



## A FEW THINGS TO REMEMBER:

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### Online Registration + Online Consent Form + Deposit = Confirmed Spot for Camp

*Individual price is determined by the completion date of all three steps*

**ONLINE REGISTRATION IS CONSIDERED A COMMITMENT TO PAY THE DEPOSIT.** If a student is unable to attend camp, then the deposit may be transferred to a new student of the same gender as long as registration is open. The deposit will not be refunded.

#### CHANGES

To request a change of information for a student or leader that has already completed online registration, please email Meagan at [mcombs@northtexas.ag](mailto:mcombs@northtexas.ag).

#### DEPOSIT TRANSFER

If a student cancels **before** registration is closed, you may transfer their deposit to a NEW student of the same gender for a \$10 transfer fee. The new student will incur the current price at the time the new registration is complete. (i.e. if an On Time Camper cancels during the Late Registration dates, their \$100 deposit can be transferred to a new student. The new student will be considered a Late Camper.)

**LEADER DEPOSITS CANNOT BE TRANSFERRED.**

#### MEDICATION AT CAMP

A Medication Form is in this packet. ONLY complete the form for campers and leaders who require medication while at camp. This form must be signed by a parent or guardian within **24 hours prior** to camp. See form below for instructions. On-site med check in is required for all medication brought to camp for leaders and students. **DO NOT MAIL THIS FORM.** It cannot be accepted in advance of camp.

#### CONFIRMATIONS

The Church Coordinator will receive a confirmation two weeks prior to your camp start date containing your balance due at Camp Check-In. **Team colors will not be released until this confirmation.**

#### PRE ORDERS

NTD Kids offers 2 **non-refundable** pre-order options:

- Refillable Camp Water Bottle for \$15
  - Water bottles can be used in the Oasis Snack Shack for free refills of water or soda throughout the duration of camp. Bottles may be purchased at camp for a higher price.
- Limited Edition 2024 Camp T-Shirt for \$20
  - Pre-order shirts are subject to availability at camp and will not be available during "last chance" registration, so grab them while you can!

**If a camper or leader has selected a pre-order but needs to cancel their registration, the pre-order(s) will still be charged and reflected on your final invoice, as they are nonrefundable. The coordinator will still receive the bottle or shirt at check in regardless if the individual attends.**

#### LODGE ROOM REQUESTS

For the safety and security of all our campers and leaders, when NTKM Kids Camp is in session, Lakeview is a closed campus. We take extra precautions that every adult on our campus has been background checked and completed ministry safe training. Our lodge requests are reserved for those serving as a leader or staff member at Kids Camp who have followed the safety and security procedures. They are not open for public reservation during that time frame. Thank you for your understanding as we do our due diligence to keep everyone safe!

To request a Lodge at Camp, please do so at [northtexas.ag/camp](http://northtexas.ag/camp)

# KIDS CAMP 2024 PRICING

Registration will close on June 25th!

Anyone registered after that date will be on the Waitlist and subject to approval.

## Camp 1 (Littles, ages 5-7): July 16-18th

	EARLY Now – Dec 31	ON TIME Jan 1 – April 30	LATE May 1 – May 31	LAST CHANCE June 1 - June 25
Student	\$180	\$185	\$195	\$210
Leader	\$130	\$150	\$160	\$180

## Camp 2: July 18-21st

Student	\$235	\$250	\$265	\$275
Leader	\$170	\$180	\$200	\$220

## Camp 3: July 21-24th

Student	\$235	\$250	\$265	\$275
Leader	\$170	\$180	\$200	\$220

## Camp 4: July 24-27th

Student	\$235	\$250	\$265	\$275
Leader	\$170	\$180	\$200	\$220

## Camp 5: July 28-31st

Student	\$235	\$250	\$265	\$275
Leader	\$170	\$180	\$200	\$220

## 2024 CAMPER APPLICATION

**KIDS CAMP ONLINE  
REGISTRATION  
REQUIRED**

This form is provided to assist Churches with collecting camper information.

**CHURCH USE ONLY  
DO NOT MAIL**

### CAMPER INFORMATION

Name \_\_\_\_\_ Camp # Attending \_\_\_\_\_  
Male Female Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade next fall \_\_\_\_\_ Age \_\_\_\_\_ T-shirt Size \_\_\_\_\_  
Church \_\_\_\_\_ Church City \_\_\_\_\_

**\*Pre order Refillable Water Bottle \$15 Y / N**

**\*Pre order Limited Camp 2023 T -Shirt \$20 Y / N**

Is there anyone your child should **NOT** be released to? Yes No If yes, Name(s) \_\_\_\_\_

Is this child adopted or in foster care? Yes No (optional)

**CHRONIC/RECURRING CONDITIONS:** Please list \_\_\_\_\_

**Are activities restricted:** Yes No If yes, please explain \_\_\_\_\_

### **ALLERGIES/ MEDICINE:**

Please list food allergies: \_\_\_\_\_

Other allergies: \_\_\_\_\_

My camper may be given Tylenol? Yes No

My camper may be given Benadryl? Yes No

My camper may be given Ibuprofen? Yes No

My Camper may be given over the counter, non-prescription medications or applications, not to exceed the recommended dosage for stomach discomfort, burns, cuts, insect bites, rash or scrapes. Yes No List Exceptions: \_\_\_\_\_

**If your Camper is on any medication, please read and complete the Medication Form and bring the form to camp.**

### **PARENT/GUARDIAN INFORMATION**

Parent/Guardian \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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

### **EMERGENCY CONTACT**

If Parent/Guardian **CANNOT** be contacted, please notify:

Name \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

### **APPLICATION AUTHORIZATION**

I authorize camp staff to consent to medical treatment when myself or my emergency contact cannot be reached. I understand that every effort will be made to contact me regarding medical attention given to my child. I also understand that participants at Lakeview Camp are liable for damage caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian. I understand that camp is a voluntary activity. Student must be willing to cooperate with the overall spirit and schedule of the camp. I acknowledge that if my child's behavior is deemed unacceptable, I am required to remove my child from camp immediately. Finally, I understand that every effort will be made to room church groups in the same cabins. However, due to the structure of the camp and the limited number of beds, this is not always possible. I also grant my permission to North Texas District Council to use photographs (individual or group) and/or multimedia images and recording in the best interest of the North Texas District Council. I have reviewed the camp information sheet and gone over the camp and dress code policies with my child. Camper signature required: Agree to abide by camp and dress code policies.

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

**2024 LEADER APPLICATION (18+ YEARS OLD)**

**KIDS CAMP ONLINE  
REGISTRATION  
REQUIRED**

This form is provided to assist Churches with collecting leader information.

**CHURCH USE ONLY  
DO NOT MAIL**

Camp # Attending \_\_\_\_\_

Church \_\_\_\_\_ Church City \_\_\_\_\_

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Physical Street Address (NO PO Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

T-Shirt Size (Adult) \_\_\_\_\_

\*Pre order Refillable Water Bottle \$15 Y / N

\*Pre order Limited Camp 2023 T -Shirt \$20 Y / N

**Ministry Safe: NTD Kids requires a background check screening and sexual abuse awareness training completion every 2 years. This cost is included in your leader fee. Ministry Safe will email you further instructions to be completed within 14 days of receiving it.**

Have you ever been convicted of (or plead guilty to) child abuse or a crime involving actual or attempted sexual molestation of a minor or adult? YES NO If yes, please explain \_\_\_\_\_

Have you ever been convicted of (or plead guilty) to any other crimes? YES NO  
If yes, please explain \_\_\_\_\_

**CHRONIC/RECURRING CONDITIONS:**

Are activities restricted: YES NO If yes, please explain \_\_\_\_\_

Do you have any physical disabilities or limitations? \_\_\_\_\_

**ALLERGIES/ MEDICATION:**

Please list any food allergies: \_\_\_\_\_

Any other allergies: \_\_\_\_\_

Current Medication(s) Needed During Camp? YES NO

*\*\*If yes, please read and complete the Medication Form and bring the form to camp.\*\**

Leader may be given Tylenol? Yes No

Leader may be given Benadryl? Yes No

Leader may be given Ibuprofen? Yes No

Leader may be given over the counter, non-prescription medications or applications, not to exceed the recommended dosage for stomach discomfort, burns, cuts, insect bites, rash or scrapes. Yes No List Exceptions: \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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

**"As the applicant, I affirm that the information on this form is accurate to the best of my knowledge. I acknowledge that all tobacco (including e-cigarettes and vapes) in addition to any form of alcohol or illicit drugs are strictly prohibited from camp property.**

I authorize the North Texas District to have a criminal background check done by the agency of their choosing and understand that my acceptance as a camp leader is contingent upon the results. I also agree to have my Pastor contacted for a reference regarding my character and suitability for youth work. I waive any rights that I may have to inspect references provided on my behalf.

I authorize camp staff to consent to medical treatment for me when either I am unable to respond or my emergency contact cannot be reached.

I also understand that I will be held responsible for any medical expenses incurred."

Applicant Name (Print)

Applicant Signature

Date

# 2024 Camp Medication Form

If your camper needs to bring any medication to camp, **please complete this form within 24 hours prior** to your camper's arrival at camp. **All medications must be the original containers.** Place all medication containers in a plastic bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. A medical attendant will receive medications at the nurse's table during camp check-in. Inhalers and EpiPens are the only meds that can be kept with the camper/leader (please send two in case one is lost).

**\*Please do NOT send over-the-counter medication, as they Nurses Station will keep these on hand.**

**Medical personnel in the Nurses Station will administer all camper medications.**

Camper \_\_\_\_\_

Cabin # \_\_\_\_\_ (to be filled in at camp)

Church/City \_\_\_\_\_

Parent Day Phone \_\_\_\_\_

Parent Evening Phone \_\_\_\_\_

NAME OF MEDICATION	DOSAGE	TIME TO BE GIVEN	Signature and Time Given (Nurse Use Only)					

Medications will be given as directed on prescription containers, unless otherwise instructed.

Comments / Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Parent/Guardian:**

I, \_\_\_\_\_, Parent/Legal Guardian of \_\_\_\_\_  
 (camper's name) authorize the Camp Medical Personnel to administer the medications listed above.

I authorize the Camp Executive Staff to consent to medical treatment when either my emergency contact or I cannot be reached. I understand that every effort will be made to contact me before such action.

Parent/Guardian Signature: \_\_\_\_\_

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

(24 hours prior to camp)