



**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 CHURCH OF THE BRETHREN  
CHILD REGISTRATION & CONSENT FORM**

Use separate form for each camper - Please print

Name of Camper \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ Child's Cell# \_\_\_\_\_ Birth Date \_\_\_\_\_

Age on September 1<sup>st</sup>. 2017 \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Local Brethren Church \_\_\_\_\_

Camper's e-mail \_\_\_\_\_ Parent e-mail \_\_\_\_\_

Please list any dietary needs: \_\_\_\_\_

T-Shirt Sizes:

Child	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> XL
Adult	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL

**Activity Permission and Authorization for Consent to Treatment of Minors:** To the best of my knowledge, the information provided on this form and following pages is accurate and complete. My child, named above, has my permission to attend Camp Stover/Church of the Brethren, and to go on hikes and trips away from Camp, and I have made note of any special circumstances and/or restrictions in the space provided. \_\_\_ Yes \_\_\_ No **\*\* Parent/guardian initials \_\_\_\_\_**

My child may be released to the emergency contact person in the event that I cannot be reached. \_\_\_ Yes \_\_\_ No **\*\*Parent/guardian initials \_\_\_\_\_**

Camp Stover may use my child's pictures for promotional use if they appear in Camp pictures taken this year. \_\_\_ Yes \_\_\_ No **\*\*Parent/guardian initials \_\_\_\_\_**

While attending or traveling to and from Camp Stover or special activities, I hereby authorize the adult accompanying or assisting my child to consent to any X-Ray examination, any anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and/or surgeon, or to any X-Ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provision of the dental practice act.

**\*\* After marking and initialing the above 3 items, please sign one of the following:**

This authorization is given for the protection and preservation of my child and Camp Stover/Church of the Brethren, under and pursuant to the laws of the State of Idaho governing such cases.

Date \_\_\_\_\_ Signature \_\_\_\_\_

I do not desire to sign this authorization and understand this information will be in the leader's possession.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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### CAMP STOVER CHURCH OF THE BRETHERN INFORMATION AND MEDICAL HISTORY FORM

(Required for each child who have/will turn 9 years old by Sept. 1<sup>st</sup> 2017 - 12<sup>th</sup> grade/staying in age group cabins)

Child's Name \_\_\_\_\_  
Last First Middle

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contacts (in event that a parent cannot be reached):**

1. \_\_\_\_\_  
Name Address Phone

2. \_\_\_\_\_  
Name Address Phone

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

Family Medical/Hospital Insurance Carrier \_\_\_\_\_

Group or Policy Number \_\_\_\_\_

**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. Parents/Guardians will be notified and the child will be sent home.

**NOTE: "Age Group" Campers must check out with their counselor(s) before leaving Camp.**

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### Health History Record

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

\_\_\_\_\_ Ear Infection                      \_\_\_\_\_ Bleeding/Clotting Disorders                      \_\_\_\_\_ Hypertension

\_\_\_\_\_ Asthma                                      \_\_\_\_\_ Heart Defect/Disease                                      \_\_\_\_\_ Seizures

\_\_\_\_\_ Diabetes                                      \_\_\_\_\_ Musculoskeletal Disorders

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Is there a course of action you pursue at home for any of the above conditions marked that you want us to continue at camp? Yes \_\_\_ No \_\_\_ If so please explain. Use an additional paper as needed.

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

**Allergy** \_\_\_\_\_ **Course of action you want us to pursue if any** \_\_\_\_\_

\_\_\_\_\_ Animals \_\_\_\_\_

\_\_\_\_\_ Hay Fever \_\_\_\_\_

\_\_\_\_\_ Pollen \_\_\_\_\_

\_\_\_\_\_ Food \_\_\_\_\_

\_\_\_\_\_ Medicines/Drugs \_\_\_\_\_

\_\_\_\_\_ Insect Stings \_\_\_\_\_

\_\_\_\_\_ Plants \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Part III: Other Health Conditions (check all that apply)

\_\_\_\_\_ Bed Wetting                      \_\_\_\_\_ Sleep Disturbances                      \_\_\_\_\_ Motion Sickness

\_\_\_\_\_ Constipation                      \_\_\_\_\_ Emotional Disturbances                      \_\_\_\_\_ Menstrual Cramps

\_\_\_\_\_ Nose Bleeds                      \_\_\_\_\_ Hearing Impairment                      \_\_\_\_\_ Fainting

\_\_\_\_\_ Behavior disorder                      \_\_\_\_\_ Special Learning Needs \_\_\_\_\_

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Please explain any items that are checked. Indicate any information that the adult in charge of your child may need to know concerning any of these health conditions and what if anything you do to treat this condition at home. Also, indicate any activity to be encouraged or restricted.

\_\_\_\_\_  
\_\_\_\_\_

Part IV: Immunizations

Are your child's immunizations current? \_\_\_\_\_ Yes \_\_\_\_\_ No Tetanus Shot date \_\_\_\_\_

If no, please indicate which ones are not current \_\_\_\_\_

NOTE: "Age Group" Campers must check out with their counselor(s) before leaving Camp.

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**Note: Juniors will have their medication kept & administered by an adult.**

**Please list all medication your child is currently taking, (even if self administer by Jr. High or Youth camper) the prescribed dosage and normal time it is taken each day.**

**All prescription medication must be in a bottle labeled by your pharmacy.**

(Add an additional sheet if needed or use the back of this form)

<u>Medication</u>	<u>Dosage</u>	<u>Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For Jr. High and Youth Campers only, please initial one of the following:

\_\_\_\_\_ My child can administer their own medication. (Note: Still must be listed above.)

\_\_\_\_\_ An adult should have and administer my child's medication.



Please initial any of the following over the counter medications you would want our medical coordinator to provide to your child for aches, pains, bug bites, etc.

\_\_\_\_\_ Advil or Motrin (ibuprofen) – for aches, pains, and minor sprains

\_\_\_\_\_ Tylenol – for headaches or minor pains

\_\_\_\_\_ Pepto-Bismol – for upset stomach

\_\_\_\_\_ Benadryl (antihistamine) – for insect bites

\_\_\_\_\_ Calamine Lotion, Benadryl Cream, etc. – for itching

\_\_\_\_\_ Cough Drops – for cough or dry throat

\_\_\_\_\_ Sucrets – for sore throat

\_\_\_\_\_ Visine – for minor eye irritation

\_\_\_\_\_ Imodium A-D - for diarrhea

Note: Generics of the above over the counter medications may be used to keep costs down.

Additional concerns or instructions: \_\_\_\_\_

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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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____