

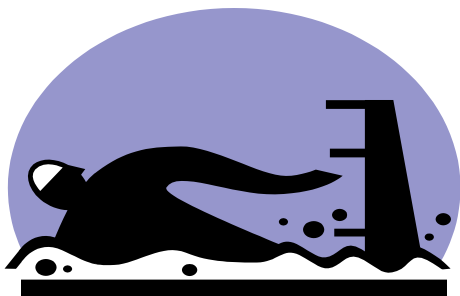
EMERGENCY CONTACT

EMERGENCY CAMP CONTACT
PHONE AVAILABLE AT CHECK-IN

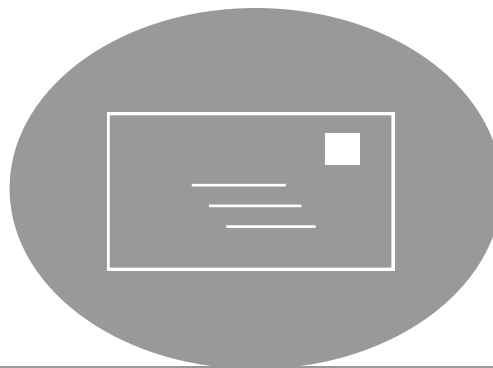
All medications **MUST** be checked in to the camp nurse at registration and will be administered by the nurse.

All medications **MUST** appear on registration form for written permission to administer.

Concerns with severe food allergies will need to be addressed by the Dean.



JULY 16th - 20th



MAIL CALL:

Camp Fircroft

<Att: Camper Name>

97040 Langlois Mountain Road

Langlois, OR 97450

Parents Night is on Wednesday!

You are invited to join us for a BBQ at

5:30pm on the basketball court!

ELEMENTARY CAMP

3rd-5th Grade

Dean: Pastor Darrell

Camp Fircroft

JULY 16-20, 2018

Check out our Updated Web
page and Videos @
www.campfircroft.com!

REGISTER ONLINE NOW!!



Check-In & Registration

Pre-Registration begins NOW!

You may pre-register with forms provided for you online @

www.campfircroft.com.

Completed forms may be mailed to:

**Att. Camp Fircroft
54217 Arago-Fishtrap Road
Myrtle Point, OR 97458**

**Registration ??'s:
Call Sandy Morris @
(541) 396-4473**

Check-in: Monday, July 16th @ 3pm

Please accompany your child at check-in and submit ALL medications at the Registration counter.

Cabin assignments are determined by staff and requests can NOT be guaranteed.

A lice check will occur and children found with lice will be sent home.

Check-out: Friday, July 20th @ 10am

NOTE: On the last full day of camp we will substitute BB Guns for Paintball Guns. Kids will shoot at targets (NOT people) and will wear full safety gear. There will be NO additional cost involved.

What to Bring

- ⇒ Bible, Notebook, & Pen, Sleeping bag
- ⇒ Pillow, sleeping Pad, toothbrush, paste
- ⇒ shampoo, soap comb; Several Towels
- ⇒ Sunscreen; Swimsuit (no bikini)
- ⇒ Warm & Cool weather clothes,
- ⇒ 2 pairs of shoes, flashlight & batteries
- ⇒ Good Attitudes!

What NOT to Bring

- ⇒ Pocket Knives, weapons
- ⇒ Electronics of any kind
- ⇒ Drugs, Alcohol, Tobacco
- ⇒ Energy Drinks
- ⇒ Fireworks , Cell Phones
- ⇒ Bad Attitudes!

Fun Activities!

Archery, Basketball, BB Guns, Rug
Ball, Volleyball, Swimming pool,
Campfire Singing, Games,
Water slide & more!



Check-Out Procedure

Campers will be dismissed Friday morning at 10:00am

All campers are REQUIRED to stay until camp has been cleaned and put back together

All campers are REQUIRED to check out at the Main Lodge prior to departure

Campers will only be released to those individuals that checked them in on Tuesday unless a written request is made by a parent/guardian.

July 16th-20th

Camp Dean:
Pastor Darrell Weiland
98177 Bridge Lane
Myrtle Point, OR 97458
darrellweiland@gmail.com
(541) 290-0139

2018 Camp Fircroft Camper Registration Form

Which Camp will your student be attending? (check the appropriate space)

- High School (Entering 9th - 12th grade - & UNDER 18 - July 9-14)** Dean: Pstr. Kyle Busenitz 271-2023
- Elementary (Entering 3rd - 5th grade - July 16-20- note: shorter week)** Dean: Pstr. Darrell Weiland 290-0139
- Jr. High (Entering 6th - 8th grade - July 30-August 4)** Dean: Pstr. Rob Douglass 756-2591

PLEASE READ ALL THE DIRECTIONS CAREFULLY!

- The cost for **High School and Jr. High Camp** is **\$155.00** IF you send your registration in by the **June 24th** deadline. **Elementary Camp** is **\$120** if registered by **June 24th** **REGISTRATIONS RECEIVED AFTER THE JUNE 24th DEADLINE WILL BE CHARGED AN EXTRA \$25 SO PLEASE GET YOUR REGISTRATION IN EARLY!**
- PLEASE ALSO NOTE: These prices do not include paintball, see below.
- If **additional children in the same family** are coming to camp, **the first child is full price**, but there is an additional **\$20.00** discount for each added child/teen, if registered by **June 24th**.)
- **NEW: No refunds for cancellations made less than 48 hours before the beginning of camp.**
- You can also register online at: campfircroft.com
- **REGISTRATION QUESTIONS???? Call Sandy Morris at 1-541-396-4473 or contact your pastor.**

Please make your check payable to: *Camp Fircroft* and send your registration and fee to:

SANDY MORRIS
54217 ARAGO-FISHTRAP ROAD
MYRTLE POINT, OR 97458

Name of Student _____ Gender: M F Grade in Fall _____ Age at camp _____

Name of Parents (Please Print) _____

Home Address _____

City and State _____ Phone (____) _____

Church regularly attending _____

Circle T-Shirt Size desired: **Child Size:** S **OR** **Adult Size:** S M L XL XXL XXXL

I authorize the person in charge of first aid duty at Fircroft to administer first aid as required for illness or injury. In the case of emergency, I understand that all reasonable attempts to contact me at (phone #) (____) _____ or at (emergency phone #) (____) _____ will be made. However, if I cannot be reached, I hereby give permission to the physician or dentist selected by Camp Fircroft to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child (named above.)

I further authorize the camp to use photos or videos taken of my child at camp for Fircroft promotion and advertising including print media for camp brochures, articles, and camp website. In addition, some activities may be offsite. (Transportation will be provided by the camp for such events.) At no time will camp photos be used by unrelated organizations.

Signature of Parent or Guardian

Date

MEDICAL INFORMATION for: Name of Student _____

(Required for hospital admission)

Name of student's Physician _____ Phone No. (____) _____

I understand that my medical insurance is the primary insurance for my student and that Camp Fircroft insurance may not be adequate or may not apply to any injury my student might receive. The student named above is covered by medical insurance as follows:

Insurance Company _____ Policy or Group Number _____

Please state any restrictions, physical impairments and necessary limitations of activities, or write "none": _____

Known Allergies: _____ Bee stings? If yes, reaction: _____

Medically Required Dietary Restrictions: _____

Are all immunizations up to date? _____ If no indicate: _____ Date of last tetanus shot: _____

Other pertinent medical or health issues (I.e. diabetes, asthma, heart problems, seizures, etc.): _____

Medication Policy: All medications, including over-the-counter, brought to Camp Fircroft **MUST** be checked in with the camp medical staff at registration. All prescription medications **MUST** be in the original container with the camper's name, name of medication and directions clearly marked on the pharmacy label by the pharmacist. If a prescription changes from that on the label, a written prescription for the changed dose **MUST** accompany the bottle. All over-the-counter medications **MUST** be in the original container and accompanied by parental instructions. **Medications not complying with this policy will NOT be given.**

MEDICATION INFORMATION

Current Prescription Medications: _____

The following medications may be administered when deemed appropriate by the Camp nurse or medic. Please check any medication the camper should **NOT** receive:

- | | |
|---|---|
| <input type="checkbox"/> Benadryl/Diphenhydramine | <input type="checkbox"/> Claritin/Loratadine |
| <input type="checkbox"/> Hydrocortisone 1% Cream | <input type="checkbox"/> Calamine/Calydryl |
| <input type="checkbox"/> Ibuprofen/Advil/Motrin | <input type="checkbox"/> Tylenol/Acetaminophen |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Tums |
| <input type="checkbox"/> Imodium | <input type="checkbox"/> Mylanta/Maalox |
| <input type="checkbox"/> Triple Antibiotic Ointment | |
| <input type="checkbox"/> Throat Lozenges | <input type="checkbox"/> Refresh Plus Eye Drops |
| <input type="checkbox"/> Betadine/Bactine/Hibiclens | <input type="checkbox"/> Aloe Vera Gel with Lidocaine |

Please note: Camp Fircroft has a no-nit/lice policy. There will be a required head-check for all campers on registration day. Affected students will be required to return home for at least 24 hours for treatment before returning to camp. Returning students will be rechecked before being admitted to camp.

For Camp Registrar Use Only:

Date Application Received _____ Amount Paid _____ Balance Due _____

Paintball Fee or N/A: _____ Cabin # _____

If Scholarship provided, Church sponsoring: _____