

General Information

Camper Name: _____ Gender: _____ Age: _____ DOB: ____/____/____

Physical Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____ Grade Entering: _____

Sponsoring Church: _____ Request for Cabin Mate: _____

Name of Legal Guardian: _____ Relation to Camper: _____

Phone: _____ Email: _____

If someone other than the legal guardian is picking up the student at camp, please fill out:

Pick-Up Contact: _____ Phone # _____

Camper's T-Shirt Size: _____ (Only campers whose registration forms have been received by May 15th are guaranteed a shirt.)

Select a Week of Camp

(Please use the grade entering in the fall)

- **May 31 – June 4, 2021** | Jr. High School Week (**7th & 8th Grade**) | \$100
 - **June 5, 2021** | First Chance (**1st & 2nd Grade**) | \$25
- **June 7- 11, 2021** | High School Week (**9th & 12th Grade**) | \$100
- **June 14 - 18, 2021** | Elementary School Week (**3rd & 4th Grade**) | \$100
- **June 21 - 25, 2021** | 5th and 6th Grade Week (**5th & 6th Grade**) | \$100

John Lancaster
 Aaron Warnick
 Kelly Carmichael
 Tyler Hamm
 Hope Spencer
 Caleb Lewis
 Ryan Christman
 Kyle Morris
 R-Kay Willardson
 Kraig Birchfield

If you are sending your 1st or 2nd grader to the Day Camp and would like to accompany him/her (free of charge), please circle: Yes or No

Medical Information

Please check if camper has or is susceptible to the following: ___Heart Murmur ___Epilepsy/Convulsions ___Diabetes ___Asthma ___Ear Infections ___High Blood Pressure ___Heart Disease ___Recent Head Injury ___Hay Fever

May your child be given Tylenol or Advil? _____

Please list all known allergies (include their reactions and how to properly manage them): _____

Health Insurance and Policy #: _____

Please list all medications currently taken by camper, including over-the-counter or nonprescription drugs (include dosage and time taken). Bring enough medication to last the entire duration of camp. IMPORTANT: Keep all medications in the original packaging/bottle so that the name of the medication, dosage, and frequency of administration are visible.

(Please inform us of anything concerning the participant's behavioral, physical, mental, or emotional health with which the camp staff should be aware, as well as any restrictions/abilities that may limit participation in certain camp activities.)

Please Note:

1. Concerning the Day Camp for 1st and 2nd graders, because that is a young age, we gladly welcome any parent or guardian who would like to accompany their child and participate in the Day Camp program (free of charge).
 2. Because the camp has a limited number of beds, priority for registration is given to supporting churches until May 1st
 3. Include at least a \$10 non-refundable deposit with this registration form. It will be applied to the registration fee and used to reserve a spot for your child. Any remaining balance will be due at check-in.
 4. Though the sooner the better, please try to have all registrations forms in the mail at least a week prior to the beginning of the week of camp your child is attending.
 5. Items to pack include:
 - a. Toiletries (tooth brush, tooth paste, deodorant, shampoo, soap, etc.)
 - b. Towels, washcloths
 - c. Modest bathing suit
 - d. Bedding (sheet, blanket/sleeping bag, pillow)
 - e. Bible, pens
 - f. Tennis shoes and clothes they don't mind getting dirty (pack more than enough clothing for five days)
 6. Camps begin on Monday at 4:00 PM and conclude on Friday at 10:00 AM, except the Day Camp (10:00 AM – 3:00 PM).
 7. Upon completion, please give this form to your church's point person (this may be your minister). If your church does not have a point person, please mail this form to **Sonshine Christian Camp, P.O. Box 3038, Tupelo, MS 38803. By May 16th 2020**
 8. You will receive a letter confirming this registration form has been received. (To send to an address other than the one listed as the camper's, please indicate.) If you do not receive a confirmation letter within two weeks, call Dale Carr at (662) 844-3111.
 9. No visitor, including parents, will be allowed on the camp grounds without first checking in with camp security. **Please call 662-321-3281 to get in touch with the security guard.**
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Please discuss the following camp guidelines with your camper:

- I understand that the camp schedule is set by the camp dean and that I am expected to follow it.
 - No camper or staff member shall leave the camp premises without permission from the camp dean.
 - No weapons, fireworks, alcohol, tobacco, or illegal drugs are permitted. (Any such items found will be confiscated and may result in dismissal from camp.)
 - Food is not permitted in the cabins.
 - Remain in your cabin after lights out. The cabins of the opposite gender are always off limits.
 - Please respect camp property (intentional damage could result in the camper being dismissed from camp and charged for repair of damages.)
 - Modesty of clothing is expected at all times and will be enforced. (Halter tops, tank tops, spaghetti straps, too-short shorts, two-piece swimsuits, immodest bed clothing, clothing with questionable images and overly baggy pants should be left at home.)
 - Offensive and abusive language will not be tolerated.
 - Respect the camp dean, those helping with camp, and your fellow campers.
 - Avoid distracting and/or excessive cell phone usage (that may result in the confiscation of phone.)
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Please read the following statement and sign below to signify your agreement to these terms

In case of emergency, I hereby give permission to the physician selected by the camp management to give treatment and medication to my child. I understand every effort will be made to contact me before treatment is given. I hereby give my child permission to take part in the recreational programs, and I understand that photographs and videos may be taken for promotional usage. I hereby release the camp from any responsibility other than normal supervision and care. In case of accident, I will not hold SONSHINE CHRISTIAN CAMP or its staff, members, management, or officers liable unless guilty of negligence.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____