2020 ARKANSAS PRESBYTERY CAMP REGISTRATION FORM CAMP PENIEL Registration Begins at 3:00 p.m. For Week Long Camps PLEASE REGISTER IN THE BARN BEFORE GOING TO CABINS Campers are to be picked up by 9:30 a.m. on Friday morning

Spring Retreat (7th-12th grades) **Director:** Dustin Taylor **March 27-29 Cost \$40 Registration at 6 p.m.**

Mini Camp (4 years – 3rd grade) Director: Donna Farley June 27, 9am - 3pm Cost \$15

Senior High Camp (completed 9th-12th grades) Directors: Drew Lake & Natalie (Meinzer) Stephens July 5-10 Cost \$100

Junior Camp (completed 3rd-5th grades) Directors: Martha Chambers & Cathy Littlefield
July 12-17 Cost \$100

Junior High Camp (completed 6th-8th grades) Directors: Barry Bray & Sarah Samuels
July 19-24 Cost \$100

Labor Day Retreat (7th-12th grades) Directors: Elizabeth (Warren) Norris Sept. 4-6 Cost \$40 Registration at 6 p.m.

T-shirts may be purchased at the time of registration for \$10 per shirt. You may include the cost of shirts with the cost of registration on one check this year. Make checks payable to Camp Peniel.

Camp Attending: (☐ Mini Camp	p) (□ Junior) (□ Jr. High	n) (Sr. High) (Please check of	one box)
Age: Birth date:	Grade a	attending in the fall:	77
Participant's Name:	2-	Cell Phone	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Parent/Guardian:	>	Cell Phone	4)
Mailing Address:	. 1030	770	
Street Emergency Contact Name	t or Route	City State Phone ()	Zip
Home Church:	GENESIS	Phone ()	
Name Pastor's Name	City		
Camper Signature	Parent/0	Guardian Signature	

MEDICAL INFORMATION

Camper's Name	Home Phone ()
Name of Insurance Co	Policy No
Parent/Guardian	CAUSE I SA Cell ()
Emergency Contacts Name	Phone ()
	Phone (
Physician	Phone ()
List recent illness the camper has had:	
Date of last TETANUS BOOSTER:	
Other medical information we should know:	Z Z
	3 3
Allergies: to medication? Yes No - if yes, lis	st name of med.
To food? Yes No - if yes, list foods	
To environment? Yes No - if yes, list	
List medications being taken: Medication	Dosage Frequency
100 ×	THE STATE
OS	
GEN	IESIS 32:30

NOTE: ALL MEDICATIONS MUST HAVE PHARMACY LABEL ON BOTTLE WITH INSTRUCTIONS. ALL MEDICATIONS ARE TO BE TURNED IN TO THE CAMP NURSE AT REGISTRATION. THE NURSE WILL BE RESPONSIBLE TO SEE THAT THE CAMPER RECEIVES MEDICATION AS PRESCRIBED.

CAMP PENIEL WATER SLIDE RULES AND REGULATIONS

- 1. Campers under 2 ½ feet tall are not permitted to ride.
- 2. Campers over 300 pounds in weight should ride at the staff personnel's discretion.
- 3. All riders must ride feet first either sitting or lying on their back.
- 4. ABSOLUTELY no riding on stomach or head first is permitted.
- 5. Only one rider at a time. No trains, chain of riders are permitted.
- 6. Arms and hands must remain inside the flume. No stopping or grabbing the flume handrail is permitted.
- 7. Riders must enter the slide in a sitting position. No running or diving starts are allowed from the top of the slide.
- 8. ABSOLUTELY no walking or running up the slide.
- 9. Mats or inflatable tubes are not to be used on the slide.
- A minimum interval of six (6) seconds must be maintained between riders.
- 11. A maximum of two (2) riders will be permitted on the steps at any time.
- Loitering or lingering in the run out area or in the immediate area of the slide is not permitted.
- 13. Riders must be in good health. Pregnant women or individuals with heart conditions are not allowed on the slide.
- 14. All riders must wear swimsuits. Either one piece or t-shirt over two piece.
- 15. Cut-off jeans are not permitted.
- 16. No jewelry can be worn while riding water slide. No combs, or foreign objects are allowed in pockets or hair while riding the water slide.
- 17. No food or drinks allowed on the water slide.
- 18. Day operation only.
- 19. Warning Failure to follow rules can result in serious injury and removal of water slide privileges.

RELEASE OF ALL CLAIMS

GENESIS 32:30

We, (I), are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said camp, and hereby give our (my) permission to take said participant to doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and (We/I) assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we hereby assume all transportation costs.

Parent/Guardian Signature
We (parents & camper) have read and understand the water slide rules [on the previous page]. Please keep a copy for your information.
Camper Signature
Parent/Guardian Signature
Date: SENESIS 32:3D GENESIS 32:3D