

# IVYDALE TEEN CAMP 2017 REGISTRATION

CAMPER'S NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ M \_\_\_ F \_\_\_ AGE \_\_\_\_\_ GRADE COMPLETED \_\_\_\_\_

HOME PHONE \_\_\_\_\_ HOME CONGREGATION \_\_\_\_\_

ALTERNATE CONTACTS: NAMES & PHONE (two) \_\_\_\_\_

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LIMITED SCHOLARSHIPS MAY BE AVAILABLE. PLEASE CHECK FOR AVAILABILITY WITH YOUR LOCAL CONGREGATION AT LEAST 4 WEEKS BEFORE REGISTRATION DEADLINE

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USE A SEPARATE REGISTRATION FORM FOR EACH CAMPER

**TEEN CAMP PRE-REGISTRATION DEADLINE: JUNE 23, 2017**

**\* A \$10.00 FEE WILL BE CHARGED FOR REGISTRATIONS RECEIVED AFTER ABOVE DEADLINE\***

TEEN CAMP IS FOR THOSE WHO HAVE COMPLETED 7<sup>th</sup> THROUGH 12<sup>th</sup> GRADE, CHECK-IN BEGINS AT 1:30 PM SUNDAY, JULY 23, 2017 (EARLY CHECK-IN NOT ACCEPTED). CAMP ENDS AT 11:30 AM SATURDAY July 29, 2017. CAMPERS MUST BE PICKED UP BY 1:00 PM (NO LUNCH SERVED THAT DAY). TEEN CAMP COST: \$110.00. AN EXTRA \$5 MAY BE BROUGHT FOR SNACKBAR. A PHOTO OF THEIR CABIN AND CABINMATES IS INCLUDED IN THE ABOVE PRICE.

PLEASE MAKE CHECKS TO: **CAMP IVYDALE**

AND MAIL TO:

**TEEN CAMP**

**4005 N MCDERMOTT RD**

**MERIDIAN, ID 83646**

TOTAL AMOUNT PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

By my signature below, I acknowledge that I understand, plus I have fully explained all the Camp Rules to my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: ON SATURDAY JULY 30, CAMPERS WILL NOT BE ALLOWED TO LEAVE UNTIL THEIR CABINS HAVE BEEN CLEANED & INSPECTED

**Do not fill out this section: It is for camp use only!**

Assigned Cabin # \_\_\_\_\_

Pre-registration Amount Paid: \_\_\_\_\_

Registration Amount Paid: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

Camp Scholarship? Yes No

Check # \_\_\_\_\_

Sponsoring Congregation: \_\_\_\_\_

Amount Sponsored: \$ \_\_\_\_\_

Canteen Amount: \_\_\_\_\_

**KEEP THIS PAGE. DO NOT SEND IN WITH REGISTRATION.**

**BY SUBMITTING THIS REGISTRATION APPLICATION YOU AGREE THAT YOU HAVE READ AND DISCUSSED THE "RULES OF CAMP IVYDALE" (below) WITH YOUR CHILD AND YOU BOTH ARE IN COMPLETE AGREEMENT OF THEIR MEANING AND CONSEQUENCES.**

**- RULES OF CAMP IVYDALE -**

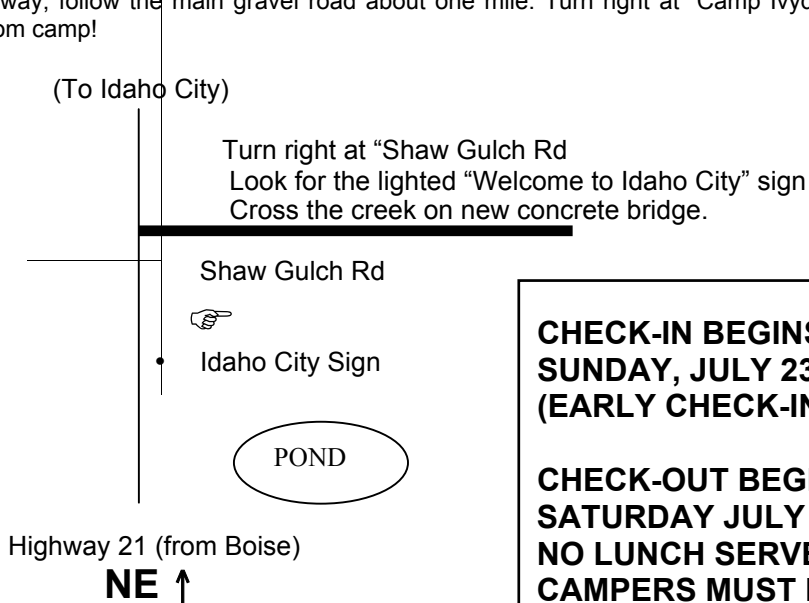
1. "So in everything do unto others as you would have them do to you..." Matthew 7:12
2. The possession or use of tobacco, alcohol, illegal or harmful drugs is strictly forbidden.
3. All prescription drugs will be given to the Camp Nurse upon arrival at camp. Our Camp Nurse will dispense the medications as required.
4. No one is permitted to leave the campgrounds without the permission of the Directors.
5. Swimming will be limited to only the scheduled times and with the proper safeguards. There will be NO mixed swimming.
6. The male and female residential areas are off-limits to members of the opposite sex, except as approved by the Director.
7. Any and all activities not reflecting the character of Jesus (swearing, fighting, or disobedience) will not be allowed.
8. Profane, vulgar, or obscene language and/or gestures will not be tolerated.
9. Camp facilities will be kept clean and neat. Campers will be responsible to thoroughly clean their cabins before being dismissed to leave Saturday morning. Campers parents will be liable for anything campers damage or destroy.
10. All campers will dress modestly. Tank tops, cut-off or high-midriff T-shirts, short-shorts, halter-tops, short skirts, and the like are not acceptable. Also, clothing reflecting anti-Christian themes is not acceptable (e.g. AC/DC, KORN, etc.). Men will wear their pants/shorts up on their waist. Directors will have final decision if something is inappropriate.
11. Electronic devices such as radios, i-pods, MP3 players, cell phones, i-pads, Kindle & Nook pads are not allowed.
12. Items that could be harmful in anyway (e.g. firearms, knives, spiked collars, lighters, etc.) will not be allowed.
13. Male – female relationships will be conducted in a Christian manner, thus PDA is NOT allowed. Campers should come to camp with the goal of seeking a closer relationship with God, not a boyfriend or girlfriend.
14. All campers are expected to follow the instructions of the camp staff members.
15. Campers who drive and leave their cars at camp must give the keys to the Director until time to leave.

**THINGS TO BRING:** Bedding, paper bound Bible (not cell phone or ipad), notebook, pen or pencil, towels, wash cloths and toiletries, mosquito repellent, flashlight, and money for canteen. Clothing should also include a jacket, sweatshirt and swimsuit (NO MIXED SWIMMING). Bring clothing for the whole week; we have no laundry facilities available for campers.

**Parents, elders, ministers and relatives are always welcome as visitors to camp, however our staff is pre-selected for each camp. If you choose to stay for a meal consider a \$5.00 donation per person. Regretfully, we have no way to accommodate overnight visitors. Camp Emergency phone number is 208-392-6781, NO cell phone service is available.**

Thank You,  
Board of Directors, Camp Ivydale

**DIRECTIONS TO CAMP IVYDALE . . .** proceed from Boise toward Idaho City on State Highway 21. The Camp Ivydale **turn off** is a mile or so **before** Idaho City, and is approximately 36½ miles from Boise. At the turn off, from the highway, follow the main gravel road about one mile. Turn right at "Camp Ivydale" sign. You are now just 100 yards from camp!



**CHECK-IN BEGINS AT 1:30 PM  
SUNDAY, JULY 23, 2017  
(EARLY CHECK-IN NOT ACCEPTED)**

**CHECK-OUT BEGINS AT 11:00 AM  
SATURDAY JULY 29, 2017  
NO LUNCH SERVED –  
CAMPERS MUST BE PICKED UP BY 1:00 PM  
Cabins MUST be clean & INSPECTED!!!**

# Camp Ivydale Medical Release/Authorization Form

## Emergency Contact and Medical Information for your Camper

Child's Name	Date of Birth	M	F
Parent's/Guardian's Name	Parent's/Guardian's Name	Sex	
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address (if different than other parent)		
City, ST ZIP Code	City, ST ZIP Code		

## Alternative Emergency Contact

Primary Emergency Contact	
Home Phone	Work Phone
Address	

## Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Height: _____	Weight: _____

List any physical conditions that may affect or limit full participation in any activity

Describe any special medical conditions: (e.g. food or other allergies, ADHD, asthma, cancer, leukemia, diabetes, heart conditions, etc.)

List any medications (prescribed by a physician) that should be administered to the participant while attending Camp Ivydale:\*

List equipment needed: (e.g. wheelchair, braces, glasses, contact lenses, etc.)

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and/or Camp medical staff for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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I WILL ALLOW the camp Nurse and/or authorized personnel to give my child Ibuprofen, Acetaminophen, cough drops, Antihistamine, antacids, antidiarrheal, or laxatives at camp for minor problems. (Complaints of headache, pain due to musculoskeletal injury, and/or menstrual cramps, dry throat, minor allergic reaction i.e. bug bites, upset stomach and/or indigestion.)

Parent's/Guardian's Signature	Date
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\* Non-prescription medications and treatments will be administered at the sole discretion of the Ivy Dale medical staff while campers are under camp supervision. Any prescription medications supplied by parents or guardians must be in the original pharmacy container with clear dates and dosages on the label.