

The Promise Land

2009 Summer Day Camp Information

June 22 – July 31

The Promise Land Camp Ground is located on 60 acres in Pittsville. For the past 2 years we have hosted a *Summer Day Camp* for kids, which is a perfect place for boys and girls to spend part of their summer. Our Day Camps will focus on helping young people develop confidence, self-esteem, spiritual values, develop their talents and make new friends in a fun environment!!! The camp is open for kids' ages 5-12 years old and it is run by qualified leaders.

Starting at 8:00 am the doors will open for early arrival and we begin our first activity at 9:00. Afternoon pick up is between 5:00-5:30 pm.

We strive to make each day fun and exciting for the kids. Every morning we will start off with a fun physical exercise and an illustrated devotion. Throughout the week activities will include: *volleyball, basketball and soccer training; swimming, canoeing, fishing, nature trails, low ropes course and water games*. In addition, we take field trips to the local park, Zoo's and once a week to Regal Cinemas.

We will provide kids with daily snacks and snow cones but every child must bring a packed lunch which we will keep refrigerated.

Registration Fee: \$25 (This fee is applied to first week camp if you register before June 1st)

Daily Rate: \$25

Weekly Rate: \$100

Enclosed are all the required registration documents that are necessary prior to camp participation. These forms include the *application, medical release form and authorization for camps*.

The Promise Land

2009 Summer Day Camp Application

Today's Date: _____ Date of Camp: _____

Office Use Only-ID Number: _____

Deposit _____ Balance due _____

Discounts will be given to families of three or more children/siblings.

PERSONAL INFO- Please include a photo

Camper's Last Name: _____ Camper's First Name: _____ Middle Initial: _____

Nickname: _____ Gender: _____ Age: _____ Birth date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Social Security No: _____

School Attending 2008-2009: _____

PARENT/GUARDIAN INFO

Father's/Guardian's Name: _____ Phone: (____) _____

Mother's/Guardian's Name: _____ Phone: (____) _____

Parent's Guardian's E-mail: _____

Father's Work Phone: _____ Mother's Work Phone: _____

ALTERNATIVE EMERGENCY INFO

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Work Phone: _____

HEALTH INFO

Physicians Name: _____ Address: _____

Phone Number: _____ Name of Health Insurance: _____

Policy or Group Number: _____ Policy Holder Name: _____

Please circle any activity that you do not want your child to participate in:

SOCCER BASKETBALL VOLLEYBALL CANOEING

PADDLE BOATS OBSTACLE COURSE

HIKING FISHING

THE PROMISE LAND SUMMER DAY CAMP

CONSENT FOR MEDICAL TREATMENT/RELEASE

AND HOLD HARMLESS

Camper's Name : _____

Birth date: _____

Social Security Number: _____

WHEREAS, (my child) _____, wishes to be a member of the summer day camps of the Promise Land, **WHEREAS**, certain circumstances and situations may occur resulting in his/her need for medical and/or dental care and treatment, and the emergency contacts provided cannot be reached.

THEREFORE,

1. In consideration of permission for my child to participate in said camps, I, _____, being of legal age, do hereby authorize The Promise Land and its staff and volunteers to act in my child's behalf should I be unable to do so and to consent to reasonable medical and/or dental care and treatment, including but not limited to diagnostic tests, x-ray examinations, anesthesia, surgery, or other procedures which may be deemed necessary to my child's medical well-being for the duration of this camp.
1. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical and/or dental treatment or care in my

child's behalf, in the event I am unable for any reason, to give such consent.

1. Any consent by the Promise Land and its staff shall have the same force and effect as if I had personally given the consent.

MEDICATIONS INSTRUCTIONS

If it is necessary for your child to receive medication during camp, please do the following:

1. Give the medication to the camp coordinator (or send the medication to camp with an adult if you are unable to bring it yourself).
2. Send medication in the original container (with date) properly labeled with the following information:
3. Please list below any allergies that your child has:

AUTHORIZATION FOR CAMPS

1. I understand that the Promise Land will not assume responsibility for accidents and/or medical or dental expenses received as a result of participations in the camp/s.
1. I give permission to the Promise Land to dispense the medication, which I have provided, if any, to my child according to the information provided in this document.
1. I understand that no reduction in the tuition will be made for late arrival or early departure.
1. I give the Promise Land consent to use the name and/or photography/video of my child for inclusion in promotional and informational and other materials which the Promise Land or its staff in its sole discretion consider to be of benefit to the Promise Land. This includes (but is not limited to) newspaper, television, and brochures. I waive the right to approve such uses and I release the Promise Land from any liability in connection therewith.
1. Permission is hereby granted for my child to attend all field trips and off-grounds activities scheduled in connection with the camp.
1. I understand and acknowledge that participation in the camp and related activities carries with it the possible risk of physical injury. On behalf of my child, I assume all such risk of physical injury and hereby release and hold harmless The Promise Land, its officers, employees, and representatives/ volunteers from all liability for personal injury, including death, arising out of their negligent acts or omissions as a result of medical and/or dental treatment given pursuant to this consent, and from liability for personal injury, including

death, as well as all property damages or loss arising out of their negligent acts or omissions connected with my child's participation in this camp.

1. I further acknowledge and agree that I will be fully responsible for any and all losses or damages that my child inflicts upon any person or upon the Promise Land facilities during participation in the camp.

1. Please list below any other persons, if any, that are authorized to pick up your child:

I have carefully read and understand all of the information, and I agree to all the terms and conditions. The information that I have given The Promise Land is accurate and true to the best of my knowledge. I am the legal guardian of the camper.

Parent/Guardian Signature: _____

Date: _____