

# Short Mountain Bible Camp 2010

## Camper Application

Cost: 1<sup>st</sup> child \$150.00 additional siblings \$125.00 each \*\$10.00 processing fee for paper applications

\*\*\$25.00 non-refundable deposit must accompany each application; deposit is deducted from balance due.

### CAMPER INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Counselors Child: Yes \_\_\_ No \_\_\_

\*Counselors first child cost \$35.00 each additional child \$75.00 \*\*child must be counselors child in order to receive discount. Counselors must be approved by the Director of each week. Discount will be given two weeks before arrival after an approved list of counselors has been submitted to SMBC staff.

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ First time camper: Yes \_\_\_ No \_\_\_

Please provide one name of who you would like to room with \_\_\_\_\_

Full name of church you attend: \_\_\_\_\_ Baptized Member: Yes \_\_\_ No \_\_\_

Does this child have your permission to participate in the following? Swimming: Yes \_\_\_ No \_\_\_ Horse Riding: Yes \_\_\_ No \_\_\_

Name of any siblings attending camp \_\_\_\_\_

Permission to photograph: Yes \_\_\_ No \_\_\_ (photographs are taken during daily activities and may be used in camp DVD)

**\*\*Check the week you wish to attend / please make a second and third selection in case your first selection is full\*\***

Select Week	Date	Week	Application Dear**
1. _____	May 30	June 4	Maury County May 15
2. _____	June 6-	June 11	Maury County May 22
3. _____	June 13	June 18	Hardin County May 29
4. _____	June 20	June 25	Putnam County June 5
5. _____	June 27	July 2	Nashville June 12
6. _____	July 4	July 9	Una June 19
7. _____	July 11	July 16	Cannon County June 26
8. _____	July 18	July 23	Coffee County July 3
9. _____	July 25	July 30	Warren / White July 10

\*Camper Fee - \$150.00 + \$10.00 processing fee (\$10.00 fee does not apply to those who register on line). A \$25.00 non-refundable deposit must accompany all camper applications in order to be processed. Applications without a deposit will not be processed and the camper will have to register at the late registration. After application and deposit have been received, a conformation will be sent by e-mail.  
E-mail: \_\_\_\_\_  
**\*Applications received after the deadline will be charged an additional \$25.00 latfee.**  
**\*Registration is available @ <http://www.shortmountaincamp.org/register/> \$25.00 late fee.**

Mail Application and \$25.00 non-refundable deposit to: Short Mountain Bible Camp, 650 Bible Camp Road, Woodbury TN 37190

All clothing must be modest. Shorts must touch the top of the knee when the child is standing. If you cannot find shorts of the appropriate length, consider long pants. Any child not dressed according to camp policy will be sent home. Visitors must comply with all camp rules and dress code. See details at our website: [www.shortmountaincamp.org](http://www.shortmountaincamp.org). Parent and camper must sign to acknowledge that they have read and understand these rules.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

Amount Due: Camper Fee \_\_\_\_\_ + \$10.00 processing fee = Total amount due \_\_\_\_\_ - \$25.00 non-refundable deposit

\*Deposit must accompany application

### **For SMBC Office Use Only**

Date Application is Received: \_\_\_\_\_ Filed: \_\_\_\_\_ Entered By: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Receipt # \_\_\_\_\_

Amount Due \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Receipt # \_\_\_\_\_

Scholarship \_\_\_\_\_

**ALL PAGES OF APPLICATION MUST BE COMPLETED OR APPLICATION WILL NOT BE ACCEPTED**

**Parent / Guardian Information**

**CONTACT PARENT 1**

Receives and is responsible for all forms, information, and fees.

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Hm phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Wk phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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

**CONTACT PARENT 2**

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Hm phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Wk phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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

List of person(s) allowed to pick your child up:

\_\_\_\_\_  
\_\_\_\_\_

\*Campers must be signed out before leaving camp / for our camper's safety I.D. is required to sign out a camper.

**AGREEMENT WITH PARENT OR GUARDIAN**

It is necessary for parents to assume responsibility for the applicant. This is a legal agreement for that purpose which you must sign and return.

In consideration of the acceptance of the named applicant, we, the undersigned parents, parent, or legal guardian, as the case may be, covenant and agree with Short Mountain Encampment Association, Woodbury, Tennessee, that we will at all times hereafter indemnify, and save harmless Short Mountain Encampment Association, from all actions, proceedings, claims, demands, costs, damages and expenses which may be brought against or claimed from Short Mountain Bible Camp, or which I may pay, sustain, or incur as a result of illness, accident or misadventure to the named applicant, during the period that said applicant is a participant at Short Mountain Bible Camp.

Signed on this date: \_\_\_\_\_

\_\_\_\_\_

Father or Legal Guardian

\_\_\_\_\_

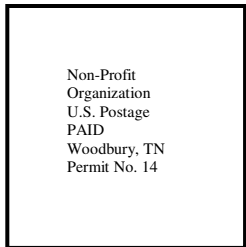
Mother

**ALL PAGES OF APPLICATION MUST BE COMPLETE OR APPLICATION WILL NOT BE ACCEPTED**

Short Mountain Bible Camp

650 Bible Camp Road

Woodbury, TN 37190



**HEALTH HISTORY**

**\*ALL COUNSELORS AND CAMPERS MUST HAVE A NOTARIZED HEALTH FORM AT THE TIME OF CHECK IN.**

**\*\*\* IMPORTANT: This form must be completed and notarized for attendance.**

**\*\*\*Please inform Kitchen staff of any food allergies**

**Photocopy of front and back of health insurance card must be attached to this form.**

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

Please list medical information the camp nurse should be aware of. Example: allergies, seizures, bronchitis, asthma, recent surgery, illness, injury, etc. (If more space is needed please attach information to application)

\_\_\_\_\_  
\_\_\_\_\_

Are there any activities from which this child should be restricted because of health? Yes No

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

List Medications this child takes: \_\_\_\_\_

\*All medications sent to camp must be turned into the nurse and be in original containers with prescription and directions written on container. List any over the counter medications that the nurse **may not** administer to your child (headache, stomach discomfort, and bug bites etc.) \_\_\_\_\_

Has this child been exposed to any communicable diseases in the last three weeks? Yes No

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

\*\*Please include (on a separate piece of paper) any additional information necessary for proper care of your child. Medical information is confidential and shared only with camp or medical personnel when deemed appropriate or in the event of an emergency.

**Insurance Information**

Is the participant covered by family medical/hospital insurance? \_ Yes \_ No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

**Photocopy of front and back of health insurance card must be attached to this form.**

**EMERGENCY INFORMATION**

**Custodial parent/guardian**

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Hm phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Wk phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Second parent or guardian or emergency contact**

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Hm phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Wk phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**IN CASE OF AN EMERGENCY**

**Parent/Guardian or Counselor Authorizations:** This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp nurse to provide routine health care, and administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

By signing this form, I am releasing Short Mountain Bible Encampment Association and all of its employees and volunteers from any liability for any accident, injury or illness which may occur to my child while attending Short Mountain Bible Camp, unless it occurs as a result of gross negligence or willful misconduct of any representative or employee of the Short Mountain Encampment Association.

Signed on this date: \_\_\_\_\_

\_\_\_\_\_  
(Father or Legal Guardian / Counselor = self)

\_\_\_\_\_  
(Mother)

\_\_\_\_\_  
(Notary)

\_\_\_\_\_  
Notary Stamp- above

\_\_\_\_\_  
(Commission Expiration)

**ALL PAGES OF APPLICATION MUST BE COMPLETED OR APPLICATION WILL NOT BE ACCEPTED**

**\*\*\*Regulations require that signatures on health forms be notarized. This form must be notarized before it can be accepted.**

## Check In

The check-in times for registration each week are as follows:

- 1:30 – Weekly staff and their children – **Each counselor and camper must have a notarized health form.**
- 2:00 – Pre-Registered Campers – **Each camper must have a notarized health form.**
- 3:30 – Un-registered / Missing Conformation Letter

\*As soon as your application is processed you will receive a confirmation through the e-mail you have provided. Please allow 2 weeks after you mail your application to receive your e-mail. If you do not receive a confirmation through your e-mail after 2 weeks please contact our office @ 615-563-4168

**Park in designated parking area only, luggage may be loaded and unloaded in front of office.**

**\*\*Campers must be picked up before 12:00 on Fridays**

## Registration will include the following steps:

1. Head check – if a camper is found to have head lice the camper will not be admitted to camp and a letter from the Health Department is required for re-admission. A pre-check is suggested.
2. Check in and balance review – Wrist bands are given to all campers and staff, these must be worn until you leave on Friday.
3. Cabin assignment – Campers are not allowed to go to cabins until they have received a wrist band.
4. Purchase Canteen Coupon – \$10.00, \$15.00, or \$20.00 – items in the store are \$0.25 - \$1.50 (excluding camp shirt)

**\*\*\* All Counselors must go through registration. You must complete a counselor application and health form.**

## Additional Information:

Office Hours – Sunday – 12:00 – 4:00 Monday – Thursday – 8:00 – 4:00 Friday – 8:00 – 12:00 Saturday - Closed

Calls received after regular office hours will be returned the next business day please leave a message.

SMBC is not responsible for items that are lost or camper mail that arrives after your week of camp has concluded.

## What to bring:

Each camper should bring the following items:

Bible Pen or pencil

Notebook sleeping bag or blanket and bed linens

Pillow towels

Toiletries swimsuit and cover up to wear to pool

Flashlight \*play clothes

Jacket or other warm clothes

**\* Clothes must be modest**

Shorts should be knee length, sleeveless shirts, bare midriffs, tank tops, and spandex clothing or biker shorts are not allowed. **Visitors are expected to follow the dress code.**

## Additional Information

- Attend all Bible classes, devotionals and chapels. **NO hand clapping will be allowed during these times, or while singing praises to God.**
- Drugs, alcohol, tobacco products, fireworks, matches, lighters, knives, or firearms are not allowed in the camp. **Visitors are expected to abide by these rules.**
- **NO CELL PHONES** there is a phone in the office if you must call home.

## How you can help

SMBC is fully funded by the Churches of Christ and individual donations. If you would like information about how you can help SMBC contact a Board member or Jerry Nash camp caretaker.