



June 18th-23rd

CHRISTIAN CADET CAMP

READ THIS — Please complete the information below completely and return with your deposit of **(\$125 non-refundable)** and a copy of your medical insurance card by **May 1st**. The total cost for camp is **\$400**. **The balance is due by June 1st**. Make checks payable to **Christian Cadet Camp or C3**. Space is limited and on a first come basis. We will fill up early so don't delay until the deadline! **Applications will not be accepted if a copy of medical insurance card isn't enclosed with deposit.**

If camp is currently full, then please place me on a waiting list.

Yes No

Camper's Full Name: _____

Male Female

Preferred Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Date of Birth: ___/___/___ Height _____

Are you at least 9 years of age (as of July 1)? Yes No Current School Grade: _____

Father's Full Name: _____ Mother's Full Name: _____

Father's Home #: _____ Mother's Home #: _____

Father's Cell #: _____ Mother's Cell #: _____

Father's Cell Carrier: _____ Mother's Cell Carrier: _____

Camper's Home #: _____ Camper's Cell #: _____

Family Email: _____ Camper's Email: _____

Home Church : _____ Minister: _____

Camper T-shirt Size **(Must indicate size to receive your shirt)**

YS (6-8) YM (10-12) YL (14-16) S M L XL 2X 3X

Did you attend Christian Cadet Camp last year? Yes No

If yes, has your address changed in last year? Yes No

If yes, how many years have you attended OUR summer camp—Christian Cadet Camp? _____ years

If yes, where did you board the bus? _____

If yes, what was your favorite part of camp? _____

Please complete the following medical information. Each camper must have a medical form and a copy of their medical insurance card on file to attend camp this summer. This information will be given to the Camp Nurse so please indicate all pertinent information as requested. **Applications will not be accepted if a copy of medical insurance card isn't enclosed with deposit.**

Camper's Full Name: _____
Health Insurance Company & Policy Number (*SEND COPY OF INSURANCE CARD*) _____

Physician: _____ Medical Practice Name: _____

Located in: _____ Practice Phone Number: _____

Additional Emergency Contact _____

Relation to Camper _____ Phone _____

Medical Conditions Asthma Diabetes Epilepsy Heart Disease Sleep Walks Hyperactive

Explain any Medical Conditions or Problems: _____

Are all the above conditions under control? Yes No

All Known Allergies (Medical or Food): _____

Special Diets or Food requirements: _____

Have you had lice in the last 6 months? Yes No If so when, _____

Have you ever been hospitalized? Yes No If so when & why? _____

Have you had a tetanus shot? Yes No If so, when? _____

Can you engage in regular camp activities? Yes No

Current Medications (specify): _____

Medication Instructions (specify): _____

Please list any other health condition, or serious injury that might limit your activity, pose a risk to your health, or needs to be mentioned to health care personnel if any medical treatment and/or surgery become necessary.

PLEASE INITIAL & SIGN THIS PAGE AND RETURN WITH DEPOSIT AND MED-CARD

PARENTAL AGREEMENT—CHRISTIAN CADET CAMP

Please **initial** each of the following statements after reading them thoroughly:

_____ It is not necessary for the campers to have a physical examination by a licensed physician prior to camp. However, we highly recommend that parents/guardians use caution in sending a young person to camp that may not be in good health.

_____ Costs for all medical treatment/medicine while we are at camp will be the responsibility of the parent/guardian. Campers are covered for accidents by camp insurance with **secondary coverage** from the time they board their unit of transportation until they return to their terminal. Secondary coverage pays **after** your insurance.

_____ **Parents, please note. It is your responsibility not to send a sick child to camp. If your child has fever and/or any contagious condition including head lice on the first day of camp please do not send him/her to camp. You will be asked to come to Cragmont to pick up any child deemed contagious or with head lice. A refund of \$150 will be made if your child is sick on the first day of camp and DOES NOT board the bus.**

_____ **NO REFUND is made if your child becomes sick during camp and must be picked up at Cragmont.**

_____ If your child is taking medications for any condition during the week of camp, it is your responsibility to send an adequate amount of that medication with your child. We have a camp nurse that will keep the medication and assist your child in proper dosage and time. If an adequate amount of medication is not provided, you will be asked to either bring the medication or come and get your child from camp.

_____ I understand and agree to the No Tolerance policy as explained on page 4 of this form

CONSENT & CERTIFICATION – CHRISTIAN CADET CAMP

I hereby give my permission for my child to participate in an activity organized by **Christian Cadet Camp Host -- C³**. I hereby release, hold harmless and absolve **C³**, their officers, staff, sponsors, vendors, and all others who have participated in the planning, organizing, and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience suffered or sustained as a result of the participation in the activity. I understand that in the event my child requires medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the **C³** staff or any adult counselor acting on behalf of **C³** with respect to the activity, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all my children's medical allergies, medications being taken, medical problems and other pertinent information. Finally, I agree that **C³** may video or photograph my child and record his or her voice during participation in the activity. I agree that **C³** will be able to use them, in whole or in part, whether in original or modified form in any manner or media, including without limitation, for the purpose of advertising, promoting and publicizing **C³** whether during the activity or thereafter. I hereby release and discharge **Christian Cadet Camp -- C³** in Black Mountain, NC and all affiliated entities from any and all claims, demands, or causes of action that I have in connection with the use and exercise of the rights granted in this release. I understand that the activities may include field-trips, water sports, swimming, sporting events, and any other activities similar to and customarily associated with summer camp. I hereby certify that the aforementioned child is physically fit to engage in these activities.

PARENT'S CERTIFICATION

I, _____ certify by my signature that I agree for my child _____ to attend the **CHRISTIAN CADET CAMP**, and that I have read and agree to all the information on this application & medical form, including the Medical Information listed above. I understand that my deposit of \$125.00 is non-refundable. I will be notified by mail concerning the status of my child's application.

Signature of Parent or Guardian

Date

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

MAIL MEDICAL FORM, COPY OF MEDICAL INSURANCE CARD, & PAYMENT BY MAY 1st To:

**Christian Cadet Camp
Stoney Creek Church
752 Stoney Creek Church Road
Goldsboro, NC 27534**

NO TOLERANCE POLICY

C3 is a weeklong Christian summer camp at Cragmont Assembly; therefore, we expect all of our staff, volunteers, campers and visitors to conduct themselves in an appropriate manner. In order to help facilitate a safe and positive environment for all individuals, C3 has adopted a zero tolerance policy. Any camper caught physically fighting, bullying, stealing, sexually harassing or contact with another individual; or with alcohol, drugs, tobacco products, pornography, or anything that can be construed as a weapon, will be sent immediately home at the expense of their parents/guardians and will not be refunded their registration fees. If it is discovered after camp ends someone violated the zero tolerance policy, they will be prohibited from attending camp the next camp season. We ask parents and guardians to help the camp staff and volunteers remain faithful to this commitment, by reporting to the Director of Camping Ministries, any violations of the zero tolerance policy they hear happening at camp.

DRESS CODE

There is always a lot of discussion about appropriate attire while chill-in' at camp. Spaghetti straps or granny dress? "Hooters" t-shirt or Old Navy? Rainbows or Sperrys? What's a camp staff to do? We have decided to handle this issue straight on! Our goal for this week is not to expose or display parts of our bodies that God has blessed us with regardless of the age. We don't expect to see any bare shoulders (including spaghetti straps), navels or tight fitting pants/shorts and short shorts (anything more than 5 inches above the knee especially the elastic waist roll down gym shorts aka "cheer shorts"). We don't expect to see any t-shirts that send the wrong message (Hooter's, Big Johnson, etc). Flip flops are acceptable however there will be times when tennis or regular shoes will need to be worn. In general, the code is to be prudent and smart at all times.

Don't Bring or Pack

- Navel or belly shirts that reveal the belly area
- No tube tops, no strapless, no Spaghetti straps or low back or one shoulder tank tops or one piece low line and high rise
- T-shirts with Profanity or innuendo
- Roll down shorts, tight shorts (if they look painted on then they are too tight) or Short shorts (shorts must come to the end of your fingertips while standing straight and extending your arm straight down. If your hand goes past the shorts, then they would be too short and will not be allowed.)

ROOM ASSIGNMENTS

Campers are housed based on age (3rd-5th, 6th-8th, 9th-12th). In fact everything we do at C³ is based on age. Dorm/room assignments will be made according to age groups. There are no exceptions. Camper availability will also be based on age groups. We will give you, beginning on May 1st, the chance to list your roommate preference, however those roommate preferences must be in your age groups. We can't guarantee everyone's preferences, but we will work hard to try and make it happen. Roommate preferences must be submitted, using the "Roommate Preference Form," by June 1st. This form is located online at www.stoneycreekchurch.net. (see info below)

REFUND POLICY

\$ 125.00 deposit is non-refundable. **A refund of \$150 will be made if your child is sick and can't attend camp but you MUST notify Michael (252-531-9151) or Joey (919-922-9394) by 5 PM the Saturday before camp.** **NO REFUND** is made or given if your child becomes sick or homesick during camp and must be picked up at Cragmont. If you child is dismissed because of a disciplinary problem, then **NO REFUND** will be given. All final payments must be received by June 1st. Any unpaid camper will forfeit their spot to other campers on the waiting list.

CAMP INFO ONLINE

All info concerning C³ can be found @StoneyCreekChurch.net. Click the CreeKidz link then the C3-Cragmont tab.