
I lift up my eyes to the
hills.

From where does my
help come?

My help comes from
the Lord,
who made heaven
and earth.

Psalm 121:1-2

Mail can be sent with
student's name on it
c/o:

Camp Fircroft
97040 Langlois Mt. Rd
Langlois, OR 97450

Camp Dean:
Pastor Rob
Douglass
541-233-3143

CAMP FIRCREFT

JUNIOR HIGH CAMP

**JULY 31-AUGUST 4,
2018**

ITEMS TO BRING

- Bible
- Notebook/pen
- Water bottle
- Sleeping bag/pillow
- Toiletries
- Towel
- Warm clothes
- Swimsuit
- Sturdy shoes
- Flashlight
- Modest clothing

Please do not bring electronic devices, weapons, fireworks, or drugs.

Cell phones
will only be allowed as
cameras and alarm clocks.

Camp Fircroft's
Junior High Camp
is for students entering
6th - 8th grade.

Check-in is at 10:00am
Monday, July 30th.

Pick up is around 10:00am
Saturday, August 4th
(students may leave after
clean-up jobs).

THERE IS ONLY ROOM FOR
100 CAMPERS SO RESERVE
YOUR SPOT NOW!

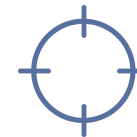
ACTIVITIES



Paintball



Swimming



Shooting Range



Archery



Crafts



Games



Carpet Pool



and more!

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: _____

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:** _____