



# SONSHINE CHRISTIAN CAMP

## SUMMER CAMP & RETREATS

610 US Highway 45, North Baldwyn, Mississippi 38824

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### REGISTRATION INFORMATION

Camper Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade entering: \_\_\_\_\_ Request for cabin mate: \_\_\_\_\_

Week of Camp registering for: \_\_\_\_\_

If Day Camp, will a guardian be accompanying the child? \_\_\_\_\_

Camper T-shirt Size (if registration is received by May 14th): \_\_\_\_\_

Sponsoring church (if applicable): \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Guardian Contact Phone: \_\_\_\_\_ is this a cell phone? Y or N

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

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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### MEDICAL INFORMATION

Please check if the camper has or is susceptible to any of the following:

\_\_\_\_\_ Heart murmur \_\_\_\_\_ Epilepsy/convulsions \_\_\_\_\_ Diabetes \_\_\_\_\_ Asthma  
\_\_\_\_\_ Ear infections \_\_\_\_\_ High blood pressure \_\_\_\_\_ Recent head injury \_\_\_\_\_ Hay fever

May the camper be given Tylenol or Advil? \_\_\_\_\_

List all known allergies, their reactions and how to manage them:

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List all medication currently taken by the camper (prescribed and over-the-counter), include dosage & time(s) to take:

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Leave enough medication with the camp medical team to last the entire duration of the camper's stay at 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 ensure that your child is not currently affected by anything that could be spread to other campers including but not limited to:  
Strep throat, Flu, Covid-19, Lice, etc.

Health Insurance & Policy#: \_\_\_\_\_

Please inform us of anything concerning the camper'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.

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#### PAYMENT INFORMATION

1. Please acknowledge Sonshine Christian Camp's Cell Policy and attach with camp registration.
2. All forms and a \$10 non-refundable deposit are to be mailed to: Sonshine Christian Camp, P.O. Box 3038, Tupelo, MS 38803, by May 13th
3. Payment in full can also be mailed to this address or the remaining balance will be due at time of camp check-in.
4. If registration is received by the deadline, you will receive a letter confirming the receipt. Make sure the mailing address is listed on the registration form. If you have not received confirmation within two weeks, call Mr. Dale Carr at (662)844-3111.

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#### CAMP GUIDELINES

Please discuss the following guidelines with your camper:

1. I understand that the camp schedule is set by the camp dean and I am expected to follow it.
2. No camper or staff member shall leave the camp premises without permission from the camp dean
3. No weapons, fireworks, alcohol, tobacco, or illegal drugs permitted. (any such items found will be confiscated & may result in dismissal)
4. Food is not permitted in the cabins.
5. Campers must remain in cabins after lights out. The cabins of the opposite gender are always off limits.
6. Respect the camp's of other camper's property (intentional damage could result in being charged for repairs or replacement and dismissal)
7. Modest clothing is expected at all times and will be enforced according to camp staff's judgement.
8. Offensive and abusive language will not be tolerated or displayed on clothing.
9. Respect for the camp dean, all staff and fellow campers is expected.
10. Acknowledge of our camp cell phone policy is required for registration.

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#### MISCELLANEOUS GENERAL AND HELPFUL NOTES

1. Concerning the Day Camp for 1st & 2nd Graders: because that is a young age, we gladly welcome any parent or guardian to accompany their child and participate in the Day Camp Program free of charge. Day Camp begins at 10:00 a.m. and ends at 2:00 p.m.  
**Other than the above exception, NO visitors, including parents, will be allowed on the camp grounds without first checking in with camp security. A contact cell phone number will be given to all parents & guardians at check-in for any emergencies or communications.**
3. All camp weeks begin on Monday at 4:00 p.m. and conclude Friday at 10:00 a.m. The camp gate will not open for campers until Mondays 4:00 p.m.
4. Please be prompt with picking up your child at end of camp.

**Read to 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 that 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 responsibilities other than normal supervision and care. In case of an accident, I will not hold Sonshine Christian Camp or its staff members, management, or officers liable unless found guilty of negligence.

Student Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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