

### Consent for Dispensing Medication

I, the parent/legal guardian of \_\_\_\_\_, give permission for the nurse(s) and/or executive staff of Madison Church of Christ camp staff to dispense medications (prescription or over the counter) brought to Valley View by the parent/guardian and/or dispense over the counter medications maintained by the camp nurse, unless otherwise noted.

### Consent for Medical or Surgical Treatment/Waiver of Legal Liability

In the event that I or my dependents listed below should become ill or injured while at camp I, as parent or legal guardian, authorize Madison Church of Christ staff and/or the staff of Valley View Camp to secure and give consent for any medical or surgical evaluation and/or treatment by the physician or hospital of their choice. I understand that all reasonable efforts will be made to contact me in the case of an emergency. I also acknowledge that my signature below constitutes full waiver of all legal liability, for myself or my child, against Madison Church of Christ, its employees, agents, associates, and camp staff for all activities. These activities may include but are not limited to: hayride, fishing, campfires, canoeing, swimming, hiking, arts and crafts, ropes course, zip line, and individual/team sports. I give my permission for photography or videotaping of my child during any camp activities. I understand that all photos and videos taken while at camp become the property of Madison Church of Christ and may be posted on social media, including, but not limited to Facebook, MySpace, etc. I have instructed my child/dependant about the importance of following directions and instructions of the Madison camp staff. Should I be requested to do so, I will abide by all decisions of camp directors and management up to and including removing my child/dependent from the property.

By signing below, I agree to the terms listed above.

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

Please be sure to return the enclosed release from Valley View Camp.  
Your application is not complete without it.

Please return completed/signed application with a 50% NON\_REFUNDABLE DEPOSIT to  
Madison Church of Christ, Attn: His Kidz Ministries, P.O. Box 419, Madison, TN 37116  
**All applications received after May 26th will incur a \$20.00 late fee.**

# VALLEY VIEW CAMP 2013

*Junior Overnight  
Camp*

*June 16—21*

*Day Camp*

*June 17—21*

**Junior Overnight Camp**  
**Sun, June 16—Fri, June 21**  
**Completed 3rd— 5th Grades**  
**\$140.00**

**Day Camp**  
**Mon, June 17—Fri, June 21**  
**Completed**  
**Kingergarten— 5th Grades**  
**\$95 (With Transportation)**  
**\$80 (No Transportation)**

**2013 Summer Camp Application**



- \$140.00 Junior Camp (Completed 3rd-5th Grade)
- \$ 95.00 Day Camp (Completed Kingergarten-5th)  
With Transport from Madison C of C
- \$80.00 Day Camp (Completed Kingergarten-5th)  
Drop Off/Pick Up at Valley View Camp

**OVERNIGHT CAMP  
WHAT TO BRING**

- Modest clothing/ swimsuit (midriff should be covered)
- Toiletries
- Bedding
- Pillow
- Towels
- Tennis shoes (required for some activities)
- Bible
- Flashlight

**OVERNIGHT CAMP  
DROPPING OFF  
PICKING UP**

Check-in is @ Valley View dining hall from 4:00-5:00pm on Sunday, June 16. Pick up @ Valley View, Friday, June 21 between 4:30 and 5:00.

**DAYCAMP  
WHAT TO BRING**

- Modest clothing/ swimsuit (midriff should be covered)
- Beach towel
- Tennis shoes (required for some activities)
- Bible
- 1 change of clothes

**DAYCAMP  
DROPPING OFF  
PICKING UP**

Checkin is @ Valley View at 8:45am each day. Bus riders will check in at the playground at Madison Church of Christ at 8:00am. Pick-up at Madison is 4:30pm. Pick-up from Valley View is 4:15pm. For Valley View pick-up, please turn into the Valley View drive and park in the field to the right. Children will be dismissed to you from there at 4:15pm. Please do not drive your vehicle across the bridge to pick up children.

**About Valley View**

- Mature, dedicated camp staff are trained to teach the Bible, execute appropriate safety procedures, and give individual attention to campers.
- The swimming pool is supervised by certified life guards.
- A registered nurse is on duty regularly during each session.
- Valley View Camp is inspected and approved by the TN Department of Health and is a member of the National Association of Christian Camps.
- Valley View is about a 30 minute drive from Madison. Take I-65 North to Bethel Road (exit 104). Exit on Bethel Road and go west. Go one mile and turn right on S. Mt. Pleasant Road. Go about 1/2 mile and turn right on Swift Rd. Go approximately 1-1/2 miles—the camp is on the left.

**The Rules**

- Campers should dress modestly in a way that is pleasing to God.
- Campers are not allowed to come and go from camp. If a camper leaves the premises during the camp week, they are not allowed to return—unless special permission is given by the director.
- Parents—Visits from those outside the camp cause unnecessary interruptions in our schedule. Enjoy the quiet and solitude of your home while your child is at camp.
- It is expected that our campers will let Christian principles guide their behavior
- All medications must be given to the camp nurse upon arrival, and will be administered by the nurse.
- No refunds issued for campers sent home for disciplinary reasons.
- No electronic devices should be brought to camp-includes cell phone and iPod (MP3 player).
- Make sure to check the lost-n-found at the end of camp.

Camper Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

ST/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Age \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_ School: \_\_\_\_\_ Grade \_\_\_\_\_

Shirt Size: YS YM YL S M L Home Church: \_\_\_\_\_ Baptized? Y N

**Roomate Request:**

1. \_\_\_\_\_

2. \_\_\_\_\_

Cabin assignments are made in advance based on camper requests. No changes at check-in

Mother \_\_\_\_\_ Father \_\_\_\_\_

Work # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Person to contact if parents can't be reached

Relationship to Camper \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Contract ID \_\_\_\_\_

Please list all allergies: \_\_\_\_\_

Please list any physical limitations: \_\_\_\_\_

Please list any recurring ailments (headaches, stomachs, etc.) \_\_\_\_\_

Please list all medications being taken while at camp \_\_\_\_\_

Please list any over the counter medication your child should not receive (Tylenol, Neosporin, etc)