

Office Use Only

Date Received: _____

Acceptance Letter Sent: _____

Phone Calls: _____

Promise Camp Application Form

Quarterman Conference Center, Amarillo, Texas

Promise Camp Dates: July 12 -16, 2010

Children entering grades 4th, 5th and 6th grade in September 2010

Please fill out this application completely before returning it. Unsigned and incomplete applications will not be accepted.

Camper's name: _____ **Entering Grade** _____

Address: _____

City _____ State _____ Zip _____

Male/Female (circle one) Date of Birth ____/____/____ Age _____

T-Shirt (adult) S _____ M _____ L _____ XL _____

Parent/Guardian: _____

Address _____

Home Phone _____ **Business Phone** _____

Cell Phone _____ **CIRCLE THE BEST PHONE NUMBER**

Please specify any limitations to camper's participation in program:

My child, _____, has my permission to participate in all planned activities while attending Promise Camp at the Bishop Quarterman Conference Center. In signing this application, I certify that the information is correct and I give my permission for my child to be transported in public vehicles for approved activities outside the confines of BQCC.

Parent/Guardian signature:

_____ **Date** _____

**2010 Promise Camp Health Form
Bishop Quarterman Conference Center**

Camper Information:

Legal Name of Child:

First	Middle	Last
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Social Security Number _____

Address: _____

City/State/Zip _____

Age _____ Grade _____ Date of Birth _____

Male/Female (Circle) Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Parent/ Guardian Information:

Name: _____

Address: (If different from above): _____

Home Phone (____) _____ - _____

Business Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Referring Agency: (if applicable) _____

Case Worker: (if applicable) _____

Agency Phone: (____) _____ - _____

Medical Information:

Campers are only allowed to bring prescription medication with a signed note from their physician. Medication must be in a prescription bottle with camper's name and physician's name printed on it. All medicine will be collected at registration and given when needed by the Camp Nurse. Please list any medical problems the camper has (**allergies to specific foods, exposure to native plants, or sun light**, asthma, etc.) and any medications that the camper is currently taking provided on the space on the next page. **INCLUDE DOSAGE AND TIMES FOR ADMINISTRATION!**

Medications: _____

Any recent illness: (Yes/No) if yes, please explain. _____

Any recent exposure to contagious disease: (Yes/No) if yes, please explain. _____

Camper may take (check all that apply): Tylenol Eye Drops Eardrops
 Antihistamine Ibuprofen Antacids Benadryl Robitussin
 Throat lozenges Hydrocortisone Cream Imodium AD

This camp provides secondary medical coverage. Your frankness about any physical or emotional disability will help the staff to work more effectively with your child.

Physician name: _____

Phone number: (____) _____ - _____

Date of most recent tetanus shot: _____

Insurance Company: _____

Group/Plan Number: _____ phone: (____) _____ - _____

Medicaid Number : _____

Name on Medicaid Account: _____

Please check all that apply to camper

Asthma diabetes recurrent ear infections chronic constipation depression
 recurrent strep throat frequent diarrhea bedwetting kidney/bladder infections
 ADD/ADHD sleepwalking migraines lactose intolerance epilepsy/seizures

others (please list) _____

Emergency Contact Information

Parent/Guardian name: _____

Home Phone: (____) _____ - _____

Business Phone: (____) _____ - _____

Address: _____ **City/State/Zip** _____

Alternative Contact: _____

Relationship to Child: _____

Phone Numbers (s): _____

In case of an emergency, I understand every effort will be made to contact the parent/guardian of the injured/ill camper. If I am unable to be reached, I give permission for Katy Hoskins or an appointed member of the Bishop Quarterman Conference Center Staff to seek medical attention or administer first aide for my child. If case of a life-threatening situation, I understand that 911 will be called first, and then the parent/ guardian. Please sign and date.

Signature of Parent/Guardian _____ Date _____

Promise Camp Code of Behavior - REQUIRED

The Promise Camp Code of Behavior is designed to show what we expect from everyone who is a part of Promise Camp, including campers, volunteers and staff.

- I will treat everyone with respect and dignity.
- I will not use inappropriate language during my stay at Promise Camp.
- I understand that each person has physical boundaries and I will not step over their boundaries. Sexual misconduct, including harassment, will not be tolerated.
- I understand that the use of alcohol, illegal drugs, and smoking are prohibited during my stay at camp. **I understand that my personal items maybe checked upon arrival to make sure there is no violation or misunderstanding concerning illegal contraband.**
- I will treat others the way I want to be treated.
- I will treat the facilities with care and not abuse the property.
- I will have a positive attitude and encourage others to do the same.
- I have read the Camp Information page and I promise to abide by all camp rules and accept the full authority of the Director, his staff, volunteers and clergy.

By signing below I accept the Code of Behavior and will honor it while I am at Promise Camp.

Camper Signature _____ **Date:** _____

Parents/Guardians: Please make sure the camper understands the terms of the Code of Behavior.

By signing below, I believe _____ understands the above Code of Behavior. All campers will be asked to abide by these rules during their stay at Promise Camp. If the camper is in violation of these rules, proper action will be taken. In serious cases, I understand that the Director has the authority to dismiss the camper and that I am responsible for their immediate transportation home.

I have read and understand the general Camp Information and policies and will adhere to them fully.

Parent/Guardian signature _____ **Date** _____

Information Fact Sheet

This information is vital for scholarship reimbursement and future publication of brochures concerning Promise Camp. Please fill out all the information requested.

Name of the parent who is currently incarcerated: (if applicable)

Identification number: _____

Place of incarceration: _____

Do we have permission to photograph you child or grandchild performing in activities for future publication? (Yes) (No)

Note: Photographs of children will not include identification.

Information

Each Camper Should Bring:

4 changes of comfortable, casual clothing
Swimsuit
Sturdy shoes
Sunscreen
Hat
Shampoo, soap, tooth brush and toothpaste

Should Not Bring:

Electronic equipment/cell phone
Tobacco products
Non-prescription drugs
Alcohol
Money

For health and safety, luggage may be checked to ensure campers are compliant to the above rules.

The Promise Camp Nurse will administer Prescription Medication. *If your child needs prescription medications, please include medication for the entire 5 days they will be gone. Campers who need prescription medication will not be allowed to travel to camp without the appropriate amount of that medication. Medication must be in the original prescription container.*

Application for Promise Camp along with signed Code of Behavior and Health form should be received no later than May 28th, 2010.

Applications will not be accepted after this date.

Mail all these forms to:

Katy Hoskins
7525 State Highway 70
Sweetwater, Texas 79556

If you have any questions regarding Promise Camp, please phone or email Katy Hoskins, 325.235.7151 or katy@promisecamp.org. After reviewing your child's registration forms, you will be contacted about travel arrangements for your child. Campers will travel by charter bus to and from the Conference Center if participating in **Promise Camp**.