

2024 ARKANSAS PRESBYTERY ~ CAMP PENIEL

REGISTRATION FORM

Registration Begins at 3:00 p.m. for Weeklong Camps
PLEASE REGISTER IN THE BARN BEFORE GOING TO CABINS
Campers are to be picked up by 9:30 a.m. on Friday morning

Mini Camp (4 years – 3rd grade)

Director: Donna Farley

June 22, 9am - 3pm ~ Cost \$25

Senior High Camp (completed 9th -12th grades)

Directors: Drew Lake & Sara Floyd

June 23-28 ~ Cost \$135

Junior Camp (completed 3rd -5th grades)

Directors: Michelle Puckett

July 14-19 ~ Cost \$135

Junior High Camp (completed 6th-8th grades)

Director: Dustin Taylor & Sarah Samuels

July 21-26 ~ Cost \$135

Fall Retreat (7th-12th grades)

Director: Dustin Taylor

October 18-20 5:30 pm ~ Cost \$40

T-shirts Size? YS – 3XL _____ **Make checks payable to Camp Peniel.**

Camp Attending: (Mini Camp) (Junior) (Jr. High) (Sr. High) **(Please check one box)**

Age: ____ **Birth date:** _____ **Grade attending in the fall:** _____

Participant's Name: _____ **Cell Phone** _____

Parent/Guardian: _____ **Cell Phone** _____

Mailing Address: _____

Street or Route

City State

Zip

Emergency Contact Name _____ **Phone ()** _____

Home Church: _____ **Phone ()** _____

Name

City

Pastor's Name _____

Camper Signature _____ **Parent/Guardian Signature** _____

Who is picking up the camper _____ **?**

MEDICAL INFORMATION

Camper's Name _____ Home Phone () _____

Name of Insurance Co. _____ Policy No. _____

Parent/Guardian _____ Cell () _____
Work Phone () _____

Emergency Contacts Name _____ Phone () _____

Physician _____ Phone () _____

List recent illness the camper has had: _____

Date of last TETANUS BOOSTER: _____

Other medical information we should know: _____

Allergies: to medication? Yes No - if yes, list name of med. _____

To food? Yes No - if yes, list foods _____

To environment? Yes No - if yes, list _____

List medications being taken:

Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: ALL MEDICATIONS MUST HAVE PHARMACY LABEL ON BOTTLE WITH INSTRUCTIONS. ALL MEDICATIONS ARE TO BE TURNED IN TO THE CAMP NURSE AT REGISTRATION. THE NURSE WILL BE RESPONSIBLE TO SEE THAT THE CAMPER RECEIVES MEDICATION AS PRESCRIBED.

CAMP PENIEL WATER SLIDE RULES AND REGULATIONS

1. Campers under 2 ½ feet tall are not permitted to ride.
2. Campers over 300 pounds in weight should ride at the staff personnel's discretion.
3. All riders must ride feet first either sitting or lying on their back.
4. ABSOLUTELY no riding on stomach or head first is permitted.
5. Only one rider at a time. No trains, chain of riders are permitted.
6. Arms and hands must remain inside the flume. No stopping or grabbing the flume handrail is permitted.
7. Riders must enter the slide in a sitting position. No running or diving starts are allowed from the top of the slide.
8. ABSOLUTELY no walking or running up the slide.
9. Mats or inflatable tubes are not to be used on the slide.
10. A minimum interval of six (6) seconds must be maintained between riders.
11. A maximum of two (2) riders will be permitted on the steps at any time.
12. Loitering or lingering in the run out area or in the immediate area of the slide is not permitted.
13. Riders must be in good health. Pregnant women or individuals with heart conditions are not allowed on the slide.
14. All riders must wear swimsuits. Either one piece or t-shirt over two piece.
15. Cut-off jeans are not permitted.
16. No jewelry can be worn while riding water slide. No combs, or foreign objects are allowed in pockets or hair while riding the water slide.
17. No food or drinks allowed on the water slide.
18. Day operation only.
19. Warning – Failure to follow rules can result in serious injury and removal of water slide privileges.

RELEASE OF ALL CLAIMS

We, (I), are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said camp, and hereby give our (my) permission to take said participant to doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and (We/I) assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we hereby assume all transportation costs.

Parent/Guardian Signature _____

We _____ **&** _____ **have read and understand the water slide rules**
(parents & camper)
[on the previous page]. Please keep a copy for your information.

Camper Signature _____

Parent/Guardian Signature _____

Date: _____