



**June 24<sup>th</sup> - June 30<sup>th</sup>**

Camp Stover is an inter-generational camp, that is to say, all ages are in camp at the same time. Some activities are inclusive of the whole camp, such as morning meditations, campfires, meals, church service, and recreational activities. Other activities are by age-groups.

**Preschool\*\*\* - Ages 3 years by Sept. 1<sup>st</sup> 2018 (Must be accompanied by an adult)**

**Primary\*\*\* - 6 years old by Sept. 1<sup>st</sup> 2018 (Must be accompanied by an adult)**

**Juniors - 9 years old by Sept. 1<sup>st</sup> 2018**

**Junior High - 12 years old by Sept. 1<sup>st</sup> 2018**

**Youth - 15 years old by Sept. 1<sup>st</sup> 2018**

**Young Adult - Second Summer after Graduation and Up  
Adults\*\*\***

**Fees: \***

Preschool and Primary	Pre-Registration **	\$ 52.00
	Postmarked after June 5 <sup>th</sup>	\$ 72.00
Juniors	Pre-Registration **	\$120.00
	Postmarked after June 5 <sup>th</sup>	\$140.00
Junior High through Adult	Pre-Registration **	\$135.00
	Postmarked after June 5 <sup>th</sup>	\$155.00

Cancellation 4 weeks or more prior to Camp = 100% refund. Cancellation 2 weeks prior to Camp = \$50% refund. Cancellation less than 2 weeks = No refund. For breakdown of daily or partial week fees contact Christina Cummings. Please make checks to Camp Stover.

\* Registration Fee includes 1 Admission to Zims Hot Springs per Registered Camper.

\*\* Pre-registration also includes a FREE Camp Stover T-Shirt. Additional t-shirts for this year will not be available at Camp.

Please send completed form (one per camper) and registration fee to:

Christina Cummings  
6029 Oreana Dr.  
Boise, ID 83709

**Juniors, Jr. High, Youth, (with at least one adult) and Young Adults stay in age group Cabins.**

**\*\*\*For Non-age group housing, please contact Christina Cummings at (208) 283-8442.**

**(There will be a \$5/day charge for those bringing dogs and staying in Camp rooms/Cabins. No Cats, please)**

**NOTE: Everyone attending Camp Stover MUST register immediately upon arrival at Camp. This is required to activate insurance.**

**NOTE: Campers under the age of 18 may not be left unsupervised at camp before 4:00 pm Sunday, July, 9<sup>th</sup> or after 12:00 noon on Saturday, July 15<sup>th</sup>, without prior arrangements with the Camp Directors.**

**NOTE: Age Group Campers will leave camp at least twice, for swimming at Zims Hot Spring and for hiking.**

**NOTE: Age group campers may have limited use of their cell phones. This encourages the groups to bond and be engaged. To reach your camper call Byron Holtry at 208-965-7020.**

Check with your local Church for kids Scholarships  
If you would like to donate to kids scholarships contact Christina Cummings @ 283-8442

Camp use only:      Registration paid \_\_\_\_\_

**CAMP STOVER**  
**Adult Registration Form**  
Use separate form for each camper

*Please print*

Name of Camper \_\_\_\_\_ Male      Female \_\_\_\_\_

Address \_\_\_\_\_  
                                Street                                  City                          State                          Zip Code

Home Phone (\_\_\_\_) \_\_\_\_\_ Home Church \_\_\_\_\_

Emergency Contacts:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

City \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Is there someone at camp we can contact \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Medical/Hospital Insurance Carrier \_\_\_\_\_ Group/Policy# \_\_\_\_\_

Please list any dietary needs: \_\_\_\_\_ E-mail \_\_\_\_\_

T-Shirt Sizes:

<b>Adult</b>	<input type="checkbox"/> <b>Small</b>	<input type="checkbox"/> <b>Medium</b>	<input type="checkbox"/> <b>Large</b>	<input type="checkbox"/> <b>XL</b>	<input type="checkbox"/> <b>XXL</b>	<input type="checkbox"/> <b>XXXL</b>
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While attending or traveling to or from Camp Stover or special activities I become incapacitated for any reason and can not make my own medical decisions and my emergency contact can not be reached within a reasonable period of time, I hereby authorize and grant permission to a representative from Camp Stover to act on my behalf in granting permission for evaluation, hospitalization, to secure proper treatment, and/or order injection, anesthesia, surgery and treatment of any and all emergency medical problems as deemed necessary by the attending emergency medical team EMT/paramedics or licensed attending physician, until such time that my emergency contact can be reached.

Camp Stover may use my pictures for promotional use if they appear in the Camp pictures taken this year.

Adult Camper's Signature \_\_\_\_\_

**NOTE:** Please list all Medical conditions you have and all medications you are currently taking that you would want known in case of emergency, on the back of this form.

Philippians 4:5 "Let your moderation be known to all men..."  
Camp Stover is thankful for the cooperation of parents and campers who work together to maintain dress standards. Swimsuits are to be worn only when at the pond, or when going to or from Zims. String bikinis are not allowed. Not permitted are: revealing or risqué outfits or clothing that has holes purely for fashion or shirts worn to show off your stomach. Such dress will not be allowed. We are an inter-generational camp...if it might make someone uncomfortable to see it, then you will be asked to change. All campers at Camp Stover are expected to conduct themselves in a Christ-like manner. The leadership of Camp Stover recognizes that campers are learning and growing to be responsible.  
The Camp reserves the right to dismiss any camper that is disruptive, disrespectful or cannot follow camp rules. If the camper is a child, the Parents/Guardians will be notified and the child will be sent home.

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**Health History Record**

**Note: Your "Health History Record" will be kept confidential.**

**Part I: Illness and injuries (check all that apply)**

_____ Ear Infection	_____ Bleeding/Clotting Disorders	_____ Hypertension
_____ Asthma	_____ Heart Defect/Disease	_____ Seizures
_____ Diabetes	_____ Musculoskeletal Disorders	_____ Cancer
_____ Other (please specify) _____		

**Part II: Allergies (check all that apply and specify nature of allergic reaction)**

_____ Animals	_____
_____ Hay Fever	_____
_____ Pollen	_____
_____ Food	_____
_____ Medicines/Drugs	_____
_____ Insect Stings	_____
_____ Plants	_____
_____ Other	_____

**Please explain any items that are checked. Indicate any information that emergency personal should know concerning any of these health conditions.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list all past surgeries:** \_\_\_\_\_

**Please list all medication you are currently taking (including herbs) & the prescribed dosage and normal time it is taken each day or indicate where a list can be found in case of emergency (purse, wallet, spouse, etc.)**

<b><u>Medication</u></b> (Add an additional sheet if needed)	<b><u>Dosage</u></b>	<b><u>Time</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____