

# Illinois District Church of the Nazarene Children's Camp 2019

July 22 - 26 (Monday, 10:00 AM - Friday, 12:30 PM)

(Recommended for children entering 3<sup>rd</sup> - 7<sup>th</sup> grade in the fall)

**\*\*Those entering 2<sup>nd</sup> grade may attend if accompanied by a counselor\*\***

**Camp Warren**  
**4225 Camp Warren Ln, Decatur, IL 62521**

Registration begins at 10:00 AM on Monday, July 22, 2019.

(Lunch is served that day.)

Camp concludes at 12:30 PM on Friday, July 26, 2019.

(Lunch is served that day.)



## Camp Cost

Registration materials postmarked by **July 6** - **\$175** per camper

**\*After July 6, price increases to \$190 per camper\***

**Campers may bring extra money for snack shack -  
it is NOT included in this fee**



## Lice/Nit Policy

Churches will be responsible for initiating a louse check no earlier than 24 hours prior to camp.  
Forms will be available online. We have a no lice/nit policy.

*\*Keep this page for your reference\**

## How to Register

- Fill out the attached form after reading all the information.
- Turn in your completed and signed registration form to your local church.
- **Parents**, please make all checks payable to the local church.

- **Churches**, please make one check payable to: IL District Church of the Nazarene.
- The local Nazarene church then mails all camp registrations and payments to:



**Pastor Ryan Lutz**  
**1177 W. Hickory Point rd.**  
**Decatur, Il. 62526**  
**[pastorryan@d1naz.com](mailto:pastorryan@d1naz.com)**  
**(217) 875-0616**



\*Keep this page for your reference\*

# Don't lose these pages! You will need them when packing for camp!

**Location of camp: Camp Warren, 4225 Camp Warren Lane, Decatur, IL 62521**  
Campground Phone Number in case of emergency: (217) 864-3263

## Basic Camp Rules:

1. Respect yourself, respect others, and respect the campground.
2. Use language that is appropriate and respectful to all.
3. Take care of the campground. Campers and their parents will be responsible for the cost of repairs for any damage to the property or facilities.
4. Dress modestly. Remember that we are representing Christ.
5. Be in your designated, scheduled area. Male and female campers or counselors are not allowed in each other's rooms.
6. DO NOT BRING: cell phones, alcohol, tobacco products, weapons, knives, or electronic devices (iPods, iPads, laptops, MP3s, etc.)
7. All medication MUST be given to the camp nurse at registration. (Please send medications in the original container with detailed pharmacist instructions.)
8. Serious infractions of rules may result in the camper going home.
9. No one other than registered campers, counselors, and camp personnel are allowed on the camp grounds at any time without special permission from the camp director.

## What to Bring to Camp:

- A Bible (please check on application if you do not have one)
- Casual/play clothes including a light jacket or sweatshirt
- Personal items (toothbrush, soap, deodorant, etc.)
- Pillow and sleeping bag (or twin bedding)
- Tennis shoes are a must!!
- Beach shoes (water shoes or flip flops)
- Towels and wash cloths
- Sunscreen, beach towel and swim suit (Female: 1 piece suit, tankini, or colored shirt covering a bikini; Male: swimming trunks or cut-off jeans)
- Camera, flashlight, ball glove, or insect repellent (all optional)
- Snack Shack money



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## • Additional Information:

- **Phone Calls:** Due to the issue of homesickness, it has become the policy of our camp to not allow campers to call home. We do all we can to help campers through this time. We have counselors, a nurse, and others who will comfort and help campers who may encounter homesickness. If we feel your camper is not adjusting to "camp life," we will contact you to decide if your camper should finish out the week. If you do not hear from us, then you know all is well!

- **Inhalers and Epi-Pens:** ONLY these medications will be given to your camper's counselor so they are readily available to your camper if needed. These items **MUST** be checked in with the camp nurse and will be distributed by the camp nurse following registration.
- **Camp Mail:** Campers love getting mail! Mail your letter by Monday to ensure delivery!

**Send to:**

Camp Warren  
ATTN: IL District Children's Camp  
"Camper's first and last name"  
4225 Camp Warren Lane  
Decatur, IL 62521



\*Keep this page for your reference\*



# Illinois District Children's Summer Camp Registration Form



Camper's full name \_\_\_\_\_ Preferred nick name \_\_\_\_\_

Date of birth \_\_\_\_\_ Grade entering fall, 2019 \_\_\_\_\_ Gender M \_\_\_ F \_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Parent Email \_\_\_\_\_

Parent(s)/Guardian(s) full name(s) \_\_\_\_\_

Mother's cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Father's cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Local Church \_\_\_\_\_ Camper agrees to attached rules (initial) \_\_\_\_\_

## Emergency/Medical Information

Emergency Contact Name \_\_\_\_\_  
(Parents are contacted first in the event of an emergency. The name above should be an additional contact.)

Relationship to Camper \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

List any allergies (i.e. bee stings, medications) \_\_\_\_\_

List any food allergies or dietary restrictions \_\_\_\_\_

List any health restrictions (i.e. diabetes, epilepsy, asthma, etc.) \_\_\_\_\_

List any activity or swimming restrictions \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Is your child taking any type of medications? Yes \_\_\_ No \_\_\_ Return this page when registering If yes, you MUST return medication form.

Please check any of these medications that the nurse may administer if warranted:  
 \_\_\_ Tylenol \_\_\_ Ibuprofen \_\_\_ Benadryl \_\_\_ Pepto-Bismol

\_\_\_\_\_ **My child does not have a Bible to bring to camp.**

## Cabin Mate Preference

Cabin Mate's Name \_\_\_\_\_

**T-Shirt Order**

YS (6-8)   YM (10-12)   YL (14-16)   YXL (18-20)   Adult SM  
Adult Med   Adult L   Adult XL

**Parent/Guardian Permission Statement**

I, \_\_\_\_\_ (name of parent or legal guardian), grant my permission for \_\_\_\_\_ (name of camper) to attend Summer Children's Camp at Camp Warren, Decatur, IL. I acknowledge that in addition to normal camp activities, my child may participate in water sports, and may be transported, if needed, in local church or chaperone vehicles, and on a hay-ride wagon. In the unlikely event of an emergency involving this minor, I hereby authorize the adult chaperones of the camp to act on my behalf to consent to any examination, x-ray, medical, dental or surgical diagnosis, treatment, and hospital care advised and supervised by a licensed physician, surgeon, or dentist. I understand that I will be notified as soon as possible of such an event. I also authorize the camp nurse to render necessary routine first aid and medical care as required. While I understand that all reasonable care will be exercised for the general well-being of this minor, I also understand and assume risks inherent with these camp activities, and release the camp, its staff, its Boards and Representatives, from responsibility for any illness or injury sustained by this minor in this camp. I also give permission for my child's picture (video or photograph) to be used for publicity purposes on printed or Internet publications.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*Return this page when registering\*



## Medical Authorization Form



If prescription medications must be given during camp, this form must be completed. A separate form must be completed for EACH medication needed. (Please feel free to duplicate this form.)

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage of Medication: \_\_\_\_\_

Route (oral, topical, etc): \_\_\_\_\_

Time(s) and Days to be given: \_\_\_\_\_

Condition/illness requiring medication: \_\_\_\_\_

Possible side effects, if any: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

### **Reminders:**

Medications **MUST** be in the original labeled container and taken directly to the camp nurse by the parent or representative. Parent/guardian must provide specific instructions, as well as the medication and related equipment to the camp nurse. If medication changes occur prior to camp, please send a **NEW** form to be given to the camp nurse at registration. If you have any additional information regarding your camper that you feel the camp nurse or director needs to be aware of, please indicate on an additional sheet of paper.

## Counselor Information



Counselors **MUST** be screened and pre-approved.  
Not all applicants will be accepted.



### Adult Counselors

- You **MUST** have a personal relationship with Jesus Christ and be attending a Nazarene Church to be a counselor at Children's Camp.
- Payment is **NOT** required to attend camp.
- You must be physically able to attend to children to be a counselor at camp. Late nights, early mornings, lots of walking, leading daily devotionals and a positive attitude are required.
- You must complete an on-line application and background check before even being considered as a camp counselor.
- Once considered and approved, you will receive notification from the Camp Director with more information.

### Teen Workers

- If a counselor or church desires to recommend a teen worker for camp, please contact Pastor Ryan Lutz.

For additional information, please contact:

Ryan Lutz, (217) 875-0616 [pastorryan@dnaz.com](mailto:pastorryan@dnaz.com)  
Feel free to call or instant message  
Find me on Facebook @ Ryan Lutz

Additional application forms are available on the District website: [www.illinoisnaz.org](http://www.illinoisnaz.org)



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