



# Registration 2013

Important Policy Information: In order to receive the early bird rate, regular rate, and/or family discounts, your registration form must be completed accurately, on time, with the minimum, non-refundable, deposit of \$30, attached. If an item does not apply to you please write "NA" Registrations must be processed by your local church. If any of the aforementioned requirements are not fulfilled, your form will be returned to your local church and the early bird rate/regular rate forfeited.

## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Male: \_\_\_\_\_ Female: \_\_\_\_\_ Grade (Fall 2013): \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at Camp: \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Church Name: \_\_\_\_\_ City: \_\_\_\_\_  
Pastor's Signature: \_\_\_\_\_

## Deadlines (Your Local Church Dates)

Early Bird Due (\$155) \_\_\_\_\_ Regular Rate Due (\$165) \_\_\_\_\_  
All Registrations turned in after \_\_\_\_\_ will be considered on site registration. (\$185)  
(No family discounts with on site rate)

## Mark What Camp You Will Attend

Child must meet age requirements to attend camp(s)

Youth Camp #1 w/Jr. High Track  
(See Brochure for details)  
\_\_\_\_ Jr. High Track June 10 - 14  
(Grades 6 - 9)  
\_\_\_\_ Senior High Track June 10 - 14  
(Grades 9 - 2013 Grads.)

\_\_\_\_ Youth Camp #2 - June 17 - 21  
(Grades 6 - 2013 Grads.)

\_\_\_\_ Youth Camp #3 - June 24 - 28  
(Grades 6 - 2013 Grads.)

\_\_\_\_ Kids Camp #1 - July 8 - 12  
(Grades 4 - 6)

\_\_\_\_ Kids Camp #2 - July 15 - 19  
(Grades 4 - 6)

## Family Discounts & Payment

Family Rate: If someone from your immediate family has already attended Red Culture camp this summer (or the same week), please circle the rate that applies, then list the child(ren) that have already attended.

(Circle one)

Second Child: Early Bird \$150 Regular Rate \$160  
Third Child: Early Bird \$145 Regular Rate \$155  
Fourth or more: Early Bird \$140 Regular Rate \$150

List Full Names & Week(s) Attended : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Payment

Pre-Paid Camp Memory book - \$15 \_\_\_\_\_

Pre-Paid Camp T-shirt - \$12 \_\_\_\_\_

Circle one: YM YL S M L XL 2X(\$15) 3X(\$15)

To reserve a T-shirt and/or memory book, payment must be included.

Required Deposit - \$30 \_\_\_\_\_  
(Minimum payment, nonrefundable, deducted from total)

Total Enclosed \$ \_\_\_\_\_  
(Make checks payable to your local church)

For IMN Office Use Only: EB Reg OS  
Check Amount: \_\_\_\_\_  
Check # \_\_\_\_\_  
Entered By: \_\_\_\_\_ Date: \_\_\_\_\_



\*\*\*\*\* (See Reverse) \*\*\*\*\*

# Legal Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Cell #: (\_\_\_\_) \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Cell #: (\_\_\_\_) \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_  
Who, besides yourself, is approved to pick-up your child from camp in cases of an appointment, emergency, and/or illness?: (Please give the individuals first and last name, along with their relationship to the child.) \_\_\_\_\_

## Medical Information

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Subscriber's Place of Employment: \_\_\_\_\_  
Subscriber's Name: \_\_\_\_\_ Subscriber's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Y or N  
\_\_\_\_ Restricted Activities? If yes, please explain: \_\_\_\_\_  
\_\_\_\_ Known to be a carrier of any contagious or infectious disease? If yes, please explain: \_\_\_\_\_  
\_\_\_\_ Known behavioral or psychological problems or disorders? If yes, please explain: \_\_\_\_\_  
\_\_\_\_ Any known problems with lice in the last six months? If yes, please explain: \_\_\_\_\_  
\_\_\_\_ Other health information we should know: \_\_\_\_\_

History of: (Check all that apply.)  
\_\_\_\_ Seizures      \_\_\_\_ Heart Trouble      \_\_\_\_ Diabetes      \_\_\_\_ Kidney      \_\_\_\_ Digestive Issues      \_\_\_\_ Bleeding  
\_\_\_\_ Surgeries      \_\_\_\_ Menstrual Problems      \_\_\_\_ Sleepwalking      \_\_\_\_ Bed wetting      \_\_\_\_ Headaches      \_\_\_\_ Lung/Breath Problems  
Allergies: (Check all that apply.)  
\_\_\_\_ Hay Fever      \_\_\_\_ Asthma      \_\_\_\_ Bee Stings      \_\_\_\_ Plants      \_\_\_\_ Food(s)      \_\_\_\_ Medications  
Explanation for checked items: \_\_\_\_\_

All medication (including all over the counter meds) is required to be turned into the camp First Aid Personnel at registration. The Camp First Aid Personnel will be responsible for dispensing all medications. Prescriptions and over the counter medications are required to be in their original prescription bottle or container with the dosage and instructions still intact. Please place all prescriptions and medications in a ziploc baggy with the campers name, the church they are traveling with and the city.

Current Medications: (List all medications to be administered at camp): \_\_\_\_\_

(All the information above is required and must be completed in full. If your child is not insured please write "N/A" in the "insurance company" blank.)

LEGAL GUARDIAN AUTHORIZATION: The "Statement of Health" listed on this sheet is correct as far as I know and the camper listed on this form has permission to engage in all prescribed activities except noted by me. I give permission for the camp first aid personnel to treat the listed camper in the event of a minor illness or minor injury. IN CASE OF EMERGENCY, and when I am unable to be contacted, I hereby give permission to the local physician selected by the camp to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child. Camp counselor refers to "a person in charge of a group of children at camp" and does not imply they are licensed to give counsel. Permission is given to Iowa Ministry Network to use photographs of my Child for the camp video and/or future promotional purposes. I understand that Sunstream, Iowa Ministry Network, or any of its employees are not to be held personally responsible for accidents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* (See Reverse) \*\*\*\*\*

# Red Culture Camp Code of Conduct

## Appropriate Attire

1. All campers are encouraged to dress modestly and appropriately in a manner which is conducive to the spiritual goals of camp. Modest shorts may be worn anytime during camp.
2. The midsection must be covered and no undergarments can show. No strapless dresses and/or tops are allowed.
3. Clothing with inappropriate slogans or advertisements such as beer and tobacco companies, etc. will not be permitted.
4. Cover clothing must be worn to and from the swimming pool over the swimsuit.
5. Counselors and leaders will be available to guide campers with any questions about the dress code.

## Regulations

1. Attendance at all classes and assemblies is required.
2. Prescription and over the counter medicines must be turned in at registration to the First Aid Personnel in a ziploc bag. It is mandatory to send all medications in their original prescription container.
3. No camper is permitted to leave the grounds without the proper paperwork.
4. The possession or use of illegal substances and/or items is sufficient reason for immediate dismissal from camp.
5. CD players, i-pods, radios, cell phones, pagers, gaming systems and pets are not permitted at camp.
6. All car keys of campers must be turned in to the camp manager or those approved by the camp manager at registration.
7. Campers are expected to respect and obey their dorm leader (Counselor) and other camp staff.

I have read and understand the "Red Culture Camp Regulations." I will abide by all camp regulations. Failure to abide by these regulations may result in any or all of the following, not necessarily in order: a campers inability to participate in certain activities, a phone meeting with the camper's guardian or pastor, the camper's removal from the campground, and/or local law enforcement investigation.

I also understand that the camp staff reserves the right to inspect the contents of all personal belongings, including backpacks. The confiscation and/or disposal of improper and illegal items is the right of the camp staff.

Name of Camper: \_\_\_\_\_  
(Please Print)

Signature of Camper: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed the Red Culture Camp Code of Conduct with my child. I understand if my child fails to abide by these regulations their misconduct could result in the actions stated above.

Legal Guardian: \_\_\_\_\_  
(Please Print)

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach this form to your registration.