

2010 Camp Robinson Application

Cabin Assignment _____

Please print clearly and complete all areas of application:

Last Name: _____ First Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Age: _____ (as of camp date) Birth date: _____ male: _____ female: _____

Grade entering in fall: _____ Height: _____ Weight: _____

Home Church & Pastor: _____ Phone#: (____) _____

Parent/Guardian: _____ Address: _____

City: _____ St: _____ Zip: _____

Home phone:(____) _____ Work #:(____) _____ Cell#:(____) _____

Emergency Contact Person: _____ Phone#: _____

Relationship to Camper: _____

PLEASE CHECK CAMP ATTENDING

_____ **Teen Camp—June 14-June 18— ages 12-18**
_____ **Junior Camp — June 21-June 25—ages 10-12**
_____ **Primary Camp—July 5-July 9—ages 7-10**

_____ **by May 15, 2010 - Total Camp tuition of \$115**

(free Camp t-shirt included*)

_____ Pre-registration fee of \$55 (non-refundable). Balance due on arrival.

_____ **after May 15, 2010 - Total Camp tuition of \$125**

Pre-registration fee of \$65 (non-refundable)

(free Camp t-shirt included*). Balance due on arrival.

Room Request

Please note that it is impossible to honor special rooming requests which are not made until time of check-in:

Registration fee **MUST** accompany application in order to hold your spot. Faxed copies will not be processed until monies are received. Space is limited and applications are processed on a first come first served basis.

PARENT/GUARDIAN MUST SIGN FORM ON THE BACK

Check in on Monday 9-11 AM.

All campers must be picked up by 10AM each Friday.

Make a copy of both sides of this completed form to keep.

*Shirts are complimentary—sizes are not guaranteed

What to bring?

Bible, notebook, pen, sleeping bag/sheets/blanket (twin size) pillow, toiletry items, towels, washcloths, modest casual clothes, play clothes, dress clothes, dirty clothes bag, one piece swim suit, cover up, sweater or jacket, umbrella or raincoat, flashlight, tennis shoes (open toe shoes are permitted, but you must wear close-toed shoes during sports activities).

Additional money for "canteen"

RECORD OF PAYMENT (office use only)

TOTAL TUITION FEE DUE	\$ _____
Pre-registration fee paid	\$ _____
Cash _____ Check # _____ Check Amt\$ _____	
Balance due at check-in	\$ _____
Paid at check-in	\$ _____
Cash _____ Check # _____ Check Amt\$ _____	
TOTAL TUITION FEE PAID	\$ _____

Parent/Guardian Consent Form

In my absence, I _____ hereby authorize the Director of Camp Robinson or his appointee to obtain medical treatment which may be deemed necessary for my child _____. Furthermore, I authorize the proper dispensing of my child's prescription drug (s) if any as listed on this application. I also, hereby authorize any physician called upon by the Director of Camp Robinson to render medical treatment that, in his/her judgment, may be deemed necessary for the well being of my child. I authorize the release of any medical information necessary to process a claim for my dependent named in this Camp Robinson application. I authorize payment of medical benefits to the physician or supplier of service rendered to my dependent. The undersigned hereby forever releases and discharges Camp Robinson and the South Carolina Pentecostal Holiness Conference of any and all liability of any nature which may arise while _____ is a camper as set forth above. Undersigned further covenants and agrees to never sue or file a claim against Camp Robinson and/or the South Carolina Pentecostal Holiness Conference, Inc. for any injury which may occur to said camper while he/she is involved in any of the activities of Camp Robinson, which may include, but not limited to, swimming, paddle boats, challenge course, slip 'n dip inflatable, wet/dry recreation, etc... I further understand that there is a **no cell phone policy** as well as a **no prank policy** at Camp Robinson and will apprise my child of these matters. **I will check my child(ren) for head lice and understand all children will be checked upon arrival. NEW HEAD LICE POLICY** Camp Robinson has a NO NIT policy regarding head lice. I understand that even if my child(ren) has/have been treated they will **not** be allowed to stay at Camp Robinson if they have nits. Original deposits will not be refunded.

AUTHORIZED SIGNATURE REQUIRED: _____

DATE: _____

Hospitalization Insurance Coverage Information

Insurance Company and/or
Government Program: _____
Address: _____
Subscriber ID or Contract Number: _____
Insurance Co. phone # _____
Admission Precertification Phone# _____
Group Name (Employer) _____
Group Number: _____
Employer's Address: _____
Employer's Phone #: _____

List Current Prescription Drug (s) & dosage: _____

Medications must be sent in original labeled containers.

List any medical conditions/disabilities/allergies: _____

Since this is a youth camp no dress clothes will be required for classes or services. We do ask that you practice modesty in your attire. We reserve the right to make decisions regarding appropriateness of dress. Make a copy of this completed form.

Directions to Camp Robinson

Traveling I-95 North or South, take exit 115 to 301. Follow 301 South toward Summerton for one mile to **J.W. Carter Road**. turn left. This is the second paved road on the left after entering onto 301. Go approximately three miles to stop sign at **Davis Station**. Make a right at the stop sign and turn left right behind the convenience market, continue 4 3/4 miles to the second paved road on the right (**Greenall Rd**). Turn right. Camp Robinson is 3/10 of a mile on the left. Camp Robinson address is 1307 Greenall Rd. Summerton, SC 29148. Camp phone # 803-478-2342. To contact the S.C. Conference office: 843-394-8509 X34

EARLY REGISTRATION IS MAY 15, 2010

APPLICATIONS WILL BE ACCEPTED AS LONG AS SPACE IS AVAILABLE

Please mail this completed application with your registration fee to:

SC Conference Discipleship Ministries Department (SC DM)

PO Box 1689

Lake City, SC 29560

843-394-8509 X 34 angeliacem@aol.com or gamos91380@aol.com