

CAMP CODE: SMAC (Stillwater/McAlester District Camp)
 CAMP START DATE: 1:30 pm Monday, June 21-11:00 am Friday, June 25

(Circle One) CAMPER – ADULT LEADER

First Name: _____

Last Name: _____

Male: _____ Female: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: () _____ Evening Phone: () _____

Cell Phone/Pager: () _____

Email: _____

Grade In Fall '10: _____

Parent/Guardian Name: _____

Church Name & City/Town: _____

T-Shirt Size: SM MED LRG XLRG 2XLRG

Roommate Preference: _____

Family Insurance Company: _____

Insurance Policy Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Day: () _____ Evening: () _____

Please indicate which of the following conditions the camper has (currently or in the past). Give approximate dates if appropriate.

Allergies	Conditions	Diseases	Operations	Injuries
Hay	Fever	Ear Infections	Chicken Pox	
Sinus Problems	Frequent Headaches	ADD/ADHD	Tetanus	
Ivy/Oak Poisoning	Heart Defect/Disease	Measles	Chronic/Recurring Illness	
Insect Stings	Convulsions	Mumps	Hernia	

Penicillin
 Medications
 Viral

Bleeding Disorders
 Diabetes
 Fainting

Asthma
 Whooping Cough
 Sleeping Difficulties

Foods
 Sleep Walking

Please notify the camp if this camper has been exposed to any communicable disease during the 3 weeks prior to camp.

- Y N Do you give permission for your child to take an over-the-counter medication, such as Tylenol, a laxative?
 Y N Are there any activities which need to be monitored?
 Y N Are there any activities which need to be avoided?
 Y N Are there any routine treatments or medications required during camp?
 Y N Does the staff need to remind the camper of his/her treatment?
 Y N Are there any food restrictions?

Do you have any restrictions in the following area(s): feet lungs heart other

Family Physician: _____ **Office:** _____

Family Dentist: _____ **Office:** _____

List any prescription medication you will be bringing to camp. Include prescription number of the drugs, pharmacy name & phone number. ALL MEDICATIONS MUST BE CHECKED IN WITH THE CAMP NURSE.

Prescription Name _____ **Prescription Number** _____

Pharmacy Name _____ **Pharmacy Phone Number** _____

I agree to abide by all rules and policies of camp and to live cooperatively with other campers and leaders.

Camper Signature: _____

My signature below indicates that:

I agree to hold the Oklahoma Conference Camping Program and all leaders of this camp free from liability for any injuries, damages or losses unless caused by the willful or intentional conduct on the part of the leaders or staff. I hereby give permission to the physician or hospital staff selected by the camp leadership to order X-rays, routine tests, and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician or hospital staff selected by the camp leadership to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child. If necessary, my child may be transported in a private vehicle.

My child has my permission to engage in camp activities and agrees to participate fully in the features of the program and to cooperate in maintaining an atmosphere of Christian fellowship.

I also consent to the use of my child's image or voice in photographs, audio and/or video recordings taken during the course of this camp for the purpose of publicizing the camping programs of the Oklahoma Conference of the United Methodist Church.

Parent/Guardian Signature: _____

What: SMAC Camp (Stillwater/McAlester District Camp)

When: 1:30 pm Monday, June 15-11:00 am Friday, June 19

Where: Camp Egan (26633 Hwy 62, Tahlequah, OK 74462)

Who: Entering 7th graders – just graduated 12th graders

Cost: \$195 (includes a t-shirt)

Leader Applicants: You must contact Rev. Travis Hopper and complete a background check or have one on file at the Conference Office. “2009-2012 Safe Sanctuary Screening Process” Forms may be downloaded at www.okumc.org .

Adult Leaders: You must also attend one of two orientation/safe sanctuary training sessions and the essential Sunday, June 14 pre-camp setup meeting at 7pm.

Note: If you bring campers with you on Sunday, June 14 there is a \$25 charge per camper.

REGISTRATION INFORMATION:

Please note GRADE ENTERING: The grade referred to in the camp descriptions, is the grade you will enter in the fall of 2009.

PAYMENT: one check per church please

Stillwater District Churches make checks payable to and return registrations to:

SMAC District Camp
Stillwater District Office
424 S Squires St Ste 100
Stillwater, OK 74074

McAlester District Churches make checks payable to and return registration to:

SMAC District Camp
Robin Woodley-Camp Registrar
Grand Avenue UMC
225 E Carl Albert Pkwy
McAlester, OK 74501

REGISTRATION DEADLINE: All mail-in registrations/health forms must be received at least two weeks before the camp is scheduled to begin. The deadline to mail in your registrations is Monday, May 29, 2009

REFUNDS AND CANCELLATIONS: (A) If cancellation is received prior to 7 days before the opening of camp a refund will be given less a \$25.00 processing fee. If less than 7 days notice is given, no refund will be made, unless for health reasons, whereby a full refund is available after a written request is received. Refunds are given in the same form and to the same person that paid the original camp fee. (B) Fees paid may be transferred to another camper.

Oklahoma United Methodist Camps are open to all persons regardless of race, color, religion, national origin, disability, age or gender.

CAMP EGAN CHALLENGE COURSE (OPTIONAL):

During free time on one day there will be an option for campers to experience the Camp Egan challenge course. This is optional. No camper is required to participate. However, if you wish to participate, you must have a properly completed Consent form. Note: “your organization” is SMAC District Camp. The consent form is separate from this registration form.

DRESS CODE:

Modesty is our goal. Our clothing should not be a distraction or a competition. No open toe or heel shoes. Only shirts with sleeves please i.e. T-shirts. No tank tops, spaghetti straps, muscle shirts, half shirts etc. Only one piece swim suits please, or two piece, with a dark t-shirt over. Camp leaders will determine what is appropriate and may ask campers to change.

DO BRING:

Sheets (twin) or Sleeping Bag, pillow, toothbrush, deodorant, towel for shower, towel for pool, swimsuit (see Dress Code), clothes that can get dirty, shoes you can get wet, shoes you can keep dry, Bible, Bug spray, Sunscreen, flashlight, small amount of money for the canteen.

DO NOT BRING:

Cell phones, radios, TVs, DVD's, anything harmful, illegal or dangerous, weapons of any kind,

DO NOT BRING VALUABLES:

Please leave anything that you do not want lost at home. This includes your expensive electronics, clothing, jewelry, life savings, priceless family heirlooms, and other items not necessary for camp. SMAC district camp nor the Oklahoma Annual Conference is responsible for lost or stolen items.