

**2012 Camp Agape**  
**Christian Church in North Carolina**  
**\$190.00                      July 16-20, 2012**

**WHO ATTENDS?**

Boys and Girls ages 8-11. The campers should be good citizens in their school, but may have low or failing grades, scores below standard on standardized tests, free/reduced lunch and/or come from single parent households. Campers should have **NO** outstanding juvenile delinquency record or behavioral problems.

**WHAT WILL CAMP BE LIKE?**

The camp will offer **Bible Study, Crafts** and cooperation building for each camper. The camp will also have a **recreation program**, taking advantage of the **pool** and other **water sports** offered at Camp Caroline, and a regular **worship** life.

**WHAT DO YOU NEED TO BRING?**

**CLOTHES:** Sneakers, flip-flops, shorts, pants, blouses, T-shirts, pajamas, sweater and/or jacket, underclothes, rainwear, swimsuit.

**LINENS:** Blanket or sleeping bag, pillow and case, 2 towels and 2 wash cloths. (*We will have the sheets*).

**PERSONAL ITEMS:** Insect repellent, deodorant, toothbrush, toothpaste, hairbrush, combs, flashlight, prescribed medicines. (*We will have the shampoo and soap*).

**OTHER ITEMS:** Stationery, stamps, pencil, fan, fishing tackle.

**REGISTRATION REQUIREMENTS:**

**Each camper must be sponsored by a Christian Church.** All campers must be registered. Campers are not registered until the registration form, health certificate, and fees are in the Regional Office. **WE MUST HAVE ALL SIGNATURES AND WE MUST HAVE CAMPERS MEDICAID NUMBER!!!** No registration will be accepted one week prior to the beginning of the camp you are registering to attend.

**HOW TO STAY IN TOUCH:**

Camp Caroline is near Arapahoe in Pamlico County on Dawson's Creek. The address is: 3398 Janerio Road, Arapahoe, NC 28510. Telephone (252)249-0848, however, campers are not allowed to make or receive phone calls except in emergencies with the permission of the director.

**ARRIVAL AND DEPARTURE:**

Camp will begin on Monday at 2:00 pm and end on Friday at 11:00 am. Please do not come early to pick up campers, as the closing exercises are vital to the program. We request that parents and friends DO NOT visit the camp.

A group camp picture is included in fee.

**Smoking, illegal drugs, alcohol possession or consumption, cell phones, radios, pagers, lap tops, fireworks, firearms, or knives is not allowed nor tolerated at any camp sponsored by the North Carolina Region of the Christian Church (Disciples of Christ). The Region reserves the right to search personal belongings when illegal drug possession is suspected. No Pets Allowed!**

**2012 CAMP AGAPE REGISTRATION FORM**  
**JULY 16-20, 2012**                      **FEE: \$190.00**

**Send completed application and fees BEFORE THE JUNE 1, 2012 DEADLINE to:**  
**Christian Church in North Carolina, PO Box 1568, Wilson, North Carolina 27894**

GIRL

BOY

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Age (upon arrival) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Grade completed as of June 2012 \_\_\_\_\_

**Church Sponsoring (paying) For Camper (please include city):** \_\_\_\_\_

Circle T-Shirt size (Youth)    S    M    L    Please indicate size if camper needs an adult size \_\_\_\_\_

Does this camper have Health/Accident Insurance? \_\_\_YES    \_\_\_NO

If Yes, Name of Company \_\_\_\_\_ Policy/Medicaid Number \_\_\_\_\_

**(Attach a copy of insurance or Medicaid card. Family insurance is expected to cover sickness).**

We may use random pictures of campers for publicity purposes only. By signing this form you are giving the region permission to use camper pictures that we have screened for publicity purposes. It does not give campers or counselors permission to post on public sites.

**Parent/Guardian:** We respect the confidential nature of this information, and pledge to you our desire to keep it so. But it is to everyone's benefit that you complete this form as accurately as possible. This is to certify that the camper is free from any contagious disease, transmittable infections, or any form of organic illness that would limit or prohibit participation in camp activities. I have discussed camp with this camper and I think he/she has a clear understanding of the purpose of camp and accepts the responsibility of being a cooperative camper. I hereby authorize the counselors/staff to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that all the medical information given is accurate and up to date; I agree to notify the region if any medical change occurs before this event.

\_\_\_\_\_  
Signature of parent or guardian

As the Insurance Policy of the Region of North Carolina insures small groups leaving camp for recreational and programmatic purposes, I Do/I Do Not (please circle) give my child permission to participate in such activities.

\_\_\_\_\_  
Signature of parent or guardian

Both sides of this application must be filled out.

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

Is applicant in good health and able to participate in all usual camp activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please explain: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Last Physical Exam: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Does applicant have any special medical conditions other than those listed below? \_\_\_\_\_

If so, explain: \_\_\_\_\_

Check any that apply:

Food Allergies (see below)		Respiratory Problems		Asthma	
Glasses/Contacts		Heart Problems		Diabetes	
Sleepwalking		Anxiety Problems		Athlete's Foot	

Special Diet (food allergies) \_\_\_\_\_

**Attach sample menus and special diet food list. Indicate which foods applicant is allergic to.**

Has applicant taken any prescription medications in past three months? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, NAME? \_\_\_\_\_ REASON? \_\_\_\_\_

Medications needed at camp \_\_\_\_\_

**Attach dosage schedule with instructions to this form.**

**Make sure all bottles have camper's name on them and are in a Zip-loc bag with camper's name on it as well.**

I give permission to receive the following over the counter non-prescription medications (**initial each allowed**):

Tylenol/Acetaminophen		Aleve/Naproxen Sodium		Advil/Ibuprofen		Benadryl	
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History of severe reaction to insect bites, bee stings, poison ivy, etc. (explain): \_\_\_\_\_

ARE THERE ANY OTHER CONCERNS THE WE SHOULD BE AWARE OF? Yes \_\_\_\_\_ No \_\_\_\_\_

*(Include any physical/intellectual/emotional problems, learning disabilities, or recent changes in family status or living arrangements which may affect the camper's experience.)*

If so, explain: \_\_\_\_\_

Emergency Contact Person(s) \_\_\_\_\_ Relation to Camper \_\_\_\_\_

Phone Number(s) ( \_\_\_\_\_ ) \_\_\_\_\_