

WANTED

Campers for Palm Valley Church
2009 Frontier Village Camp
July 13-17, 2009

REQUIREMENTS:

Students must be going into the 3rd-5th grades in Fall 2009.

COST & REGISTRATION:

Registration Fee is \$225 before May 1st and will increase to \$250 for registrations received May 1st or later. \$100 deposit is required to hold a spot and final payment of all registration fees is due no later than June 15th. You may register at www.palmvalley.org.

CONTACT INFORMATION:

Camp Coordinator: Adam Nunez (865)206-0440

Childrens Director: Adrienne Nunez (623)687-7623

Church Office: (623)536-2106

Prescott Pines Camp (Frontier Village)

855 E. Schoolhouse Gulch Road

Prescott, AZ 86303

(928)445-5225



2009 Frontier Village Camp July 13-17, 2009

Mail In Registration Form

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You may register at **www.palmvalley.org**. If you prefer to pay in person or by mail please use this form.

CAMP REGISTRATION

Name: _____ Grade: _____

Address: _____ Phone#: _____

Email: _____

For Office Use Only

Amount Collected: _____ Amount Due: _____ Date: _____



IMPORTANT TRIP INFORMATION

Parents Meeting and Final Registration

DATE: Sunday, July 12th
TIME: 6:00pm
WHERE: Desert Edge HS Cafeteria

Check-In to Leave for Camp

DATE: Monday, July 13th
TIME: 12:00pm
WHERE: Desert Edge HS Auditorium Patio

Pick-Up

DATE: Friday, July 17th
TIME: Between 12:30-1:00pm
WHERE: Desert Edge HS Auditorium Patio

**All registration business will be completed at the Parent's meeting on July 12th. Check-In on July 13th will be for child and luggage drop off only. If you have any questions about this process please be prepared to ask at the parent's meeting or contact Adam Nunez @ (865)206-0440.

Sample Camp Activities

- Chapel
- Human Foosball
- Mud Pit
- Canoeing
- Swimming
- Fireside Worship
- Water Balloon Wars
- Hayride
- Frisbee Golf
- Town Time
- Panning for Gold
- Hiking
- Night Games & Field Sports
- Archery
- Zip Line
- Low Ropes Course



PACKING LIST

What To Bring

- Bible
- Notebook
- Pen or Pencil
- Flashlight
- Sunscreen
- Personal Toiletries
(Shampoo, toothpaste,
Toothbrush, etc.)
- Sweatshirt or Jacket
- Closed toe shoes
- Shorts or pants
- Shirts
- Socks (bring extra in case
they get wet)
- Gym shoes that you do not
mind getting dirty or wet
- Sunglasses
- Sleepwear (Modest)
- One Piece Swimsuit
- Towel/washcloth
- Backpack
- Sleeping Bag & Pillow
- Camera
- Water Bottle
- Additional Money for Snack
Bar
- A pair of clothes that can get
dirty (for muddy games)

What NOT to Bring

- NO Electronic devices (This
includes cd players, iPods or
MP3 players, cell phones, and
gaming devices)

Medications

- Medications must come in
their original container with
accurate instructions.
- Students may carry inhalers,
but they need a backup
checked in with the nurse.
- Place all medications in a
large Ziploc bag with the
students name clearly
labeled.
- All medications must be
checked in with the nurse at
the time of registration.
Students will not be permit-
ted to carry any medications
with them with the exception
of fast acting inhalers.





Palm Valley Church

Medical Release/Activity Permit Form
(Activity Sign Up and consent for Emergency Medical Treatment)

Please Print:

NAME of Guardian: _____
 Mother Father Legal Guardian

FOR (Name of Child): _____
 Son Daughter Age _____

SHIRT SIZE: (Please circle) **KIDS:** Small Medium Large
ADULTS: Small Medium Large

We/I, hereby, voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions by authorized members of the hospital staff or their designees, as may be necessary in their professional judgment. We/I, hereby, acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the child's condition. We/I, hereby, give consent to an authorized representative of PALM VALLEY CHURCH to arrange for routine or emergency medical/surgical/dental care and treatment to preserve the health of our (my) child. We/I, hereby, acknowledge that we are (I am) responsible for all reasonable charges in connection with the care and treatment rendered during this period and release Palm Valley Church of any liability.

*****FILL OUT FORM BELOW FOR REGISTRATION TO ACTIVITY*****

CHILD'S NAME: _____

HOME ADDRESS: _____

CITY: _____ ZIP: _____ BIRTHDATE: _____

TELEPHONE: _____ (home) _____ (cell) _____ (work)

EMERGENCY CONTACT: _____

OTHER EMERGENCY NUMBERS: _____

THE FOLLOWING PERSONS ARE NOT ALLOWED TO PICK UP MY CHILD: _____

NAME OF HEALTH INSURANCE CARRIER: _____

GROUP # _____ POLICY # _____

FAMILY PHYSICIAN: _____ PHONE: _____

CHILD'S ALERGIES, CHRONIC ILLNESSES OR OTHER CONDITIONS, IF ANY: _____

DATE OF LAST TETANUS SHOT: _____ MEDICATIONS CHILD IS TAKING: _____

I have read this form and I certify that I understand it's contents.

Signature of Parent/Legal Guardian Date



MEDIA/PHOTOGRAPHY: CONSENT AND RELEASE FORM

We would appreciate it if parents completed this consent form in order to allow their children to be photographed during Palm Valley Frontier Village Camp. In order for a child to have their photograph taken, or to participate in any media coverage, they must have a consent form on file at Palm Valley Church.

If you do not want to have your child photographed, please do not hesitate to indicate this in the section below. As well, if you do object, please ensure that your child is aware of this.

As the parent of a child/children attending Palm Valley Church's Frontier Village Camp I agree to the following:

- I understand that my child(ren) whose name(s) are listed below may be photographed at the above mentioned event, either by volunteers or staff, or a photographer acting with the permission of the church staff or Children's Director.
- I understand that these photographs may be used in promotional materials including video on the church website.
- I give permission for my child (ren) to be photographed, or their images recorded for print or broadcast by media representatives who attend this event.

The following are the names of my children attending the Palm Valley Frontier Village Camp. (Please print your child's full name and teacher or division number):

Yes, I confirm that I have read and understood the above, and agree to have my children involved in photographic or media documentation at school events.

No, I do not wish to have my child (ren) photographed during school events

Name (please print) _____ Signature: _____

Date: _____

This permission is valid for July 2009.

