



## **TCC CHILDREN'S DAY CAMP**

### **Children Ages Birth-3**

Cannot attend Day Camp yet, sorry.

Nursery is available during the 11 and 7:30 adult services

Welcome to attend swim time with children only if a guardian is attending.

### **Children Ages 4 (rising pre-k) -6 (rising first grader)**

Must have a guardian on campus to attend day camp.

During swimming they must be accompanied by a guardian.

Will be returned to guardian at 3:30. However, is welcome to return for the 7:00 evening service.

### **Children Ages 7 (rising second grader)-9 (rising fourth grader)**

Can attend all activities on campus as a day camper.

Welcome to attend swim time with children without a guardian.

Will be returned to guardian at 3:30. However, is welcome to return for the 7:00 evening service.

### **Children Ages 10 (rising fifth graders)-11 (rising sixth graders)**

Can stay in dorm without parent on campus.

Can attend all activities on campus as a day camper.

Welcome to attend all activities and swim time without a guardian.

Will be returned to guardian at 3:30. However, is welcome to return for the 7:00 evening service.

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## **TCC TEEN DAY CAMP**

Ages 13-18 (teens leaving 6<sup>th</sup> grade and entering 7<sup>th</sup> have a choice between the teen program or the children's program.

- Can attend all youth activities on campus as a day camper.
- Welcome to attend swim time with youth without a guardian.
- Will be returned to guardian at 3:30. However, is welcome to return for the 7:00 evening service.

## **CAMP DETAILS**

The cost of Day Camping for the Children's Program is \$20 per day (meals and activities)

The cost of Day Camping for the Teen Program is \$20 per day (meals and activities)

However, they may want to bring extra cash for snacks at the TCC Café and items at the Camp Bookstore.

## **MEDICATION**

Any medication for your child will need to be given to the camp nurse. She will oversee storing and administering all children's medication.

## **REGISTRATION**

We will need an individual registration form, which includes the medical information form, for each student and leader attending. All registration will be completed through the camp office. If you have any questions, contact our registration director, Rebecca Wade, via email ([rebeccawade81@gmail.com](mailto:rebeccawade81@gmail.com)) or via phone (602-373-6144).

## **WHAT TO BRING TO DAY CAMP**

Bible, casual clothing, modest swimwear (girls-one piece, tankinis, or t-shirts can be worn over two piece), beach towel, sunscreen, bug repellent, medications needed\*, spending money (Camp Bookstore & TCC Café), a refillable water bottle, snacks, and a great attitude.

\*All medications are to be turned in at registration.

## **DRESS CODE**

Modest clothing must be worn. Campers and personnel should wear clothing that covers their bodies appropriately. Halter-type dresses/shirts, spaghetti/strapless tops, and short shorts are not allowed to be worn by children or camp personnel. Shoes must always be worn at camp. Flip-flops are discouraged for recreational times. Modesty in all clothing is our requirement. Bring some clothes you do not mind getting dirty as some activities may be messier than others.

# MINOR CAMPER APPLICATION

TCC

## CAMPER INFORMATION (please print clearly)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Gender: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father or Guardian's Full Name: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother or Guardian's Full Name: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

## EMERGENCY CONTACT PERSON

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

Relationship to Camper: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## CHURCH INFORMATION (if applicable)

Church Name \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Church Group Leader Name \_\_\_\_\_

## OFFICE USE ONLY

TCC

### TEEN

How Many Days \_\_\_\_\_ x \$12.50

**Total Paid \$** \_\_\_\_\_ (Cash / Check)

Arrival Date \_\_\_\_\_

Departure Date \_\_\_\_\_

### CHILD

How Many Days \_\_\_\_\_ x \$12.50

**Total Paid \$** \_\_\_\_\_ (Cash / Check)

Arrival Date \_\_\_\_\_

Departure Date \_\_\_\_\_

## MINOR CAMPER HEALTH INFORMATION

TCC

Do you have health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Company: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Allergies:* \_\_\_\_\_ Insect Stings \_\_\_\_\_ Drugs \_\_\_\_\_ Other Allergies

If you checked any of the conditions above, please give details (include normal treatment of allergic reactions):

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*Conditions:* \_\_\_\_\_ Heart \_\_\_\_\_ Frequent Colds \_\_\_\_\_ Chronic Asthma  
\_\_\_\_\_ Diabetes \_\_\_\_\_ Hay Fever \_\_\_\_\_ Physical Handicap  
\_\_\_\_\_ Epilepsy \_\_\_\_\_ Frequent Stomach Upsets

Please explain: \_\_\_\_\_

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What communicable disease has this camper had? (Check all that apply)

☐ Measles ☐ Polio ☐ Mumps ☐ Chicken Pox ☐ Scarlet Fever ☐ Whooping Cough

When did this camper last receive a Tetanus Shot (give year): \_\_\_\_\_

Does the camper have any of the following conditions? (Check all that apply)

☐ Heart Trouble ☐ Ear Trouble ☐ Kidney/Urinary Trouble ☐ Asthma ☐ Hernia ☐ Skin Trouble ☐ HIV/AIDS  
☐ Lung Trouble ☐ Diabetes ☐ Seizures

Allergies (Name allergies or medications camper is allergic to. Camper must bring own EpiPen if needed.)

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Please indicate any prescription medication your child will be bringing to camp, including written directions for administering. No refrigeration is available; therefore, arrangements should be made in advance with your youth leader to handle medication with this requirement.

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**MINOR PARTICIPANT WAIVER, RELEASE, INDEMNIFICATION OF ALL CLAIMS & COVENANT NOT TO SUE**

I am a parent or legal guardian of the Minor named above who is under eighteen years of age ("Minor"), and I am fully competent to sign this Release. I certify that Minor is in good health, has no mental or physical conditions that would prevent his or her participation in the encampment and/or its recreation activities, and has no condition that requires the taking of medication on a regular basis, except as fully and expressly indicated above. In consideration of Minor being permitted to participate in Taylor County Holiness Campground, Inc.'s (the "Camp's") activities and to use the facilities and equipment at the Camp, I, on behalf of myself, Minor, and Minor's representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns (collectively, the "Minor's Representatives"), hereby agree to be bound by this Release. I understand that such participation or use entails certain inherent risks to Minor, and I, on behalf of Minor's Representatives, voluntarily accept all risk to Minor's health that may result from such participation or use. Therefore, I, on behalf of Minor's Representatives, hereby agree that Taylor County Holiness Camp Ground, Inc., its respective directors, officers, employees, agents, representatives, related and/or affiliated entities, successors and assigns (hereinafter, "Released Parties") SHALL NOT BE LIABLE FOR ANY DAMAGES arising from (a) the DISCLOSURE OF MEDICAL INFORMATION contained in this form (if believed necessary by the Released Parties), and/or (b) PERSONAL INJURIES (INCLUDING DEATH), DAMAGE TO OR LOSS OF PROPERTY OR OTHER HARM, whether foreseen or unforeseen, present or future, known or unknown, that Minor may sustain in any way which directly or indirectly results from or arises from Minor's attendance or participation in the Camp. Furthermore, I, on behalf of Minor's Representatives, agree to INDEMNIFY, DEFEND, AND HOLD HARMLESS the Released Parties from and against any and all claims, foreseen or unforeseen, present or future, known or unknown, that Minor's Representatives may have or assert, even if caused in whole or in part by the NEGLIGENCE, FAULT, BREACH OF CONTRACT, STRICT LIABILITY, OR OTHER ACT, CONDUCT OR STATUS of any of the Released Parties. This indemnification includes all costs of defending such claims, including attorneys' fees, costs, and expenses, whether suit is filed or not.

I further authorize emergency medical treatment to be performed by Camp medical staff and/or attending physicians at a local clinic or hospital to my child in my absence.

This Release contains the entire agreement between the parties and may be amended only in writing signed by the undersigned and the Released Parties' representative(s), or their successors. It is not intended to release the Released Parties from any conditions or activity that, as a matter of law, cannot be avoided, waived or released, and no provision hereof should be so interpreted. It is governed by the internal laws of Georgia (even if applicable conflict of law rules would provide otherwise). Its terms are severable. It shall not be strictly construed against any party.

I HAVE READ AND UNDERSTAND THIS RELEASE AND ACCEPT AND AGREE TO ITS TERMS AND SIGN IT VOLUNTARILY.

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Signature of Parent or Guardian (Circle One)

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Date

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT.**

Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Taylor County Holiness Campground programs, now or any time in the future.