



## 2010 Summer Camps

Camp	Dates & Rates	Registration Deadline
Girls Camp (For girls who have completed 1 <sup>st</sup> thru 6 <sup>th</sup> grade)	June 7-10 \$125.00 per person	May 21, 2010
Boys Camp (For boys who have completed 1 <sup>st</sup> thru 8 <sup>th</sup> grade)	June 11-13 \$75.00 per person	May 21, 2010
Children's Camp 1 (For children who have completed 1 <sup>st</sup> thru 6 <sup>th</sup> grade)	June 14-17 \$125.00 per person	May 28, 2010
Youth Camp (For youth who have completed 7 <sup>th</sup> thru 12 <sup>th</sup> grade)	June 28–July 1 \$125.00 per person	June 11, 2010
Children's Camp 2 (For children who have completed 1 <sup>st</sup> thru 6 <sup>th</sup> grade)	July 5-8 \$125.00 per person	June 18, 2010
Children's Camp 3 (For children who have completed 1 <sup>st</sup> thru 6 <sup>th</sup> grade)	July 12-15 \$125.00 per person	June 25, 2010
Children's Camp 4 (For children who have completed 1 <sup>st</sup> thru 6 <sup>th</sup> grade)	July 19-22 \$125.00 per person	July 2, 2010

**Schedule:** Girls Camp, Youth Camp and each Children's Camp begin on a Monday at 2:00 PM and ends on a Thursday evening at 8:00 PM. Boys Camp begins on a Friday with supper and ends on Sunday morning.

**Includes:** Three nights dorm lodging, 10 meals, group photo, and a 2010 Camp Harris T-shirt.

**How to Register:** Please send a \$10.00 deposit for **EACH PERSON** that you list on the "2010 Summer Camp Registration Form". This deposit will be credited to your group's final bill. Please indicate on the form which camp your group is attending. All registrations must be mailed in...no phone registrations please. **This Deposit is NOT refundable once the registration deadline has passed.**

**Counselors:** Your group must have one counselor for every 10 campers! **NO EXCEPTIONS!** You still **MUST** provide a counselor even if your group has less than 10 campers!

**Deadlines & Late Charge:** It is **VERY** important that these deadlines are met in order for each camper to receive the correct size T-shirt and for our staff to properly prepare for each group. For those registering after the deadline, an additional \$10.00 will be added to each person's total amount due.

Visit us at [www.harrisbaptist.com](http://www.harrisbaptist.com)



## 2010 Summer Camp Registration Form

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

Church Phone #: \_\_\_\_\_

Camp Attending: \_\_\_\_\_

Dates of Camp: \_\_\_\_\_

**Instructions:** List every person who is attending *starting with adults*. Use more than one sheet if needed. This sheet must be completed before any other part of registration is allowed. If a counselor is only part-time, list the arrival and departure schedule on another sheet. ***One counselor must be assigned for every 10 campers.***

	Name (please list adults first)	Grade Completed	Tshirt Size (indicate adult or child size)	M	F
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					



## 2010 Summer Camps Important Information to Parents and Counselors

The camp rules listed below are to help us in creating a safe and secure Christian environment. Please assist us in going over these rules with your child prior to camp.

1. Dress at camp should be casual and comfortable. Clothing with any questionable advertising or logos will not be allowed. Also, no tight or revealing clothes.
2. Everyone must follow the schedule of activities. No one may stay in the dorms during worship.
3. Everyone must remain in the dorms after "lights out".
4. No one may leave camp without permission from the Camp Director or Camp Manager.
5. The following items are not allowed on campus: tobacco, alcohol, illegal drugs, fireworks, firearms, and pocketknives.
6. No radios or televisions.
7. Girls are not allowed in the boy's dorms and boys are not allowed in the girl's dorms.

### What to Bring

- 1 Bible, pen and paper
- 2 Towel & washcloth for showering
- 3 Swimsuit and beach towel (only one piece bathing suits allowed).
- 4 Money for soft drinks, snacks, and gift shop.
- 5 Toothbrush, toothpaste, soap, comb, brush, shampoo, etc.
- 6 Bedding (sheets & blanket or sleeping bag)
- 7 Don't forget your pillow!
- 8 Old clothes for outdoor activities.
- 9 Nice clothes for worship times.

### Emergency Contact Information

Mike Latham, camp manager, resides on the campus and will be available 24 hours.

Office Phone                      318-927-3706  
Mike's Cell Phone                318-464-0901

Camp Harris is located in Claiborne parish and is serviced by the Homer 911 dispatch.

***Medical Permission and Release Form 2010***

Visit us at [www.harrisbaptist.com](http://www.harrisbaptist.com)



**Harris Baptist**   
 Conference & Retreat Center  
 2800 HARRIS ROAD MINDEN LA 71055  
 PHONE 318-927-3706 EMAIL INFO@HARRISBAPTIST.COM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Name camper is attending with: \_\_\_\_\_ City: \_\_\_\_\_

Camp Attending:      Girls Camp    Boys Camp    Children's 1    Youth    Children's 2    Children's 3    Children's 4  
                                  6/7-10        6/11-13        6/14-17        6/28-7/1        7/5-8        7/12-15        7/19-22

Home Phone: \_\_\_\_\_  
 In Case of Emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_  
 2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Family Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

IMMUNIZATIONS:		Tetanus	Polio booster	Measles	Mumps
Past Medical History (Check box to give appropriate information.)					
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Sinusitis	<input type="checkbox"/>	Bronchitis
<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	Dizziness	<input type="checkbox"/>	Stomach upset
<input type="checkbox"/>	(List other)		<input type="checkbox"/>	<input type="checkbox"/>	Kidney trouble
<input type="checkbox"/>	Diabetes		<input type="checkbox"/>	<input type="checkbox"/>	Hay fever
<input type="checkbox"/>	Other				
ALLERGIES: Food: _____					
Penicillin or other drug (name): _____					
Insect stings/bites: _____					
Poison sumac, oak, or ivy: _____					
Previous operations or serious illness: _____					
Childhood Diseases: _____					
<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	Whooping cough				
Other (list): _____					
Any Activity Restrictions (list): _____					
Current Medications (include prescription and over the counter medications):					
Name of Drug	Dosage	Time(s) Taken	Is the actual dose time different from the prescription bottle directions?		
What medication or treatment do you provide at home for the following?:					
Stomach upset:					
Constipation:					
Headache:					
Menstrual Cramps:					
Any exposure to communicable disease during the preceding 21 days?:					
If yes, explain:					

**PERMISSION FOR TREATMENT:**  
 My permission is granted for the Camp Manager, Camp Director, or other staff person in charge to obtain necessary medical attention in case of sickness or injury to my child.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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