



Camp Evangekids 2019

July 15-19, 2019

Cost: F R E E !

1st grade-6th grade



Send Applications to:

Camp Evangekids

P.O. Box 66

Louisville, TN 37777

Coordinator Contacts:

Michael 865-712-4662 michael@foothillscrc.org

Tonya: 865-712-4589 tonyar.mayfield@gmail.com

Must be postmarked by:

June 17th (*SPACE IS LIMITED! Chosen participants will be notified by July 1st*)

Camp Guidelines:

1. No electronic devices (other than cell phones) are allowed (iPads, iPods, gaming systems, etc.).
2. Mattresses should be covered with a twin sheet even if a sleeping bag is used.
3. Campers and Counselors are asked to dress modestly & shoes must be worn at ALL times when outside. Unacceptable items include: short shorts, low cut tops and two piece swim suits that do not cover abdomen.
4. Please do not send good clothing that may be ruined or left behind and place name & church on all items if possible.

Telephone and Security:

1. A camp telephone is available for emergencies only. Any cell phone brought to camp is the responsibility of the camper and should only be used for emergencies.
2. Parents/guardians may call or text the camp coordinators at any time.
3. All rooms and personal items are subject to be searched.
4. All visitors must notify the camp directors upon entering camp property.
5. All campers must be in dorms and accounted for at lights out. No camper is to be outside their dorm for any reason after this time!

6. Do not send money with child. All snacks, etc. WILL be provided!

Packing List:

1. Bible
2. Soap, shampoo, toothbrush, toothpaste, and hygiene items.
3. Towels and washcloths
4. Sleeping bag, sheet, pillow and blanket, etc.
5. Clothes...including socks, shoes and swimsuit.

Camp Registration:

The fun will begin in the Conference Center Monday, July 15 from 1:00 PM (EST) until 2:00 PM (EST) and will end at 12:00 NOON (EST) on Friday, July 19.

Camper Information:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: () _____ - _____
DOB ____/____/____ Age: _____
Grade Completed: _____
Male: _____ Female _____

Parent/Guardian Information:

Parent / Guardian: _____
Relationship to Camper: _____
Phone: () _____ - _____
Alt. Phone: () _____ - _____
Address: _____
City: _____
State: _____ Zip: _____

Church Information:

Church: _____
Phone: () _____ - _____
Address: _____
City: _____
State: _____ Zip: _____
Pastor's Name: _____

Track Information:

Through the week campers will spend several hours learning how to effectively use their talents to aid them in their evangelism. Please place a 1 & 2 beside their top two choices.

Academics __ Art __ Athletics __
Dance __ Drama __ Gaming __
Gymnastics __ Martial Arts __ Music __

Health / Medical Information:

Physician's Name: _____
Phone: () _____ - _____

Insurance:

Carrier _____
Group Name / Number _____
Policy Number _____

Special Physical / Medical Needs:

MEDICATIONS:

Please list on a separate sheet of paper any medications that your child will be taking during the week and send with your child to camp. Please have meds labeled in zip lock baggies with your child's name, amount and time to be taken on the bag.

Date of last Tetanus Shot:

____/____/____



T-Shirt Sizes:

Circle One
X-Small / Small / Medium / Large / XL
Adult Small / Adult Medium
Adult Large / Adult XL / Adult 2X

"I hereby authorize medical treatment to the above named camper in the event of illness or accident during Camp Evangekids held Monday, July 15, 2019 through Friday, July 19, 2019.

"I hereby authorize my child to be transported for any activities away from the Foothills Camp & Retreat Center in conjunction with Camp Evangekids (Pool, etc.)."

"I hereby validate with my signature this registration form and do expressly waive any and all claims against the East Tennessee District Church of the Nazarene and/or its Board and/or any of its representatives, because of illness, injury, or damage to the person or property of the above named camper in connection with or incident at Camp Evangekids"

Signature of Parent/Guardian

Date: ____/____/____

**ALL REGISTRATIONS
MUST BE NOTARIZED!**

NOTARY SIGNATURE

DATE: ____/____/____

EXPIRATION DATE OF COMMISSION:

____/____/____

For Office Use Only

Dorm: _____ Paid: _____ Due: _____