



**Dates: July 9-14**

Registration: Monday, July 9 @ 10am

Camp is over: Saturday, July 14 @ 10am

# HIGH SCHOOL CAMP 2018

*"I do believe; help my unbelief!" (Mark 9:24)*

- **Our goal** is to challenge campers to either come to know Christ or to grow in their walk with Christ – The staff is already praying for this week of camp!
- **Campers** must be under 18 the week of camp, and going into 9<sup>th</sup>-12<sup>th</sup> grade. Registration is limited to the first 100 campers – send in your registration by June 24<sup>th</sup> to reserve your space.
- Chapel speakers will include pastors and youth pastor from the area. There will also be seminars on various topics throughout the week. Counselors for each cabin will lead the campers throughout the week.
- **Please bring:** Bible (no wi-fi available for digital Bibles), notebook, water bottle, warm sleeping bag, pillow, towel, flashlight with extra batteries, towel and toiletries (soap, toothbrush, etc.), coat, cool clothes for warm days and warm clothes for cool nights – please keep modesty in mind (no short shorts, no underwear showing), as a dress code will be enforced. *You may also bring:* a modest swimsuit (no bikinis, speedos), sunscreen, a single air mattress or foam bed pad (**highly recommended**).
- **Please do not bring:** air soft guns, pets, tobacco, bad attitudes, or anything illegal to avoid being sent home ☹️
- All medications must be given to the camp nurse at registration.
- **Activities include:** swimming, archery, .22 rifle range, paintball (additional fee applies), disc golf, crafts, basketball, volleyball, night games, fireside, worship, water day, and the ever-popular carpet pool on new tables!
- While family is welcome to visit during the week, all visitors must sign in. There will not be a skit night this year.
- **Contact:** There will be a phone available for emergencies. Mail to campers is encouraged; the mailing address is:  
97040 Langlois Mountain Road, Langlois, OR 97450
- Camp Fircroft is 7 miles up Langlois Mountain Road from mile post 287 on Hwy. 101. Looking forward to seeing you there for a wonderful week on the mountain!

For more information, go to: [www.campfircroft.com](http://www.campfircroft.com)

You may also contact the High School Camp Dean: Pastor Kyle Busenitz at (541) 271-2023

## 2018 Camp Fircroft Camper Registration Form

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

- High School (Entering 9<sup>th</sup> - 12<sup>th</sup> grade - & UNDER 18 - July 9-14)**      Dean: Pstr. Kyle Busenitz 271-2023
- Elementary (Entering 3<sup>rd</sup> - 5<sup>th</sup> grade - July 16-20- note: shorter week)**      Dean: Pstr. Darrell Weiland 290-0139
- Jr. High (Entering 6<sup>th</sup> - 8<sup>th</sup> 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 24<sup>th</sup>** deadline. **Elementary Camp** is **\$120** if registered by **June 24<sup>th</sup>** **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 24<sup>th</sup>**.)
- **NEW: No refunds for cancellations made less than 48 hours before the beginning of camp.**
- You can also register online at: [campfircroft.com](http://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: \_\_\_\_\_

**Fircroft Paintball Registration (JR. HIGH AND SR. HIGH CAMP ONLY)**

Fircroft supplies facemasks, paintballs, and guns for play. Students may bring their own paintball guns-their use subject to the approval of the range master. **The cost is \$30** for Jr. High and High School. This is **above registration cost** to cover the cost of materials. All participating students must submit this waiver signed by a parent and **must** be properly equipped before playing. Clothing recommendations:

1. Loose-fitting, thick clothing like a thick sweatshirt. Guys may want to consider wearing a cup.
2. A baseball cap worn backwards is a good idea for protection of the top of your head and back of neck.
3. Camouflage gear welcome.

Adult Supervisors will enforce safety and rules of play during all paintball games. Any camper failing to obey these rules may lose playing privileges for that day or week.

**Liability Release for Paintball**

Fircroft adult staff supervision will do everything possible to keep every camper safe during this activity, however, even with the best of planning unforeseen events can occur. By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in this activity. They also agree not to hold this camp or its staff, volunteers, or partner churches liable for the damages, losses, or injuries to their child or property. The parent/guardian understands that they are signing for the minor listed on this form. This liability release is valid one year from the signed date.

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