

Dear Parents of our 4th, 5th & 6th Grade Campers,

Summer is quickly approaching and camp is just around the corner! This registration packet should supply you with all of the information you may need regarding our 2010 Summer Camp at UCYC in Prescott, Arizona.

Please note the **non-refundable deposit** amount is \$75. As you will notice on the registration page, you will be able to lock in at your price as listed **as long as the \$75 deposit, completed registration form AND consent forms are ALL turned in by the listed tier dates.** If you turn in the deposit but do not get your registration form OR consent form to us by the listed tier date(s) you will **not** qualify for the lesser price. **\*All balances are due by May 31st.**

Check-in will be at 7:30 a.m. in the Youth Bldg (Bldg 4000).  
We will be returning approximately 1:00 p.m. in the same location. (Youth Bldg)

In the case of an emergency and you need to contact your child, you may call United Christian Youth Camp at 928.445.0391.

I hope I have answered most of your questions. If there is anything else I can help you with, please feel free to contact me at the church by phone, 623.376.2444 or e-mail, stefanieharris@ccvonline.com (Camp #1) or dawnlarson@ccvonline.com (Camp #2).

Thank you for your time and I hope you have a great summer!

## WHAT TO BRING... SCHEDULE

### WHAT TO BRING

Clothes for the week (see dress code)  
Light jacket or sweatshirt  
A hat and sunscreen  
Modest swimsuit (NO 2-pieces)  
Sleeping bag, pillow and towel  
Toiletries  
Flashlight  
Bible, notebook and pen  
Spending money

### WHAT NOT TO BRING

Any electronics (for example: MP3 players, iPods, portable gaming systems, computers, cell phones)  
Tobacco products, alcohol, drugs and paraphernalia  
Firearms or weapons of any kind  
Pets or other animals

### DRESS CODE

#### GIRLS

No tank tops, tight shirts, bare midriffs, tight shorts or short-shorts. No two-piece swimsuits.

#### GUYS

No tank tops, saggy pants or exposed boxers

#### EVERYONE

It's best to bring t-shirts & shorts that go to the mid-thigh, as well as shoes to play & hike in. Flip flops are for the pools & shower areas only.

### ACTIVITIES

Paintball Shooting · Rock Wall Climbing · Crafts · Zip Line · Swimming · Archery & More

### Departure

**7:30 a.m.** - Registration in the Youth Bldg/Bldg 4000 at CCV

### Daily

7:00	Wake up	4:00	Activity
7:45	Breakfast	5:00	Dinner
8:30	Counselor Meet	5:45	Competition Time
9:15	Session & Worship	6:30	Session & Worship
11:00	Activity	7:45	Break & Snack
12:00	Lunch	8:00	CCV group
12:45	Siesta-Bunk Time	8:30	Amphitheatre
1:30	Activity	9:00	Cabins
2:20	Activity	10:00	Lights Out
3:10	Activity		

### Last Day

7:00	Wake up	9:30	Session & Worship
7:45	Breakfast	11:00	Head home
8:30	Pack & Clean	1:00	Arrive at CCV

7007 W. Happy Valley Rd., Peoria, AZ 85383 | 623.376.2444 | [www.ccvonline.com](http://www.ccvonline.com)

# REGISTRATION FORM 4TH-6TH SUMMER CAMP 2010

**CAMP #1 (6/11-15)**

**CAMP #2 (6/16-20)**

RETURN Registration Form, Parental Consent,  
UCYC Consent and Medical Forms to:  
CCV Office  
  
7007 W Happy Valley Rd, Peoria AZ 85383

**Details:** 4th, 5th & 6th Grade Summer Camp  
UCYC, Prescott, AZ

**\*Prices below are ONLY honored if your deposit, waiver & registration forms are received in our office on dates listed below. If your completed forms & payment are not received on time, you will be charged the higher price.**

**Cost:** \$300 if your \$75 non-refundable deposit, consent form & completed registration are received by January 31st

\$330 if your \$75 non-refundable deposit, consent form & completed registration form are received by March 31st

\$350 if your \$75 non-refundable deposit, consent form & completed registration form are received by May 31st

\* Deposit is included in the camp cost  
**FINAL PAYMENTS ARE DUE MAY 31st!**

Camper: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Birthday: \_\_\_\_\_ Male / Female

School: \_\_\_\_\_

Grade Entering -Fall of 2010: (circle) 4th, 5th, 6th

Roommate Options - 2 People MAX (we will do our best to assure the first choice & will attempt the second)

1. \_\_\_\_\_

2. \_\_\_\_\_

OFFICE USE ONLY		
Amt Pd.	Check/Cash	Rec'd By

## PARENTAL CONSENT

I, the undersigned parent/guardian of named child- \_\_\_\_\_, give permission for him/her to participate in the named activity. I hereby authorize the adult leader of this activity to take the named child to a medical doctor for examination and treatment of any accident or illness that may arise during the term of the said activity. I hereby authorize any physician, nurse, medical authority and/or hospital to administer proper treatment for my child. In consideration of this acceptance, Christ's Church of the Valley is hereby released and relieved for Liability for accident and injury to said child arising from any and all activities of this event.

Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

*Yes, I would like to apply to be a Counselor for this camp! I understand that I will be notified by CCV's Children's Staff as to whether or not I have been selected.*

Name (print): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I believe I am able to lead a group of kids:

Physically

Spiritually

Yes, I am able to take the dates of this camp off from work.

OFFICE USE ONLY		
Bckgnd Ck Rcvd	Cleared	Staff Called:



# 2010 UCYC CONSENT FORM

## CAMPER INFO

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Grade: \_\_\_\_\_ Male  Female

## CAMP ATTENDING:

- Camp #1, June 11th–15th  
 Camp #2: June 16th–June 20th

## EMERGENCY PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please list anyone legally restricted from seeing this camper:  
\_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## INSURANCE

Company: \_\_\_\_\_

Claims Address & Phone Number: \_\_\_\_\_

Group Name/Number: \_\_\_\_\_

Insured ID Number: \_\_\_\_\_

Name & birth date of person responsible for medical expenses: \_\_\_\_\_

# 2010 UCYC MEDICAL FORM

## MEDICAL

Physician's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Medications that should *not* be given: \_\_\_\_\_

Note: Please be sure your child is in good health upon arrival at camp. We can serve your child best if they are feeling well and can participate. All medications to be given at camp **must be in a current, ORIGINAL PRESCRIPTION CONTAINER.**

Does camper have:

- |                    |                     |
|--------------------|---------------------|
| Physical handicap  | Learning Disability |
| Recreational Limit | Allergies           |
| Medical Condition  |                     |

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List anything you would like to make us aware of regarding your child:  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned parent/guardian of the named child, understand that my child is responsible for knowing the rules and regulations made by United Christian Youth Camp (UCYC), the church and sponsors of this activity.

I hereby authorize the adult leader of this activity to take the named child to a medical doctor for examination and treatment of any accident or illness that may arise during the term of said activity. I understand that in the event of a medical emergency, every effort will be made to contact the parent/guardian listed. **In the event I cannot be reached, I hereby authorize any physician, nurse, medical authority and/or hospital to administer proper treatment for my child.** In consideration of this acceptance for said activity, United Christian Youth Camp (i.e. Staff, volunteers and board members) is hereby released and relieved from Liability for accident and injury to said child arising from any and all activities of this event.

**I have listed all known allergies, immunizations and health problems and any other information pertinent to named child's health, including all medications named child takes.** Permission is hereby given for **my named child's leader** to administer prescription medication as directed on the original prescription medication container. Permission is also hereby given for the staff at UCYC to administer the following generic over-the-counter medications as directed by the labels provided by the manufacturer for my child: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of \_\_\_\_\_.

Permission is hereby given for use of the following by UCYC for promotional or fund raising purposes: 1) pictures and video taken while at camp; 2) quotations from evaluations and letters relating to camp experience; and 3) name, address, phone number and e-mail address for camp database.

Child's Name \_\_\_\_\_ Parent Printed Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_