

Mississippi Christian Service Camp
PO Box 6
Newton, Mississippi 39345
Registration copy

Camp fee is \$120.00 due before or camp date:

Camper's Name _____ Sex M F Grade this Fall

Address _____ Age Date of Birth _____

City _____ State/Zip _____

Email address _____ Church I Attend _____

Phone Number of Church _____ Immersed Yes NO

Attended MSCS Before YES NO Week/date I Plan to Attend _____

If my child accepts Christ and desires baptism and I cannot be reached for confirmation, my permission is: Granted Denied (If your child is already baptized, you do not need to mark this)

Parent/Guardian Name(s): _____

Phone(H) _____ (W) _____ (C) _____

Additional Contact: _____ Relationship to camper _____

Additional Contact Phone (H) _____ (W) _____ (C) _____

Photo Release

I give permission for Mississippi Christian Service Camp to use my child's photo on any promotional (material printed or electronic)

Parent's Signature: _____ Date: _____

Dress Code/ Code of Conduct

I have read the Camp's Dress Policy and Code of Conduct in the brochure. I understand all rules and penalties and will abide by them.

Camper's Signature _____ Date _____

Parent's Signature _____ Date _____

T-Shirt _____ (Mark what size for T-Shirt, no extra charge)

CAMP WEBSITE : www.ilovechurchcamp.com

**Mississippi Christian Service Camp
Deans and weeks of Camp for 2014**

Session	Dates	Grade	Deans
High School	June 1-6	9-12 Grades	Tony Stahl
Middler	June 8-13	3-4th Grades	John Cash
Junior	June 15-20	5-6 Grades	Jon Collins
Jr. High	June 22-27	7-8th Grades	Ron Medlock
Fine Arts	July- 6-11	High school age	Frank Williams

Mississippi Christian Service Camp

Health History Form

Program _____

Name: _____ DOB _____ Age _____

Home Address _____ City _____ State _____ Zip _____

Social Security Number _____ Gender Male Female

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 insurance card needs to be attached to this form.

Important – The following 1 and 2 must be completed for participation.

1. Parent / Guardian Authorization: This health history is correct and complete as far as I know, and the person herein described has permission to participate in all camp activities except as noted.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any medical records necessary for 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. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian or adult camper/staff _____

Printed Name: _____ Date: _____

2. I also understand and agree to abide by any restrictions placed on my participation in activities.

Signature of minor or adult camper/staff _____ Date: _____

On a separate sheet of paper, list all know allergies, i.e. medication allergies, food allergies, and other allergies (including insect stings, hay fever, asthma, animals, etc.) Also describe reaction and management of the reaction beside the allergy. Attach the separate sheet with the allergies to this form.

Medications Being Taken

Please list all medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. **IMPORTANT: Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescribed drug), the name of medication, the dosage, and the frequency of administration.**

Please check:

This person takes **NO Medications** on a routine basis. This person takes medication as follows:

Med #1 _____ Dosage _____ Specific Times _____

Reason for taking _____
Med #2 _____ Dosage _____ Specific Times _____

Reason for taking _____
Attach additional pages for medications.

General Questions (Explain "yes" answers on another sheet)

Has/does the participant:

Yes

No

1. Had any recent injury, illness or infectious disease?
2. Have a chronic or reoccurring illness/condition?
3. Ever been hospitalized?
4. Ever had surgery?
5. Have frequent headaches?
6. Ever had a serious head injury?
7. Ever been knocked unconscious?
8. Wear glasses, contacts, or protective eyewear?
9. Ever had frequent ear infections?
10. Ever passed out during or after exercise?
11. Ever had chest pain during or after exercise?
12. Ever had seizures?
13. Ever had high blood pressure?
14. Ever been diagnosed with a heart murmur?
15. Ever had problems with joints (e.g. knees, ankles)?
16. Have any skin problems?
17. Have diabetes?
18. Have asthma?
19. Had mononucleosis in the past 12 months?
20. Had problems with diarrhea/constipation?
21. Have problems with sleepwalking?
22. Have a history of bed-wetting?
23. Ever had a eating disorder?

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Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware:

Explain any restrictions to activities (e.g. what cannot be done, adaptations or limitations necessary).

Name of Family physician _____ Phone _____

Address _____

Camper Rules

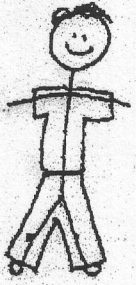
1. Everyone must abide by the camp schedule. You should be where you should be when you should be there!
2. **No one may leave** (camper or staff member) the camp grounds without permission of the Dean. Park your car and hand your keys in to the dean.
3. There are a lot of things you can't have while you are here. Some of these include drugs, tobacco, alcohol, cell phones, i-pods, mp3's, fireworks, etc. They will be confiscated.
4. Sickness or injury must be reported to the camp **nurse** immediately. **Prescription drugs** are to be turned in to the camp nurse for distribution.
5. In matters of dress, **MODESTY** must prevail. Halter tops, short shorts, etc. will not be allowed. Wear shoes at all times. Swim wear and bed clothes etc. is to be modest. Hats are off when inside. Deans and faculty **must** enforce this. See the **Official Camp Dress Code**.
6. Campers are discouraged from leaving camp for **outside activities**, such as ball games, etc.
7. Please do not deface camp property. It's your camp too--help **keep it looking nice**. Intentional damage or damage due to unnecessary carelessness will result in the camper being charged for damages.
8. No camper is to be out of his/her dorm after **lights are out**.
9. Please observe **boundaries** placed by the Dean. Kitchen, canteen, dorms of the opposite gender, work sheds, and woods are off limits. Don't go there!
10. **Food is not allowed** in the cabin at any time; it attracts bugs and animals.
11. **Telephone calls** may not be made without Deans permission.
12. You get it out, you put it back; you mess it up, you clean it up; you break it, you buy it; you abuse it, you lose it.
13. The recreation director is in charge at the ball field. The lifeguard is in charge at the pool. The dean is in charge everywhere.
14. Visitors to the camp are only allowed if permitted by the camp dean. Everyone not involved in the camp program must leave before 9:00 p.m.
15. Other rules may apply. You will be made aware of them on a need to know basis. Treat others how you want to be treated and everything will be ok.

Other Pertinent Information

1. MCSC is staffed with 10 to 15 adult staff members, a registered camp nurse, a licensed life guard and a state qualified camp director.
2. MCSC is located three miles from Newton County Hospital.
3. All Staff members must be 18 years old and must be invited by the Camp Dean
4. Staff members are required to complete a staff application and medical release forms.
5. Camp rules and regulations must be followed by all who attend. Any violations can result in dismissal.
6. *At night you will need a flashlight, bedding, sleepwear, bathing materials including towels, hairbrush, toothbrush and toothpaste.
7. *During the day you should have swimwear, sportswear, footwear, rain gear and a jacket. For study, bring your Bible, pencil and paper, and money for missions.
8. Our camp Manager is Wyman Reese. You may contact him at 601-701-5437. [REDACTED]

The Camp Director reserves the right to dismiss any camper or refuse admission to anyone who, in his opinion, is deemed undesirable as a companion for other campers. No refund made. All campers are expected to remain true to the ideals and regulations of the camp.

Dress Code



Dress casual. Jeans and t-shirts are great - even at evening sessions



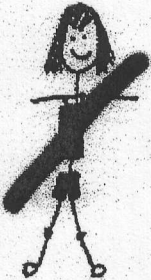
Shorts are great too!



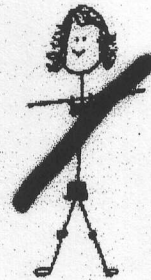
Girls can wear dresses or skirts if they want to.



Please no tight shirts, sweaters, pants or shorts. That goes for girls and boys



Girls, no spaghetti straps, bare midriffs or short shorts



No bikinis or 2 piece swimsuits



No short skirts or low-cut tops



Boys - rear view - keep your pants pulled up



No writing on the buttocks of clothing.