



West Tennessee Presbytery

Office Use ONLY	Date Received _____
Date & amount paid _____	
Balance Due _____	
Scholarship _____	

2009 Camp Application – Registration Form

Name _____ Age _____

Grade _____ Date of Birth _____ Male/Female _____

Check the camp you wish to attend.

(Curriculum is age appropriate WTP Board of Christian Education)

Jr. Camp 1, June 8-13 **Jr. High Camp 1, July 6 – 11**
 Grades 3-6 Grades 6-8

Sr. High Camp, June 22-27 **Jr. Camp 2, July 20 –25** **Jr. High Camp 2, July 13-18**
 Grades 9-12 Grades 3-6 Grades 6-8

Fee for Camps \$185

Name of Parent or Guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Church attending/visiting _____

Email Address: _____

(Please print address **CAREFULLY-CONFIRMATION USE.**)

Who will pick up camper at the end of camp? _____

DISCLAIMER: T-shirts will only be available if director determines to incorporate the T-shirt into the week's curriculum, and/or if it is affordable for the week's camp in which you are applying.

Shirt Size: **Youth:** __ small __ medium __ large OR **Adult:** __ small __ medium __ large
(Select one shirt size for camper's CCW t-shirt, if appropriate.) __extra large __ XX large

Name one person you want to be in the cabin with: _____

Parent/Guardian: Please read and sign below:
 I have read the CCW covenant and understand that if my child breaks the covenant and a decision is made to send my child home, that it will be at my expense. In case of medical emergency, I give permission for treatment. Please reach me at the following numbers in either of the above situations. My signature below gives CCW & BCE permission to photograph my child while attending camp for promotional reasons.

Phones: _____ Day _____ Night _____ Cell/other _____

 Signature of Parent/Guardian Date

Other person to be contacted if I cannot be reached:

Name: _____ Phone _____

West Tennessee Presbytery 2009 Summer Camps Covenant for Junior Camper

During the week of Camp Clark Williamson we will be doing our best to live together as a family in a Christian community. Family life is based on love, respect, trust, support, and spending time together. Each of us as a member of the family is important. To create and maintain this atmosphere of family and community we will agree to the following:

- As campers who come here in Christian Fellowship, we will be considerate to one another and seek to create an atmosphere of Christian love and concern.
- As campers at CCW we will follow the camp rules; therefore, we will not have in our possession or use: fireworks, firearms, illegal drugs, tobacco products, or alcohol.
- In keeping with the spirit of a Christian camp, we will not bring any **Ipods, CD or MP3 players**, or other electronic devices for "diversion" but will allow this to be a retreat from the world in which we live, a time to rejuvenate ourselves.
- I will not leave the campgrounds during the week. Should a special emergency arise, I will speak to the directors about the situation and abide by their decisions.

I RECOGNIZE THAT I AM JOINING A CHRISTIAN COMMUNITY; I AGREE TO ABIDE BY THIS COVENANT DURING THIS RETREAT WEEK. I UNDERSTAND THAT IF I BREAK THIS COVENANT, I MAY BE SENT HOME AT MY PARENTS EXPENSE AND THAT MY CHURCH WILL BE NOTIFIED.

Signed _____

Covenant for Junior High, Senior High, and Young Adult Campers and All Counselors at Camp Clark Williamson

- All the above covenant agreements in the Junior Covenant along with the following:
- I will not engage in any sexual contact or activities.
- I will only use my cell phone (both calls and text messaging) in my cabin during evening free time before lights out if the camp directors so choose to allow. I understand that my cell phone is to be left in my cabin at all times.**

I RECOGNIZE THAT I AM JOINING A CHRISTIAN COMMUNITY; I AGREE TO ABIDE BY THIS COVENANT DURING THIS RETREAT WEEK. I UNDERSTAND THAT IF I BREAK THIS COVENANT, I MAY BE SENT HOME AT MY PARENTS EXPENSE AND THAT MY CHURCH WILL BE NOTIFIED.

Signed _____

**Mail all Registrations & Fees to:
West TN Presbytery Camp Application, Tammy Herrington, P.O. Box 118,
Savannah, TN 38372
Ph731-925-1572 tj_herrington@bellsouth.net**

**West Tennessee Presbytery
Health Form Information (2 pages)**

Office Use ONLY	Date Received _____
Ins. Info. _____	Signed _____ Allg. _____
Confirmation Letter sent:	
Email _____	Mail _____ Date _____

****INSTRUCTIONS: A copy of the immunization record from your physician or clinic must be attached to this form along with a copy of your insurance card. The camp reserves the right to refuse admission to those campers who lack up-to-date documentation and/or a complete Health Information Form.****

Camper's Full Name _____ Sex _____
Last First MI

Address _____ Home Phone () _____
Street City State/Zip

Workplace _____ Work Phone () _____

Work Hours _____ Home Hours _____ Cell Phone () _____

Nearest Relative or friend who can reach parent or guardian in case of emergency:

_____ Relation to Camper _____
Last First MI

Cell Phone () _____ Home Phone () _____ Work Phone () _____

Camper's Personal Physician

Name _____ Phone () _____

Address _____
Street City State/Zip

Insurance Information

CCW's insurance is secondary; the camper's personal insurance is the primary carrier. The camper's parent or guardian will be responsible to take the proper steps to inform their insurance company that an injury or illness has occurred.

Is the camper covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group No. _____

Carrier Address _____
Street City State/Zip

Name of Insured _____ Relation to camper _____

Simply attach a copy of the insurance card. Insurance ID# _____

Use space below for any additional information to ensure the safety of your child.

West Tennessee Presbytery Health Information Form

Health History: Circle any illness that the camper has experienced. For **PAST ILLNESSES**, indicate date if occurred within the last twelve months. For **CHRONIC ILLNESSES**, give date of last attack.

Past Illnesses (Date)	Chronic or Current Illnesses (Last Attack)	
Chicken Pox	Asthma	Kidney or Bladder Problems
Whooping Cough	Diabetes	Hearing Loss
Rheumatic Fever	Blood Pressure	Migraines
Mononucleosis	Swimmer's Ear	Low Blood Sugar
Hepatitis	Attention Disorder	Skin Rashes
Pneumonia	Tonsillitis	Heart Murmur
Pink Eye	Seizures-Include Type	Circle if any of these apply:
Sleepwalking	Irregular Heart Beat	Glasses Contacts Braces
Hemophilia	Hyperventilation	
Tuberculosis	Fainting Spells	Retainer Cast Splint
Head Lice: _____	Menstrual Problems	Hearing Aid Prosthesis

Surgery Yes No List _____

Allergies Yes No List _____

Be sure to note all allergic reactions or prone to (bronchitis, infections, heart stroke, etc.)

Other Medical Information:

Bringing medications to camp now requires a recent photo of the child to be included!

If the camper needs medication to control an illness or allergy, **BE SURE TO SEND IT WITH THE CHILD**. If you wish to have a prescription medication or treatment administered by the Camp Staff, **PLEASE** have your **PHYSICIAN** sign the instructions for administration. The table below can be used or you can write it out separately and attach the form; also include a recent photo of your child for safe administration.

Current Medications: ALL MEDICATIONS MUST BE SENT IN THE ORIGINAL CONTAINERS.

Name of Drug	Dosage	Time Given	Purpose

Over the Counter Medications

Sometimes campers need over the counter medications to ease a mild discomfort. You can give permission for your child to receive the following medications by **checking and initialing as indicated**.

- | | |
|---|--|
| <input type="checkbox"/> Acetaminophen (i.e. Tylenol) _____ | <input type="checkbox"/> Antihistamine (i.e. Benedryl) _____ |
| <input type="checkbox"/> Antacid _____ | <input type="checkbox"/> Throat Lozenge/Cough Syrup _____ |
| <input type="checkbox"/> Decongestant (i.e. Sudafed) _____ | <input type="checkbox"/> Motrin / Ibuprofen _____ |

As parent or legal guardian of _____, I hereby consent to allow trained personnel to administer emergency medical treatment to my child in the event of an accident or injury. I understand that every attempt will be made to notify me in case of such an event.

Signed _____ Date _____

Witness _____ Date _____

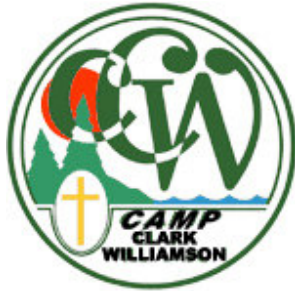
Use space below for any additional information

West Tennessee Presbytery 2009 Summer Camping

Sr. High Camp, June 22-27

Grades 9 – 12

Director: Aaron Ferry
731-925-2685, email:
amferry815@gmail.com
Director: Missy Rose,
901-378-1133, email:
missyrose3@yahoo.com



Jr. Camp 1, June 8 –13

Grades 3 – 6

Director: Glynda Corbin,
731-352-7264, email:
glynda@corbinzone.com,
Director: Charro Keenan,
731-415-0524, email:
keenonc@k12tn.net
Director: Jason Alexander,
731-287-0992

Jr. High Camp 1, July 6-11

Grades 6 – 8

Director: Becky Jo Maxwell,
Phone 901-359-9010,
bjmaxwell_cl@bellsouth.net,
Director: Jim Hamblin,
901-840-4747, email:
brojim391@gmail.com

Jr. Camp 2, July 20-25

Grades 3 – 6

Director: Gloria and Cecil
Covert, phone 901-475-4408,
Email: gccovert@aol.com

Jr. High Camp 2, July 13-18

Grade 6 – 8

Director: Mitch Boulton,
731-686-1576,
Email: boulton-
cpcmilan@bellsouth.net
Director: Jamie Barkley
731- 855-4162, Email:
dgbarkley@hotmail.com

KEEP THIS PAGE FOR YOUR RECORDS!

Mail all Registration & Health Forms to:

West Tennessee Presbytery Camp Application

Tammy Herrington, P.O. Box 118, Savannah, TN 38372

Phone: 731-925-1572 OR email: tj_herrington@bellsouth.net

Checks Payable to: West Tennessee Presbytery

(DO NOT SEND APPLICATIONS OR MONEY TO CCW.)

CAMP FEE \$185.00

- † All Camps will begin registration at 1:00 p.m. on Monday and conclude at **11:00 a.m. on Saturday.**
- † All camps cost includes canteen with the full amount expected at registration on the first day of camp, church sponsored amounts **MUST** be paid at this time.
- † **ALL CAMPERS MUST BE PRE-REGISTERED.** Registration forms must be postmarked/received no later than two weeks prior to the first day of camp. There will be an **additional \$15.00 charge** for late registration. TO Register, send your registration materials (camp application, covenant, health forms, insurance information, immunization record) to the address above.
- † Dismissal must be on the last day of camp. **NO VISITORS** are allowed during the week of camp unless pre-approved by a director.
- † **KEEP THIS NUMBER!** If you need to contact your camper during camp week **IN AN EVENT OF AN EMERGENCY, CALL 731-784-8229** (leave a message, director will return your call).
- † Send mail: Camper's Name, Camp Clark Williamson, 390 Mason Rd., Humboldt, TN 38340
- † For directions to the camp refer to the CCW website: **www.campclarkwilliamson.com**