

Northern New England District Assemblies of God

2010 Summer Camps

Singing Hills Conference Center

Plainfield, NH

Kidz Camp

July 12 - 16



Ben Christiansen

Youth Camp

July 19 - 23



Tony Cruz

A WORD TO PARENTS & CAMPERS...

LOCATION: Singing Hills Conference Center, Plainfield, NH. **Directions:** From Southern and Central Maine, take Route 95 south and Take EXIT 2 (RT-101), toward EXETER/HAMPTON BEACH and continue on Route 101 west toward Manchester. Merge onto I-93 North toward Concord, and take I-89 North in Concord. Get off Exit 20 in West Lebanon, NH. At the end of the ramp, turn left onto Route 12A and follow the directions below*.

From points north and west, take I-89 South. Get off Exit 20 in West Lebanon, NH. At the end of the ramp, turn right onto Route 12A and follow the directions below.*

*Follow Route 12A south for 7 miles. At the bottom of a long hill, turn left onto Stage Road (sign points to Meriden). Singing Hills is 4 miles out on Stage Road on the left. A large wooden "Singing Hills" sign marks the end of our driveway. Bear left all the way up the drive.



REGISTRATION: Walk-ins, Phone/Fax Registrations or Partial Payments WILL NOT be accepted! Registrations **postmarked by May 21** are **\$185.00 per person**; registrations **postmarked May 22 - June 18** are **\$199.00 per person**; and registrations **postmarked after June 18** are **\$215.00**. Registrations postmarked after the final deadline will be accepted on a space available basis only. Upon cancellation, **the registration fee less a \$25.00 processing charge will be refunded or the full amount may be transferred to a replacement camper. Please make checks payable to NNED A/G,** and mail registration form and fee to: **N.N.E.D. A/G, Attn.: CAMP, P.O. Box 611, Portland, ME 04104-0611.**

SPENDING MONEY: Campers may wish to bring \$25.00 - \$30.00 extra spending money for offerings, snack bar, souvenirs and postage. Camp T-shirts and DVD's can be reserved prior to camp (DVD's will be mailed after camp is over, and t-shirts will be given to the camper at camp). DVD's can be purchased for \$12.00, and t-shirts can be purchased for \$10.00 (S-XL) and \$12.00 for XXL. A **Camp Bank** will be available at **Kidz Camp only**. Camp Bank money can be deposited at time of registration, or by mail prior to camp. This money will be available daily to the camper. Unspent money will be returned Friday morning. The District camp staff is not liable for monies that are not deposited into the camp bank.

AGE LEVELS: We believe we can minister more effectively to specific age levels. It is asked that young people attend the camp designed for their specific age level: Kidz Camp: 8-11; Youth Camp: 12-17.

HOUSING: We will try to honor requests for two campers to be together providing both make the same request before the deadline (No trios). Requests cannot be changed once assignments are made or on opening camp day. Capacity is limited to 160 campers and/or sufficient staffing for the camps.

ARRIVAL & DEPARTURE: Campers are to arrive between 3:00 pm and 5:00 pm on Monday. Departure time is Friday at **11:00 am**. **N.N.E.D. camp staff are not responsible for campers left unattended, who arrive earlier or depart later than these listed times.**

MEDICAL POLICY: State law requires each camper to have a full medical examination *within two years of the opening day of camp*. This exam must be verified via the proper signature (See the Physician's Statement of Examination form). *The Authorization for Treatment on the Statement of Health section must be signed*. All prescription medication must be brought to camp in their ORIGINAL CONTAINERS, with prescribed instructions. Our camping program is covered by a limited accident and liability insurance for the entire time campers are in our care. For more information contact the N.N.E.D. office.

WHAT TO BRING: Sleeping bag or twin bed sheets and blanket, pillow, sleep wear, flashlight, towels, wash cloths, personal care items (soap, shampoo, toothbrush, toothpaste, etc.), flip-flops or water shoes, sneakers, extra shoes, swim wear, appropriate clothing, Bible and notebook, a pen/pencil, and camera. Campers are responsible for personal belongings.

WHAT NOT TO BRING: TV's, radios, MP3 players, iPods, CD players, hand-held video games (or any other electronic device), cell phones, pagers, playing cards, improper magazines and books, knives, firearms, drugs, cigarettes/tobacco, fireworks and Bad Attitudes.

EMERGENCIES & VISITORS: In order to maintain camp continuity, under normal circumstances, campers should not be visited or contacted by phone while at camp. In case of an emergency, please call (603) 469-3236 or (207) 749-4809.

CAMPER MAIL: Campers love to receive mail from home. We will have mail call each day. Send to: Camper's Name, C/O Singing Hills Christian Conference Center, 71 King Dr, Plainfield, NH 03781-5107. Since it takes about 4 days for mail to arrive, please do not mail new items after Tuesday morning of the camp week.

RULES & REGULATIONS: These rules are given as guidelines for every camper to follow. This code of conduct has been established for your protection and the benefit of every person present. **They must be obeyed at all times!** You have pledged yourself to abide by this code during the week you are here.

1. The daily schedule must be observed by all and attendance at all camp activities are required.
2. No one is to leave the camp grounds without specific permission from the Church Ministries Director or Camp Director.
3. All cars will be parked at the designated area. Keys must be turned in upon arrival.
4. Each camper will perform his/her duties as part of the privilege of being here.
5. Rooms and adjacent areas and grounds must be kept clean.
6. Guys and gals are not allowed in each other's sleeping areas.
7. All staff members are authorized to maintain order anywhere on the grounds.
8. Campers are not permitted to call home except for an emergency, which must be approved by Church Ministries Director or Camp Director.
9. We reserve the right to inspect the contents of all personal belongings. The holding and/or disposal of improper contents are the right of camp staff.
10. **DRESS CODE:** *The following guidelines will help each camper to pack clothing appropriate for our camp.* Day time wear is casual. Modesty is the rule. Ragged or ultra low jeans, tube tops, tank tops, strapless or spaghetti strap dresses or tops, short shorts, miniskirts, or T-shirts that advertise beer or cigarette companies or secular music groups are **NOT** permitted. Shorts of modest length (mid thigh or longer) may be worn during the day. Skirts should be at least knee length. **Under garments must be worn and not seen.** Hats and shorts are inappropriate for evening services. For safety, shoes are to be worn at all times throughout the camp. Swim suits for girls must be modest, one piece, lined and cover the entire front. Male swim suits are to be boxer style only. Tight or bikini styles are not permitted.

☞ The lack of cooperation, unnecessary roughness, lack of respect for property, or an unwholesome attitude on the part of any camper will result in expulsion from camp. Parents are asked to help explain these rules to their children and encourage compliance while at camp. Parents will be responsible for the transportation home of any dismissed camper. No refunds will be given.

✂ **Cut along dotted line and return form below with registration if paying by Credit Card.**

Camp Registration

Credit Card Information:

MasterCard Visa

Total Charged to Card: \$ _____

Name as it appears on Card: _____

Card Holder Billing Zip Code: _____

_____-_____-_____

Expiration Date: _____

Signature: _____

Northern New England District Council Assemblies of God
Attn.: Camp Dept. ♦ P.O. Box 611 ♦ Portland, ME 04104-0611
☎ 1-(207) 878-2777

OFFICE USE ONLY:	
Postmark	_____
Amt. Rec.	_____
Amt. Due	_____
Chk. #	_____
Reg. Comp.	<input type="checkbox"/>
Hlth Stmt.	<input type="checkbox"/>
Phys. Stmt.	<input type="checkbox"/>
Shelby	<input type="checkbox"/>
Confirm	<input type="checkbox"/>

2010 CAMPER REGISTRATION FORM

☞ **INSTRUCTIONS: (MAIL REGISTRATION & FULL PAYMENT TO ADDRESS ABOVE)**

Thoroughly read the entire brochure before proceeding. This registration form must be fully completed, including **Statement of Health**. DO NOT LEAVE ANY LINES BLANK. Write "NONE" if not applicable. **Incomplete registrations will not be accepted.**

✍ **CAMPER INFORMATION: PLEASE TYPE OR PRINT CLEARLY**

Name _____ Sex: _____ Age: _____ Grade This Fall: _____
Mailing Address: _____ Email: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Emergency Phone: (____) _____
Church Name: _____ Church City/State: _____

✓ **CAMP ATTENDING: PLEASE CHECK CAMP ACCORDING TO YOUR CHILD'S AGE**

- KIDZ CAMP:** JULY 12 - 16 (AGES 8 - 11)
 YOUTH CAMP: JULY 19 - 23 (AGES 12 - 17)

Desired Roommate: _____

☞ **CAMP FEES: FILL IN ALL THAT APPLY**

**** FULL PAYMENT MUST ACCOMPANY THIS REGISTRATION FORM - PARTIAL PAYMENTS NOT ACCEPTED.**

\$ _____ **Early Bird Registration:** \$185.00 per camper (Must be postmarked by **May 21**)
\$ _____ **Regular Registration:** \$199.00 per camper (Postmarked May 22 - June 18)
\$ _____ **Late Registration:** \$215.00 per camper (If postmarked after June 18)
\$ _____ **Camp Bank Deposit** (KIDZ CAMP ONLY)
\$ _____ **DVD or T-Shirt Payment** - Please See Below
\$ _____ **TOTAL AMOUNT ENCLOSED**

Camp T-Shirts and DVDs can be reserved prior to Camp (add to payment above):

- Yes, please reserve a copy of the **Camp DVD**. Cost: \$12.00
 Yes, please reserve a **T-Shirt**. Cost: \$10.00 (Children's Sizes): Small Medium Large
(Adult Sizes): Small Medium Large XL XXL (\$12.00 - XXL only)

☞ Please make checks payable to NNED A/G. In the event of cancellation, the registration fee less \$25.00 will be refunded. Late registrations will be accepted only if space is available. **Absolutely NO WALK-INS! You must pre-register!**

☆ **EARLY DEPARTURE POLICY:** Leaving camp early is only allowed in case of emergency. Only an authorized person designated on this form may remove a camper from camp only with proper identification. Please list authorized person(s) _____
_____. Is there anyone to whom we should **NOT** release your child? Please list complete name(s) _____

✍ **REQUIRED SIGNATURES: *APPLICATION WILL BE DENIED WITHOUT THE FOLLOWING SIGNATURES***

AGREEMENT: I/we have read all of the rules and the disciplinary policy pertaining to this camp and agree to abide by them. We understand that lack of cooperation will result in being dismissed from camp without refund. I (parent/guardian) do hereby give permission for the camper referenced in this application to participate in all camp activities and to allow photographs, videotapes and interviews to be taken during camp. I further give permission and consent that such media may be used to illustrate, promote and advertise the N.N.E.D. camp and its programs to the churches and individuals of our District.

Camper's Signature: _____

Parent/Guardian Signature: _____
*****PARENT/GUARDIAN SIGNATURE ALSO REQUIRED ON THE BOTTOM OF THE CAMPER STATEMENT OF HEALTH (ON REVERSE)*****

PASTORAL APPROVAL: I approve the above-named applicant to attend the N.N.E.D. Summer Camp.

Pastor's Signature: _____



SUMMER CAMP ♦ STATEMENT OF HEALTH

PERSONAL INFORMATION:

Full Name _____ Birth date ____/____/____ Sex _____ Age _____

- 1. YES NO This is the Campers first year at camp.
- 2. YES NO Record of current physical is now on file at the District Office.

☞ IF YES to question 1, or NO to question 2, THE PHYSICIAN'S STATEMENT OF EXAMINATION BOX **MUST BE COMPLETED BY YOUR DOCTOR.**

HEALTH HISTORY: Do not leave any lines blank. If not applicable, write "NONE".

Nose Bleeds: Yes No ADD/ADHD: Yes No
 Seizures: Yes No Type: _____ Aura: _____
 Diabetes: Yes No How Controlled? Insulin Oral Hypoglycemic Diet

ALLERGIES TO (Please Be Specific):

Medications: _____ Type of Reaction: _____
 Environmental: _____ Type of Reaction: _____
 Food: _____ Type of Reaction: _____

Head Aches Migraines Treatment: _____
 Asthma: Yes No Inhaler(s): Yes No
 Type(s) of Inhaler(s) and when used: _____
 Hearing Disability: Yes No Hearing Aids: Yes No
 Visual Disability: Yes No Correct With: Glasses Contact Lenses Other: _____

HEALTH PROBLEMS:

Bone/Joint: Yes No Stomach: Yes No Heart: Yes No
 Kidney: Yes No Lungs: Yes No Bowel: Yes No
 Blood Pressure: Yes No Other: _____
 Activity Restrictions? Yes No Reason: _____

✓ PLEASE CHECK MEDICATION AND INDICATE DOSE:

1. PAIN/HEADACHES:

- Acetaminophen (Tylenol):
 Regular Strength (325 mg) How Many? _____
 Extra Strength (500 mg) How Many? _____
 Children's Chewable (80 mg) How Many? _____
 Children's Chewable (160 mg) How Many? _____
 Ibuprofen (200 mg) How Many? _____

2. ALLERGIES (ANTIHISTAMINES):

- Claritin (non-drowsy): _____
- Benadryl (Liquid): _____
- Sudafed: _____

3. STOMACH:

- Mylanta: _____
- Tums: _____
- Imodium: _____

4. SKIN TREATMENT:

- Neosporin
- Calamine Lotion
- Hydrocortisone Cream 0.5%

5. COLD/COUGH:

- Robitussin _____
- Cough Drops

6. SWIMMER'S EAR:

- Auro-Dri

PARENTS: IF YOU DO NOT FILL OUT THIS BOX, THE CAMP NURSE WILL CALL YOU FOR PERMISSION BEFORE GIVING YOUR CHILD ANY OF THESE OVER THE COUNTER MEDICATIONS.

☆ AUTHORIZATION FOR TREATMENT:

To my knowledge, the information contained in this health history form is correct and the person herein described has permission to engage in all prescribed camp activities, except as noted.

I hereby give my permission to the medical personnel, selected by the camp director, to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for the person named above. The completed form may be photocopied for trips out of camp.

I also give my daughter/son permission to receive the above medication(s) when necessary during the week of Camp which will be administered by the Camp Nurse or her designee.

☞ PARENT/GUARDIAN'S SIGNATURE _____ Date _____

Physician's Name: _____ Telephone: _____

PHYSICIAN'S STATEMENT OF EXAMINATION

Mandatory New Hampshire State law requires All Campers and Camp Staff to have a physical within 2 years of the start date of camp!
Current physical must be on file at the District Office.

Patient's Name _____ Date of Birth _____

Special Medications _____

Allergies _____

Type of Reaction _____

Treatment Given _____

Physical Handicaps, Disorders, Diseases _____

Restricted Activities _____

Reason(s) _____

IMMUNIZATION RECORD

This Patient been immunized against the following (Please indicate the dates of immunizations):

Last Tetanus Shot: _____ **Hepatitis B:** _____

MMR: _____ **DTaP:** _____

Polio: _____

New Hampshire statutes require the student to have documentation of immunizations to attend camp, except in the case of a Medical Exemption or an appropriate parental objection. If either is the case, please attach a signed statement stating the exemption or objection to this form.

FEMALES ONLY:

Has this person menstruated? YES NO If YES, is her history normal? YES NO

Special Considerations _____

Physician's Name _____

Address: _____ City _____ State _____ Zip _____

Phone: (_____) _____ Fax: (_____) _____

✍ **Physician's Signature** _____ Date _____

WHEN COMPLETED, PLEASE SEND THIS FORM TO:
NORTHERN NEW ENGLAND DISTRICT A/G ♦ ATTN: YOUTH DEPARTMENT
PO BOX 611 ♦ PORTLAND, ME 04104-0611
OR FAX TO: (207) 878-2779