

# CHRIST CONGREGATIONAL CHURCH

*United Church of Christ  
9525 Colesville Road, Silver Spring, Maryland 20901  
301-585-8010*



## 2010 Summer Camp

### Camper Forms

- Application checklist

#### ***DUE MARCH 31:***

- Application form AND payment check
- Transportation permission form
- Photo/video permission/release form

#### ***DUE MAY 15:***

- Camper information form
- Medical form/Medication Form
- Covenant

***An orientation meeting will be held on a Sunday in May, after the 10:30 service.  
ALL CAMPERS ARE REQUIRED TO ATTEND, WITH A PARENT/GUARDIAN.***

***Date to be announced.***

## CCC CAMP APPLICATION CHECKLIST

**Please make sure that you have filled out all of the required forms. Each document is necessary to ensure the health and well being of your child while at camp. All of these forms are REQUIRED.**

*CCC members and regular attendees have priority registration until March 1. Others may register at any time, with the understanding that CCC members and regular attendees who register by March 1 have priority. Final registration deadline is March 31.*

### **DUE MARCH 31, please submit together:**

1. Application Form and Check
2. Photo permission/release Form
3. Transportation Permission Form

### **DUE MAY 15, please submit together:**

4. Camper Information Form (3 pages) - Required for Elementary and Middle School. Optional for High School.
5. Covenant - Required for all camps
6. Medical Form - Required for all camps  
***IMPORTANT NOTE:*** *The date of the last physical examination must be no more than 12 months prior to the camp ending date.*
7. Medical Permission Form (for Medication) - Required for all campers with any medication or supplements, prescriptions and over the counter

**Thank you for your assistance with this task. It is our aim to meet all of our campers' needs and these forms are vital to do so.**

**Upon receipt of registration, parents will be sent a Parent Manual via email.**

*A parent orientation meeting will be held on a Sunday in May, after the 10:30 service. Date to be announced.*

**PLEASE BE SURE TO READ THE PARENT MANUAL AND BRING IT TO THE PARENT ORIENTATION MEETING. You may obtain a hard copy of the parent manual from the CCC Office or request an electronic copy at any time via email from the CCC Camping Ministry Coordinator.**

**Thank you!  
CCC CAMP STAFF**

**CHRIST CONGREGATIONAL CHURCH, UCC  
CAMP REGISTRATION, 2010**

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**Camper Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

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

**Grade Completed 6/09:** \_\_\_\_\_

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**CAMP WEEK (check one):**

\_\_\_\_\_ Elementary School Camp, (completed 3<sup>rd</sup>–5<sup>th</sup> grade), July 11<sup>th</sup> - July 17<sup>th</sup> - **\$240**

\_\_\_\_\_ Middle School Camp, (completed 6<sup>th</sup> – 8<sup>th</sup> grade), June 27<sup>th</sup> – July 3<sup>rd</sup> - **\$240**

\_\_\_\_\_ High School Camp, (completed 9<sup>th</sup> – 11<sup>th</sup> grade), June 20<sup>th</sup> – June 26<sup>th</sup> (**ENDS THURSDAY**) - **\$160**

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**Parent/Guardian 1:**

**Parent/Guardian 2 (optional):**

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

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

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

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

Day phone: \_\_\_\_\_

Day phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

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

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

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**PARENTS ARE RESPONSIBLE FOR ARRANGING TRANSPORTATION TO AND FROM CAMP.**

- **Campers should arrive at the Retreat House at 2:30pm on the first day. Campers must be unpacked with bunk made up prior to program opening at 3:00.**
- **Campers should be picked up at the Retreat House at 10:30 on the last day.**
- **Please inform Camp Director of any private carpool arrangements.**

**CCC WILL NOT ARRANGE CARPOOLS.** However, we will facilitate the exchange of contact information so parents can privately arrange carpools. **If you would like your contact information distributed to other parents for the purpose of arranging private carpools, please provide it below:**

**Driver Name** \_\_\_\_\_ **Phone(s)** \_\_\_\_\_ **email** \_\_\_\_\_

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**REGISTRATION FEE ENCLOSED:** \$ \_\_\_\_\_

Scholarship Request: \_\_\_\_\_ Yes, I am applying for scholarship assistance.

*Based on need, CCC will provide funding for up to 75% of the total camp fee*

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**CAMPER SWIMMING ABILITY**

Check one: \_\_\_\_\_strong \_\_\_\_\_moderate \_\_\_\_\_weak \_\_\_\_\_cannot swim

Check if yes: \_\_\_\_\_float on back unassisted \_\_\_\_\_tread water 2 minutes unassisted

*All Swimming related activities require that EVERYONE wear an approved flotation device unless the lifeguard rules otherwise.*

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**Parent/Guardian Signature**

\_\_\_\_\_

**Date**

**CHRIST CONGREGATIONAL CHURCH, UCC  
CAMP PHOTO/VIDEO WAIVER FORM, 2010**

Christ Congregational Church has my permission to use my or my child's photograph, video, likeness and such in future church publications, web pages and other promotional materials produced, used by and representing Christ Congregational Church. I understand the circulation of these materials may be extensive and that there will be no compensation to me for this use.



\_\_\_\_\_  
Name (please print)

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

\_\_\_\_\_  
Signature (of Parent/Guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name (if under 18)

**CHRIST CONGREGATIONAL CHURCH, UCC  
TRANSPORTATION PERMISSION FORM, 2010**

*This form must be completed for all CCC campers, youth camp staff, and youth retreat participants and covers CCC-arranged carpools, retreats, camp daytrips, and emergencies.*

Christ Congregational Church has my permission to transport my child in a vehicle driven by a single adult volunteer. I understand that these volunteers are eligible to serve in this capacity according to current CCC guidelines for working with children and youth, are licensed drivers over 25 years of age, are insured, and have submitted to a background check.

I understand that my child may be transported one-on-one with this volunteer, that I will be informed of the time of departure and the expected time of arrival, and that I will be provided with the driver's cell phone number.

\_\_\_\_\_  
Youth/Camper Name (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

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

**CCC CONFIDENTIAL CAMPER INFORMATION SHEET 2010**

**Please be as thorough as possible to allow us to meet the needs of all campers.**

Camper Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

1. Has your child ever been away from home for a night? \_\_\_\_\_

2. Has your child ever been away from home for more than one night? \_\_\_\_\_

3. Does your child have separation anxiety? \_\_\_\_\_

IF YES, How can he/she be comforted best? \_\_\_\_\_

\_\_\_\_\_

4. Does your child handle transitions well? \_\_\_\_\_

IF NO, how may we support/help him/her with this? \_\_\_\_\_

\_\_\_\_\_

5. Does your child take any medications or supplements to aid in sleeping? \_\_\_\_\_

IF YES, What type? \_\_\_\_\_

IF YES, these medications/supplements must be registered with the camp health/first aid leader and a separate medication form must be filled out! (*No self medicating of any kind is allowed, no matter how responsible the camper may be.*)

6. Does your child have nightmares/night terrors? \_\_\_\_\_

IF YES, How often and what is the best way to comfort him/her? \_\_\_\_\_

\_\_\_\_\_

7. Does your child have any issues with bed wetting? \_\_\_\_\_

IF YES, How frequently? \_\_\_\_\_

IF YES, How can we comfort/support your child? \_\_\_\_\_

\_\_\_\_\_

8. Is your child a Night Owl? \_\_\_\_\_ Early bird? \_\_\_\_\_

9. Does your child have any educational issues that may prevent him/her from participating in or helping to organize/lead any of the CCC Community/camper worship activities? \_\_\_\_\_

IF YES, What are the issues, and how can we best help/support him/her so that he/she may participate to the best of their ability? \_\_\_\_\_

10. Are there any current or past family issues that may affect your child's behavior? (Keep in mind that children often are fine at home, and begin having difficulties with family crises only once they are away.) \_\_\_\_\_

IF YES, please tell us as much as you are comfortable with, and how we can best comfort/support your child. \_\_\_\_\_

11. Does your child take any medication/supplements on a daily or weekly basis? \_\_\_\_\_

IF YES, for what condition, and how may we support your child in addition to dispensing medication? \_\_\_\_\_

IF YES, these medications/supplements must be registered with the camp nurse and a separate medication form must be filled out! (*No self medicating of any kind is allowed, no matter how responsible the camper may be.*)

12. Does your child have any social/emotional issues that would prevent him/her from participating fully in our camp program? \_\_\_\_\_

IF YES, what are these issues, and how may we support/help him/her? \_\_\_\_\_

13. Does your child have any physical limitations that would prevent full participation in long hikes and physically demanding activities? (Please include weight issues)? \_\_\_\_\_

IF YES, Please specify what these issues are and how we can best accommodate your child.

14. Circle the X that best describes your child's general activity level:

<u>X</u>	X	X	X	X	X	X	X	X
couch								never
potato								stops
								moving

15. What are your child's hobbies and/or interests? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Additional Comments or information: \_\_\_\_\_  
\_\_\_\_\_  
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**CHRIST CONGREGATIONAL CHURCH, UCC  
MEDICAL FORM**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
**Parent/Guardian:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell)  
**Name of School Attending in the Fall** \_\_\_\_\_

**Emergency Contact in event cannot reach above:** \_\_\_\_\_  
**Telephone(s):** \_\_\_\_\_  
**Relationship to child:** \_\_\_\_\_

**Health Insurance Provider:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Primary subscriber named on policy:** \_\_\_\_\_  
**Policy #:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Physician office address:** \_\_\_\_\_

**Medical Information**

**Date of last physical exam:** \_\_\_\_\_ **Date of last tetanus booster:** \_\_\_\_\_  
**All vaccinations/immunizations are current.** \_\_\_ Yes \_\_\_ No  
**If no, please list:** \_\_\_\_\_

**Allergies (foods, insects, environments, medicine, etc.):** \_\_\_\_\_  
\_\_\_\_\_

**\*Current prescription medication:** \_\_\_\_\_

**\*Current over the counter medication:** \_\_\_\_\_

***\*Must complete medication permission form on backside of this sheet.***

**Child currently under medical or psychiatric care.** \_\_\_ Yes \_\_\_ No  
**If yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_

**Are there any restrictions that limit his/her activity?** \_\_\_ Yes \_\_\_ No  
**If yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_

I give my permission for my child to attend and participate in all phases of this program, including fieldtrips if applicable. I will not allow my child to attend if he/she becomes exposed to any contagious disease, or if for any reason, I do not consider him/her to be in good physical condition. I give my permission for my child to receive necessary medical attention at a hospital, clinic, or from a designated adult supervisor.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## MEDICAL PERMISSION

My child, \_\_\_\_\_, takes the medications listed on this form. The designated Christ Congregational Church adult leader of this program/activity has my permission to administer the listed medication(s) to my child as directed by me.

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

Purpose: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Taken \_\_\_\_\_ orally \_\_\_\_\_ topical \_\_\_\_\_ nasal \_\_\_\_\_ with meals \_\_\_\_\_ empty stomach

Comments:

Note any reaction or side effects:

Prescribed by physician: \_\_\_\_\_ Office Number ( ) \_\_\_\_\_

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

Purpose: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Taken \_\_\_\_\_ orally \_\_\_\_\_ topical \_\_\_\_\_ nasal \_\_\_\_\_ with meals \_\_\_\_\_ empty stomach

Comments:

Note any reaction or side effects:

Prescribed by physician: \_\_\_\_\_ Office Number ( ) \_\_\_\_\_

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

Purpose: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Taken \_\_\_\_\_ orally \_\_\_\_\_ topical \_\_\_\_\_ nasal \_\_\_\_\_ with meals \_\_\_\_\_ empty stomach

Comments:

Note any reaction or side effects:

Prescribed by physician: \_\_\_\_\_ Office Number ( ) \_\_\_\_\_

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**CCC CAMPER AND STAFF COVENANT**  
**Middle School and High School**

***The Retreat House Camp Staff and Campers covenant together  
to create a safe, supportive environment for everyone.  
We will practice what we preach and value, including being a community of Christian  
faith which honors all people and cares for all creation.***

*To help us in this covenant we agree to the following:*

*Physical and verbal violence is not permitted. Sarcasm, teasing and put downs dishonor rather than honor persons. Along with treating one another with respect, we will treat property and creation with respect. Mosquitoes and biting flies are exempt from this guideline.*

*Personal boundaries will be honored. Persons will have sleeping arrangements which are off limits to the opposite gender. At least two adults will lodge in the same dwelling unit with campers, a CCC Safe Church Policy requirement.*

*Inappropriate sexual behavior such as harassment and intimate physical touching is not permitted. Loving words and acts of kindness are encouraged.*

*Adhering to the law is an expectation. Qualified adult drivers are the only persons authorized to drive vehicles for CCC sponsored events and everyone must use a seatbelt.  
The possession or use of alcoholic beverages or non-prescribed drugs is prohibited.  
Firearms and other objects intended as weapons are prohibited. Possession of fireworks is not allowed. Smoking is prohibited, unless you are the campfire.*

*Everyone will remain in the designated areas of camp (the ford, the river, and the fences bordering the fields). When traveling elsewhere, an adult must be present. Informing staff of where you are and who you are with is considerate and promotes camp safety.*

*Campers will not have cell phones. The use of electronic equipment such as ipods and gameboys are at the discretion of the adult leaders. Program time invites us into community. Activities that distract us from this focus are not appropriate.*

*Because we value each person and the many gifts God gives, anyone choosing to break this covenant is choosing to go home early. Parents will be called and asked to come and take home their camper if a disrespectful attitude or behavior persists.*

*I hereby agree to the purpose and invitation of this covenant. I will be part of creating a safe and supportive community for everyone.*

\_\_\_\_\_  
*Camper Signature*

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

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

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

**CCC CAMPER AND STAFF COVENANT**  
**Elementary School**

*CCC Retreat House camp leaders and campers covenant together to create a safe and supportive environment for everyone wherever we are. We will practice what we preach and value, including being a community of Christian faith that honors all people and cares for all creation.*

*To help us in this covenant we agree to the following:*

*We care for ourselves, we care for each other, and we care for our environment.*

*Physical violence is not permitted. The only living things we will hit are biting insects!!  
Verbal violence is not permitted. Sarcasm, teasing and put downs dishonor rather than honor persons. We will treat each other with love. We will help one another.  
Along with treating one another with respect, we will treat property and creation with respect.  
We will not mark on furniture, walls, floors, or trees. We have plenty of art supplies for us to express ourselves! We will not litter. We will keep our area clean.*

*Personal boundaries will be honored. Sleeping areas are off limits to the opposite gender. At least two adults will lodge in the same unit with campers, a CCC Safe Church Policy requirement.*

*Inappropriate physical behavior such as harassment and inappropriate physical touching is not permitted. Behavior that makes another person uncomfortable is not allowed. Loving words and acts of kindness are encouraged.*

*Adhering to the law is an expectation. The code of conduct printed elsewhere shall be followed.  
Highlights: Qualified, insured adult drivers are the only persons authorized to drive vehicles for CCC sponsored events, and everyone must use a seatbelt. Possession or use of the following are prohibited: alcoholic beverages, tobacco products, controlled substances, firearms, other objects intended as weapons, fireworks.*

*Everyone will stay near the Retreat House. When out of sight of the house (the ford, the creek, or elsewhere), an adult must be present.*

*Campers will not have cell phones or other personal electronic devices.*

*Because we value each person and the many gifts God gives, anyone choosing to break this covenant is choosing to go home early. Parents will be called and asked to come and take home their child if a disrespectful attitude or behavior persists.*

*I hereby agree to the purpose and invitation of this covenant. I will be part of creating a safe and supportive community for everyone.*

\_\_\_\_\_  
*Youth Signature*

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

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

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