Lord.

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| **When** | July 25-29, 2016  Monday, Tuesday and Wednesday: 9:00 AM until 5:00PM  Thursday: 9:00 AM until Friday at 4:00 PM: The camp will travel to Krislund Camp in Madisonburg, PA (about 1 hour away) to experience all that the camp has to offer….climbing wall, ropes courses, zip line, swimming, hiking, campfire and outdoor worship, as well as spending the night in camp lodging. Transportation will be provided by church volunteers. We will return to the church on Friday by 4:00PM for parent pick up. |
| **Who** | Children who have finished Kindergarten - finishing 8th grade. |
| **Where** | All programming will take place at Montoursville Presbyterian Church. The address is 900 Elm St in Montoursville.  Phone: 570-368-1595 |
| **Cost** | There is NO charge for the camp. This is an outreach program provided by our church for the children of the community.  HOWEVER, if your child wishes to participate in laser tag at Krislund, there will be a fee of $25. This is NOT required and other activities will be available for campers who choose not to play laser tag. |
| **Meals** | Lunch and snacks will be provided every day as well as dinner and breakfast while at Krislund on Thursday and Friday. PLEASE be sure to list any food allergies on registration paper! |
| **Transportation** | On Thursday the campers will be transported to Madisonburg, PA by church volunteers in vans and personal vehicles. |
| **What should I bring?** | Wear comfortable clothes and sturdy footwear (sneakers) every day.  Campers should bring a backpack each day containing sunscreen, sunglasses, hat, water bottle and a light jacket (just in case). |
| **How do I register?** | Mail the attached registration packet to **Montoursville Presbyterian Church, 205 Tule St, Montoursville, PA 17754** OR drop at the church office at 205 Tule St. You can call or text Rachel Bradley at 570-419-8217 with any questions. You will need to complete BOTH the church permission form and the camp health form. Registration is recommended as we are only able to accommodate the first 63 campers! |
| **More info…** | Visit [www.krislund.org](http://www.krislund.org/) and click on the Traveling Day Camp Link. |

**Information for the overnight trip on Thursday-Friday:**

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| **Does my child have to go on the overnight trip?** | No, however we hope you will encourage your child to experience a night at Krislund!  It’s a night of worship and fun that campers come home really excited about.  If you choose for your child to not attend the overnight trip to Krislund, then they will complete their week of Day Camp at 5:00 on Wednesday since we will be leaving for the overnight on Thursday morning and not returning until Friday afternoon. |
| **Can I attend the overnight trip with my child?** | No. Due to liability and security concerns, we cannot allow parents to stay with their child at Krislund. However, you do have the option of transporting your child to and from Krislund instead of having them ride in the van or with the church staff.  Please trust that your child is in good, caring hands while attending day camp and the overnight trip. |
| **What should my child pack for the overnight trip?** | Sleeping Bag and Pillow  Shoes (sneakers)  Socks (bring extra)  Clothing (shorts, t-shirts, sweats, etc)  Jacket (raingear)  Towels (2, one for shower and one for the pool)  Pajamas  Toiletries (shampoo, toothbrush/paste, hairbrush, personal items)  Swimsuit (modest, one-piece for girls)  Sandals/Flip Flops (for at pool and shower only)  Backpack  Flashlight  Bug Spray  Sunscreen  Water Bottle  Hat  Security item (stuffed animal, blanket, etc) |
| **What not to bring** | Electronic devices (phones, ipods, games, etc.)  Expensive Jewelry  Food, candy, drinks (everything will be provided)  Expensive clothing (this is camp….)  Weapons (firearms, knives, etc.)  Revealing or offensive clothing |

**Montoursville Presbyterian Church Day camp**

**in partnership with Krislund Camp**

**July 25-29, 2016**

**Camper Information:**

Name: (Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(First)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male / Female (circle one)

Age\_\_\_\_\_\_\_\_\_\_\_ Birth date \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Grade Completed in 2016 \_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_

Best # to be reached at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact - Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Will your child be participating in the overnight trip to Krislund Camp in Madisonburg, PA from Thursday, July 28 to Friday, July 29, 2016?**

**\_\_\_\_\_\_\_YES**

**\_\_\_\_\_\_\_NO (if NO, then your child will complete their week of Day Camp on Wednesday at 5:00pm)**

**NEW OPTION THIS YEAR**

**>>>LASER TAG<<<**

This year Krislund will be offering Laser Tag as an option for campers at Traveling Day Camp. Campers will participate in this activity for 2 hours on Thursday or Friday once they arrive at camp.

THIS IS OPTIONAL AND DOES HAVE A COST OF $25. Please include the $25 with your registration fee.

I would like to register my child to participate in Laser Tag: YES NO

**Consent and Release from Liability:**

I hereby give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ my permission to participate in the activities of Montoursville Presbyterian Church Traveling Day Camp from July 25-July 29, 2016.

I hereby give my permission for the child mentioned above to participate in the camp including, but not limited to, transportation to and from Krislund Camp in Madisonburg, PA. I also release all camp leaders and ministry partners as well as Montoursville Presbyterian Church and their members and staff from any liability that may arise. I have been informed that all camp leaders have provided background checks and clearances.

In the event I cannot be reached at the numbers provided, I expressly give my consent to Montoursville Presbyterian Church, camp leaders, and their ministry partners, to make any and all decisions concerning the above-mentioned child’s health and treatment if any emergency should arise. By signing below I also release Montoursville Presbyterian Church, camp leaders, their ministry partners and all their families as well as any other people associated with this organization from any liabilities, law suits, expenses, or any legal or other action on my part that may ensue.

I give permission for the use of photographs and video including my child to be used in publicity including Church websites or newsletters or local newspapers.

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KRISLUND CAMP & CONFERENCE CENTER**

189 Krislund Dr., P.O.Box 116 Madisonburg, PA PA. 16852

Phone: (814) 422-8878

The **TRAVELING DAY CAMP HEALTH FORM** must be provided at time of check-in before the camper is able to participate in Krislund Traveling Day Camp Activities.

**Camper’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_ Gender \_\_\_ Grade Completed\_\_\_\_\_

**Parent or Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Second Parent/Guardian/Emergency contact**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other emergency contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

### IMPORTANT - THIS BOX MUST BE COMPLETED FOR ATTENDANCE

This health history is correct so far as I know, and may be photocopied for trips out of camp. It is understood that the summer activities, described in the brochure, include managed risk activities (i.e., caving, hiking, low ropes, wall climbing, and high ropes). The person named above has permission to engage in all prescribed camp activities except as noted.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the Camp Administrator to: provide routine and emergency health care; administer medications; order X-rays, routine tests, treatment; release any records necessary for insurance purposes; and provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the Camp’s health care manager to secure and administer necessary treatment, including hospitalization, for the person named above.

SIGNATURE of parent/guardian : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Medical Insurance Information

Insurance carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy or group #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper’s coverage/ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Health History

#### Date of last tetanus vaccination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are all the camper’s recommended childhood vaccinations current? Yes:\_\_\_\_\_ No: \_\_\_\_\_\_

If No, explain:

**Current Medical Conditions under Treatment:**

**Current medications:**

(All campers who will be taking medications while at camp will need to meet with the camp Health Care Manager)

|  |  |  |  |
| --- | --- | --- | --- |
| **√** | **Medication** | **Dose** | **Time to be taken** |
|  |  |  |  |
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|  |  |  |  |

√ Check this box if the medication is to be continued while at camp

**Medication/Food Allergies:**  (Please note, our kitchen is not gluten or nut free.)

**Consent (Activities / Photo Release)**

In signing this application, I hereby certify that the above information is correct and give permission for the release of medical records in case of illness or accident. In case of medical emergency, I understand that every effort will be made to contact a parent or guardian of the camper. In the event I cannot be reached, I hereby give permission to the physician selected by Krislund Center Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the participant named above

I have read and understand that I agree to abide by the refund policy and agree to pick my child up early for illness or disciplinary reasons.

I give permission for me/my child to participate in the activities of Krislund Camp & Conference Center recognizing there is an element of risk in any adventure, sport, or activity associated with the outdoors.

I permit my child to be transported to and from Krislund Camp in Madisonburg , Pa by the Sponsoring Church personnel to participate in camp approved activities.

I give permission for the use of photographs and video including me/my camper or articles written by me/my camper to be used in publicity including the Krislund Camp & Conference Center website and internet sites promoting or reporting on Krislund.

**Parent or Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**