

## Kid's Camp

June 10-14, 2016 Ages 7 - 12 Directors: Jason & LaCinda Whittington 7605 Geronimo Circle North Little Rock, AR 72116 Phone: (870) 219-5635 Email: lacinda.whittington@heartlandcogop.org

# Senior Camp

June 15-19, 2016 Ages 13 - 18 Directors: Tom & Stephanie Thompson 1729 Osceola Drive North Little Rock, AR 72116 Phone: (501) 833-2828 Email: stephanie.thompson@heartlandcogop.org

# Camp Tuition



Early Registration: (Postmarked by May 15) (Includes t-shirt & activities)

\$ 125

**Registration:** (After May 15, or at the Door) **\$ 145** 

\* \$10 Discount per child for Families with 3 or more Campers

No child will be registered at camp without proper Parent/Guardian signature & authorization to participate in camp activities.

NOTE: Applications and other camp forms may be downloaded from our Regional Website. (Click on the State Flag!)

## www.heartlandcogop.org

APPLICATIONS ARE ACCEP	PTED WITHOUT REGARD TO GENDER, RACE, CO	LOR, RELIGION, NA	ATIONAL ORIGIN, PHYSICAL OR M	IENTAL HANDICAP	
	Arkans				
SUMMER	Youth Camp /	Applicat	lion		
CAMP	Camp Ka				
	A Church of God of P Regional Office: (918) 251-9667 Reg				
Mail Applications and \$25 deposit t	to the Directors of the Camp you will be atten			Church of God of Prophe	
KID'S CAMP:			SENIOR CAMP: (Age		
Jason & LaCind 7217 Glenn			Tom & Stephanie The 1729 Osceola Dr		
Sherwood, A			North Little Rock, AR		
(870) 219 Email: lacinda.whittingtor	9-5635	(501) 833-2828 Email: stephanie.thompson@heartlandcogop.org			
	Early Registration (Postmarked by Registration (After May 15th, or at the second seco				
Tuition includes t-shirt & activities!	Families with 3 or more Campers				
	* NOTE: Early Registration Tuitior	ns are Transfe	rable but not Refundable	÷	
PLEASE MARK T-SHIRT SIZE:	ADULT: Small Mediun			je 3X-Large	
	YOUTH: Small Medium	n Large _	X-Large		
	Camper Infe	ormation			
Grade going into in the Fall?	First Time Camper?	Yes No	Camp Attending:	Kid's Camp Seni	
Name:			Male:	Female:	
		-			
Phone: ()	Date of Birth:// Present	( Age: E	mail Address:		
NOTE: If your child is under 18, m	nay we have your permission to baptize the	em in water (by ir	mmersion) if they so desire?	YesN	
	Parent or Guard	ian Inforn	nation		
Name of Parent or Guardian:		Email A	ddress:		
Address:		City:	State:	Zip:	
Home Phone: ()	Work Phone: ()		Cell Phone: ()		
Who to contact in case of emerge	gency other than parent or guardian:				
Name:	Home Phone: (	)	Cell Phone: ()		
	Medical Infan				
	Medical Infor	mation			
(PLE)	ASE ATTACH A COPY OF THE FRONT A	ND BACK OF Y	OUR INSURANCE CARD)		
	any of the following medical problems that	it apply to the ca	mper. If it is a current proble	n, please provide date o	
the most recent occurrence; if a pa	asi problem, approximate date.				

Rheumatic Fever	ТВ
Diabetes	Heart Trouble & Related Problems
Asthma	Ivy, Oak Sumac Poisoning
Convulsions	Fainting
Sleep Walking	Kidney Trouble
Recent Illness	Other:

Family Physician			Phone	
Allergic Reactions to:				
Most Recent tetanus shot:		Blood Type		
List any Medications to be administered a	t camp to be taken on a re	egular basis:		
	Treating		Frequency	
	Treating		Frequency	
(Use another sheet of paper if necessary)				
Camper is under the care of a physician for	or the following reasons: _			
List any dietary restrictions: (No special m	eals are provided, but we	will inform our staff of c	camper's restrictions to help them choose all	lowed foods

from our regular menu.) \_\_\_\_

Physical restrictions, or activities not allowed:

Other Pertinent Information \_\_\_\_\_

#### NOTE: Medications must be in original container & administered by camp medical staff - NO EXCEPTIONS!

\_\_\_\_\_

### **Camper Profile - Optional Information**

(This information is optional, but may be helpful for our Team Leaders and Staff.)

Has the camper been affected by a death, divorce, or traumatic experience recently (or is still dealing with one of these situations)? If so, explain:

What three words describe your camper's personality?\_\_\_\_\_

Is your child a Christian?\_\_\_\_\_

Are there any special concerns or needs that you have as a parent regarding your camper while he/she is at camp?\_\_\_\_\_

### Statement of Certification and Understanding

**MEDICAL CONSENT:** In case of an emergency, I understand that every effort will be made to contact me (parent or guardian). In the event I cannot be reached, I hereby give permission to the Camp Director, Camp Nurse, and physicians selected by the camp to secure proper treatment for, to administer "over-the-counter" (OTC) or prescription medications, to hospitalize, order injection, anesthesia, and/or surgery for the camper. I understand that my insurance has the primary responsibility of payment should my child need treatment. The camp insurance is secondary. I understand that all medications, including OTC must be administered by the camp medical personnel and that medications will be collected at time of registration. I certify that all the information provided on this application is accurate to the best of my knowledge. I have read and understand the camp rules and regulations, and also understand that by signing this application I am agreeing to abide by those rules. I understand that failure to do so could result in dismissal from camp. I also agree that the Church of God of Prophecy (local, regional, and international offices), and its officers, servants, or staff shall not be held responsible for damages for any accident or sickness involving my child.

I hereby agree that my child/ward may participate in all camp activities including travel off the property. I give my permission for Camp Kahoka administration to use images and recordings of my child/ward without further compensation. I also agree to hold harmless Camp Kahoka, its staff, and volunteers from any and all liabilities, claim, demands, and causes of action whatsoever, which may arise due to the participation of myself, or my child/ward in said activities.

Parent or Guardian Signature		Date			
Camper's Signature (If over 18)		Date			
FOR C	DFFICE USE ONLY				
Early Registration?YesNo Deposit Received: \$	Date	Application Received: Date			
Family Discount?YesNo Tuition Due? \$	Paid by:	Check	Check Number	Cash	
Notes					
Staff Signature		Date			

#### HEARTLAND CAMPING MINISTRIES PROGRAM STATEMENT (KEEP THIS PAGE FOR YOUR REFERENCE.)

KID'S CAMP: (Ages: 7-12) Jason & LaCinda Whittington 7217 Glenn Hills Drive Sherwood, AR 72120 (870) 219-5635 Email: lacinda.whittington@heartlandcogop.org



SENIOR CAMP: (Ages 13-18) Tom & Stephanie Thompson 1729 Osceola Drive North Little Rock, AR 72116 (501) 833-2828 Email: stephanie.thompson@heartlandcogop.org

# Please read the following before completing the camper application. Parents, if the camper is younger than 18 years, please review this statement with him or her.

**STATEMENT OF EQUITY:** All applications will be accepted on a first-come, first-served basis with no regard to race, color, creed, sex, or nationality.

**<u>PARTICIPATION</u>**: We are interested in the moral, social, physical, and spiritual growth of each camper. Each camper will be expected to participate in the full camping program and all activities unless the parent or guardian indicates otherwise on the application.

<u>REGULATIONS</u>: For the safety of all campers and staff, the following items will not be allowed: fireworks, drugs, guns, knives, laser pointers, or weapons of any kind. The camp reserves the right to perform an inspection of all belongings. No use of drugs, alcohol, tobacco, or profanity will be allowed. Campers, please do not bring the following items: valuable jewelry, large amounts of money; computer; video games; CD's, radio, MP3 players, iPods, Kindles (or any other such device).

**ITEMS TO BRING:** Please bring the following items: flip-flops or other shoes to be worn in the shower and to the pool/lake; toiletries, towels, and washcloths; casual clothes, shoes, and socks; an umbrella; sheets for a twin bed, a pillow; a quilt, blanket or sleeping bag; bathing suit or swim trunks (and shirt and shorts you don't mind getting wet); water shoes or shoes to wear to/from the pool; a flashlight; a Bible, paper, and a pen. Snack shack money. (This may be age group specific. Check camp application for details.)

**BEHAVIOR:** In the event that a member of the camp staff considers a camper's behavior to be unacceptable, extra duties may be used as corrective disciplinary action. For extreme cases, the camper may be sent home without refunding tuition.

**DRESS CODE**: The intent of our camp dress code is to provide an equitable dress code for all campers that will encourage modesty above legalism. Parents and church leaders are urged to see that only clothing which meets the policies and regulations of the camp policies are brought to camp.

#### CAMPERS: Please bring clothing to camp which fully complies with the following regulations:

- ⇒ Modesty Since this is a Christian Camp with a distinctly Christian atmosphere, the New Testament principle of modesty should always be the standard dress at camp. While on our campground, camper may not wear apparel that exposes the midriff, is extremely tight fitting, or has writing on the back of pants or shorts. Apparel may not display or promote *alcohol, drug, sexual, or inappropriate language or pictures.* It is the responsibility of the local church pastor/youth director/camp sponsor to see that each camper is aware of our camp policy and to reinforce these policies before camp begins. The camp staff is to model the standard of modesty and enforce the camp dress code, taking into consideration that wisdom dictates an appropriate response specific for each situation.
- $\Rightarrow$
- Dresses and Shorts Camp dress is to be casual, neat, and clean. Shorts are thumb to finger-tip to the knee in length. Slits in dresses and skirts should also be modest in length. All apparel must cover the shoulder. Dresses must include accessory wear under or over any straps that do not cover the shoulder.
- $\Rightarrow$
- ⇒ Shirts and Shoes —Tank tops are not allowed at camp. Sleeveless shirts are acceptable, but must go from the neck to the shoulder seam and not be split down the side. Shoes and shirts must be worn at all times outside cabins, except while swimming.
- $\Rightarrow$
- Swimming Attire Speedos, or thong type swimsuits will be unacceptable. Extremely revealing swimsuits will require adequate covering (t-shirt, etc.). Determining the appropriateness of swimming attire will be at the sole discretion of the camp staff. Please bring shorts, shirts, or robe (and shoes/flip flops) to wear to/from the pool.

<u>CELL PHONE POLICY</u>: We endeavor to create an atmosphere that minimizes distractions and maximizes a total "camping" experience. We ask that campers turn their phones off, and turn them in at check-in. We guarantee the privacy and security of the phone. The phones will be returned upon check-out from camp. **NOTE:** We want our campers to feel safe and secure. If a camper wishes to call home, our Cabin Leaders are instructed to make sure they have access to their phone to make the call. Calls will be allowed to Parents/Guardians only, except in the case of an emergency. Parents/ Guardians are more than welcome to call the Camp Kahoka phone any time to check on their camper. That number is: **(870) 269-8777**.



#### 734 Ben Cartwright Lane — Mountain View, AR 72560

### Camp Telephone: (870) 269-8777

Camp Kahoka is located approximately 9 miles south of Mountain View on Highway 5. Exit South off of Highway 5 and follow signs to camp.



### **REGISTRATION AND PICK-UP INFORMATION**

Registration begins at 2:00 PM

Pick-Up Campers after 9:30 AM

All Campers MUST be picked up NO LATER than 12 noon. Arrangements for early drop-off, or late pick-up must me made in advance by calling the Camp Director.

Everyone must go through Registration **BEFORE** entering the cabin areas.

NO CAMPER WILL BE DISMISSED WITHOUT PROPER CHECK-OUT PROCEDURES.

