

# Desert Pines Baptist Association

## 2018 Registration Packet for

### Completed Grades:

1st – 3<sup>rd</sup>

**Grades 1-3 Check-Out:** Tuesday, June 5th, 10:30 a.m.  
**Grades 1-3 Check-In:** Sunday, June 3th, 3:00-5:00 p.m.

Campers must be affiliated with a church that is sending counselors or adult volunteers to the camp session. Please check with your church office to ensure eligibility to participate before submitting your camp registration packet.

Desert Pines Baptist Association  
CAMP 2018  
Check-In and Registration Procedures

**CHECK-IN:**

**When you arrive:** Please make your way to the Registration Table, which will be stationed at Burton Baptist Church. Burton Baptist Church's address is 6566 W. Burton Rd., Show Low, located off of Lone Pine Dam Rd. (follow Burton Baptist Church signs off of Burton Road).

Grades 1-3 Check-Out:	Tuesday, June 5th, 10:30 a.m.
Grades 1-3 Check-In:	Sunday, June 3th, 3:00-5:00 p.m.

**PROCEDURE:**

1. Please Have Permission Slip, Health Forms, and Camp Policy Acknowledge ready and signed by parent/guardian and child, one for each child.
2. Go to the Registration Table and check in.

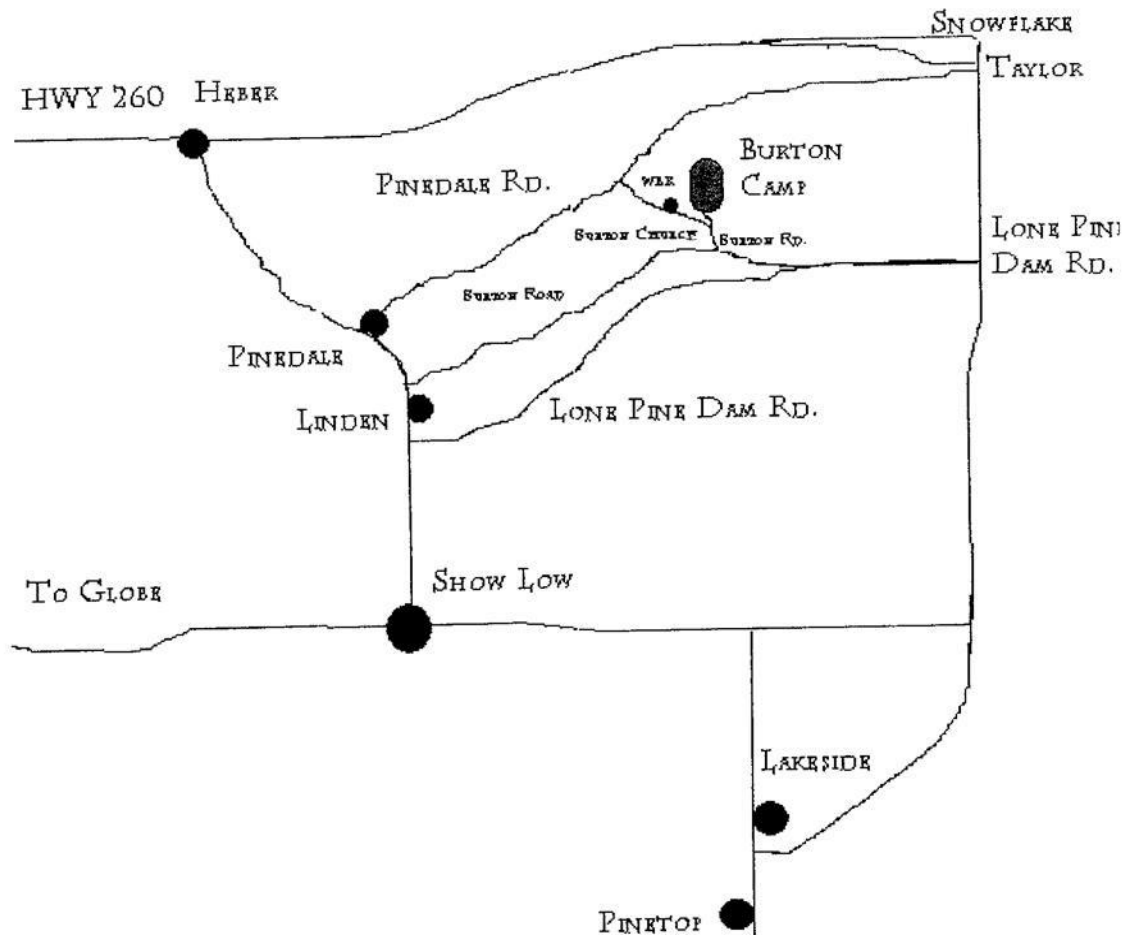
**AFTER REGISTRATION:**

Campers grab their stuff and enjoy the hayride to the cabins. Parents are welcome and invited to take a tour of the children's cabins, meet the staff, and play games during the registration period.

**DO NOT BRING:**

Food, Radios, CD, I-Pods, Cell Phones, or Walkman Players; knives or weapons, electronic or computer handheld games. (See camp rules) If brought to camp it/they will be **CONFISCATED** and held until parents pick up child.

# BURTON CAMP



**Desert Pines Baptist Association  
2018 Camp Rules**

**Parents, Guardians and Staff: please note the following policy in regards to your children's behavior at camp!**

1. Campers are expected to be present and on time at all scheduled events.
2. No one may leave the camp without permission from the camp director.
3. Cabins and grounds will be kept clean at all times. Any damage will be paid for by the individual/group causing any damage.
4. Attire shall be modest at all times. Shirts with inappropriate language will not be permitted. Immodest (short) shorts or other clothing (including bathing suits) shall not be worn. Appropriateness will be defined by the Camp Director and sponsors/staff.
5. All campers are expected to be present and eat at all meals. Outside food should not be brought to camp. Politeness and manners will be exhibited at all times.
6. **NO** radios, magazines, CD players, electronic games, I-pods, MP-3 players, phones, etc. and other items which distract from the camp program are to be brought to camp. Such items will be **CONFISCATED** for the week.
7. The camp schedule will be followed as closely as possible. Campers are to be in their cabins with the lights out as specified.
8. Prohibited items include fireworks, tobacco, alcohol, drugs, weapons (including pocket knives), etc.
9. Campers shall not exhibit public displays of affection. Campers shall not be allowed in the cabins/sleeping areas of the opposite gender.
10. All sickness and injury must be reported to the camp nurse. All medications must be turned in to the camp nurse and the nurse will dispense them as needed.
11. There shall be no food, snacks, or drink in the cabins as they attract unwanted guests!
12. Uncooperative campers will be sent home. Parents will be required to come and get them.
13. Campers are expected to keep up with their own possessions. The Camp is not responsible for lost items. If something is missing check with DPBA after camp.

**WHEN A CAMPER BREAKS A RULE**

**3 strikes or less and you are OUT! (discretion of Camp Director)**

- |                           |   |                           |
|---------------------------|---|---------------------------|
| * Strike 1 (break a rule) | = | Warning                   |
| * Strike 2                | = | Place Camper in Time Out! |
| * Strike 3                | = | Take Camper to Director   |

NOTE: If child provides problems or breaks rules requiring discipline, then the following may p

- 1) Removal from Cabin or Activities
- 2) Contact Parents
- 3) Removal from Camp

If Camp Leadership feels that a camper should be removed from Camp,

**PARENTS WILL BE RESPONSIBLE FOR TRANSPORTING THE CAMPER HOME!!**

## **BRING TO CAMP (1-3):**

- A. Bible
- B. Bed Roll: Sleeping bag, sheets, or blankets. Your child will be sleeping on a bunk bed with a mattress.
- C. Clothing should be appropriate for the number of days. Be prepared for messy activities.
- D. Light jacket, sweat shirt, or rain gear as weather deems appropriate.
- E. Sleep wear
- F. Good shoes are needed for hiking (extra socks may be needed). **No open toed shoes.**
- G. Towel, washcloth
- H. Toiletries: (shampoo, soap, toothbrush, toothpaste, hygiene needs, etc.)
- I. Flashlight & batteries
- J. Optional: Notepad, pencils, personal drawing materials
- K. 1 empty 2 liter soda bottle

## **DO NOT BRING:**

Food, Radios, CD, I-Pods, Cell Phones, or Walkman Players, knives or weapons, electronic or computer handheld games. (See camp rules)

### **MEDICAL INFORMATION:**

Concerning first aid or medical care consider the following:

1. Clearly mark all medicines with your child's name.
2. If your child has a chronic condition requiring medicine, this must be administered by our First Aid Personnel. Please have your child bring prescription medication with her/him.
3. Clearly explain and give written instructions to our First Aid or Registration Personnel concerning the purpose and disbursement of this medicine.
4. For over the counter medicine, such as that for colds, allergies, stomach ailments, or head aches, these must be administered by our First Aid Personnel as well. Please indicate on your Medical and Permission Forms whether or not our First Aid Personnel can administer children's over the counter medicines and PROVIDE those you recommend for the First Aid Personnel. We will have medicine available, but in limited supply.
5. If your child has special dietary needs, please contact DPBA (928) 536-7200. You may be required to supply your child's food needs.

**DPBA 2018 CAMP REGISTRATION**  
Campers must have **completed** Grades 1<sup>st</sup> – 3<sup>rd</sup>

Your Church: \_\_\_\_\_

Camper:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Last First

Circle Gender: Male: Female: Age as of June 1: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Please circle child's shirt size (children's sizes) S M L XL

Parent/Guardian: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Area code/number

Home Address: \_\_\_\_\_ H/Phone: \_\_\_\_\_

Include City

Area code/number

1st Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Area code/number

2nd Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Area code/number

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***IMPORTANT-MUST BE COMPLETED AND SIGNED FOR ATTENDANCE***

**Parents Authorization (please initial):**

\_\_\_\_\_ I give my permission that in case of accident or medical emergency, my child, \_\_\_\_\_  
may be treated by a qualified physician selected by Camp Personnel.

\_\_\_\_\_ I agree to assume the obligation to pay doctor bills, telephone calls, or any other expense relating to the emergency  
other than that paid by camp insurance. The camp insurance will pay for medical care needed by campers who suffer  
bodily injury in accidents which occur at camp. No condition of illness other than accidental injury is covered by camp  
insurance.

\_\_\_\_\_ I give permission for my child to be photographed and the images to be used in camp promotion/advertisements.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Check-In Time is Sunday, June 3rd from 3:00 p.m. to 5:00 p.m.

Check-Out Time is Tuesday, June 5th at 10:30 a.m.

\*Fee is \$40.00 for this Camper.

For more information or family rates, please contact Desert Pines Baptist Association (DPBA) or your church's office.

**Return the registration to DPBA by May 10<sup>TH</sup>.**

If this registration packet and fee are not in DPBA's office by May 10, an additional \$5 late fee is applied to the camp fee. If the registration form is brought to camp, there is an additional \$10 late fee (if we have a counselor and room).

**HEALTH FORM 2018**

NAME \_\_\_\_\_

HEALTH CONDITION: Excellent\_\_\_ Good\_\_\_ Poor\_\_\_

**Please list any health or medical information about camper that we should be aware:**

\_\_\_\_\_  
\_\_\_\_\_

Date of Last Immunization: \_\_\_\_\_  
DPD or TD    Tetanus    Polio    Measles    Rubella    Mumps

**Please list camper's allergies (not dislikes):**

Food: \_\_\_\_\_

Medication: \_\_\_\_\_

Insect: \_\_\_\_\_

Other: \_\_\_\_\_

**IMPORTANT:**

Do you carry medical/hospital insurance? \_\_\_ If so, indicate: \_\_\_\_\_

Carrier & Group #

Please attach copy of insurance card.

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Area code + number

**OVER THE COUNTER MEDICATION PERMIT**

Following is a list of over the counter medications, which our camp first aid station keeps in stock. Please mark a line through any item you would **NOT** want used on your child.

- |                         |                            |                         |
|-------------------------|----------------------------|-------------------------|
| Acetaminophen (Tylenol) | Milk of Magnesia           | Betadine for wound care |
| Cepastat throat lozenge | Sudafed (decongestant)     | Hydrogen Peroxide       |
| Pepto Bismol            | Chlor-trimeton (antihist.) | Neosporin ointment      |
| Tums                    | Actifed (Antihist./Decon.) | Polysporin for wound    |
| Kaopectate              | Robitussin                 | Caladryl lotion         |
| Mylanta Liquid          | Hydrocortisone cream       | Camphophenique          |
| Donnagel                |                            |                         |

**AUTHORIZATION TO MEDICATE MINOR CAMPER OR STAFF MEMBER**

*MUST BE FILLED OUT IF CAMPER IS BRINGING MEDICATION TO CAMP!*

I hereby request and authorize Health Care Personnel to administer the below-listed medication(s) to my child: \_\_\_\_\_

Name of camper

Please give complete information for each medication camper brings to camp. All Medications must be in original container with prescription instructions in your child's name.

NAME OF MEDICATION	DOSAGE	FREQUENCY	WHAT IT'S FOR

**IF THIS FORM IS NOT FILLED OUT AND SIGNED, YOUR CHILD WILL HAVE TO RETURN HOME**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

## 2018 Camp Policy Acknowledgement

I have read and understand both the camp policies and registration for the Desert Pines Baptist Association Burton Camp. I promise to adhere to the policies and understand that failure to do so may result in disciplinary action up to and including dismissal from camp with transportation home at the expense of the camper's family.

Camper \_\_\_\_\_ Date \_\_\_\_\_

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

**Please cover rules with your child before attending camp!**

**THIS FORM MUST BE SIGNED & RETURNED WITH REGISTRATION  
IN ORDER FOR YOUR CHILD TO ATTEND!**