

Bandina Christian Camp

AGES: Nine (9) through eighteen (18)

Registration: Apps received before June 13 - \$190

Late Registration: Apps received June 13 – June 27 - \$220

Fee includes camp session, housing and use of camp facilities, three meals per day, camp t-shirt and emergency medical insurance. Transportation is NOT included. Each camper (or church group) must provide their own transportation. (Those registering after June 13, 2015, may not receive a t-shirt.) Campers may not register at camp. **NO REGISTRATION** will be accepted after June 27, 2015. Apps **MUST** be **received** by dates above to receive special prices.

CAMP STORE: Snacks, candy and soft drinks may be purchased at the canteen each day. Craft items are also available. \$10 - \$15 is a suggested amount. Campers are encouraged to send this money with their registration form. All canteen money must be turned in to the "camp bank." Money not spent will be refunded.

DEPOSIT: A \$100.00 deposit is required with each registration form, although the entire camp fee may be sent. Registration forms received after June 13, 2015 must have full payment plus late fee (\$220 total). **Deadline for registration and full payment is June 27, 2015.** Make checks payable to Bandina Christian Youth Camp. Deposits are **not** refundable after June 13, 2015.

WHAT TO BRING: Bible, pen or pencil, clothes suitable for outdoor activities (tennis shoes), personal grooming items (soap, towels, shampoo, toothpaste, deodorant), bed linen or sleeping bag, swim wear, ball glove, flashlight. Stamps and stationary for those who want to write letters home.

MEDICINES: All campers should bring ample supplies of all prescription medication with instructions to be given to the camp nurse who will administer them during the week. Campers may not keep medication of any kind with them in their cabins.

WHAT NOT TO BRING: Do not bring any electronic devices (i.e., **cell phones**, iPods, Game Systems) knives, tobacco products of any kind, illegal drugs, water balloons. Phones will be taken up and kept safe until Saturday dismissal. They will not be allowed to be kept in cabins. No inappropriate clothing (halter tops, spaghetti strap tops, short shorts, tight yoga pants). **NOTE: Shorts must be fingertip length.**

ELIGIBILITY: All young people, ages 9 through 18 (or summer after high school graduation), are eligible for camp regardless of race, color, or religion.

REGISTRATION FORMS: Please return the registration form. Complete all spaces. **INCOMPLETE AND/OR UNSIGNED REGISTRATION FORMS CANNOT BE ACCEPTED.** Faxed forms will be accepted to meet deadline, **BUT, forms with ORIGINAL SIGNATURES must still be submitted by start date.** Campers may not register at camp.

MAIL REGISTRATION FORM AND
ALL PRE-CAMP CORRESPONDENCE TO:

Camp Bandina Registration
c/o Melissa McAdams
3617 Oak Crossing Dr.
Pearland, TX 77581
melissa@campbandina.org

Fax number (before camp only) – 817-439-6781

Camp Director: Gerald Elliott

Co- Director: James McAdams

CAMP ADDRESS
DURING CAMP WEEK ONLY:

Bandina Christian Youth Camp
320 Bandina Ranch Road
Bandera, Texas 78003

EMERGENCY camp phones
830-796-4113
830-796-7677

Winnsboro office: 903-342-5715

Pearland office: 281-648-1658

Camp Bandina

2015

Elliott Session

JULY 12 – 18

www.campbandina.org

Camp Bandina is on the Medina River in the Texas Hill Country just outside of Bandera, Texas. Bandina is operated by an all volunteer staff of dedicated Christians from churches of Christ, meeting all state regulations as well as providing a fun filled Christian environment. Campers are able to participate in activities such as daily worship, bible classes, craft making, various sports, and swimming. All cabins are air conditioned for comfort. Our camp cooks provide for us three meals a day. Each afternoon during free time the camp store (canteen) is open providing the opportunity to purchase drinks and snacks. Camp Bandina is sure to help your child create wonderful, long-lasting memories and life-long relationships.

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Campers registering after deadline (June 13, 2015) may NOT receive a t-shirt. Campers are enrolled on a first come/ first served basis.



I Am

CAMP BANDINA REGISTRATION FORM

Name: _____ Sex ____ Age at camp: _____

DOB ____/____/____ Entering Grade: _____ Home Church: _____

Address: _____ City: _____ St: ____ Zip: _____

Hm Ph: (____) _____ Cell Ph: (____) _____

Parent's E-mail: _____

Parent's (Guardian's) Name: _____

Parent's (Guardian's) Address (if different): _____

Emergency Contact: _____ (Ph) _____

T-Shirt Size: (circle one) Child: M L Adult: S M L XL XXL

EXTRA CLASS - ALL campers should select from the following "extra" class options. Assignments will be made on a "first come" basis. Mark your first three choices as 1, 2, and 3. Check website for class descriptions. Some classes have age limitations or fees.

- | | | |
|-------------------------|------------------------|-------------------------------------|
| ____ Painting (\$5 fee) | ____ Cooking (\$5 fee) | ____ Men-Life/Dating (ages 12-18) |
| ____ The Great Outdoors | ____ Creation Science | ____ Women-Life/Dating (ages 12-18) |
| ____ Men's Bible | ____ Archery | ____ Story Writing |
| ____ Women's Bible | ____ Fishing | |

____ I, as a camper, have read the registration form and understand what I am allowed to bring with me to camp and what I am not allowed to do at camp. *I will turn in any electronic devices (cell phones) to my counselor. I will follow the dress code rules.* I understand that failure to comply with camp policy may result in my parents being notified and/or my being sent home.

____ I, as a parent, have read the registration form and understand what my child is allowed to bring with them to camp. I understand that my child's shorts must be fingertip length and that they are not allowed to keep cell phones in their cabins. I have explained these rules to my child.

____/____/____
****Camper's signature** _____ date

____/____/____
****Parent's signature** _____ date

**** How will your camper be going home at the end of the week?**

____ Church Bus: _____

____ Other: _____ Cell _____

For office use only:

Fee Included \$ _____ Canteen Included \$ _____

Date received: _____ Check # _____ Cash \$ _____

NURSE INFORMATION —2015

Name of Camper _____ Date of Birth ____/____/____

Address _____
 Street and number _____ City _____ State _____ Zip _____

Parent or Guardian's Name _____

Address (if different) _____ Home Phone # _____

Cell Ph: _____ Work Ph: _____

*** Do you have medication or food allergies?** _____ If yes, what? _____ Please describe reactions? (i.e. rash/difficulty breathing . . .) _____

*** Do you have permission to take non-prescription medication at camp?** (Tylenol, Benadryl, etc.) **Y N**
Parent, please sign, giving permission for camp nurse to administer: _____

Past Medical History: Please answer yes or no to each, explain on separate sheet if necessary.

- | | |
|------------------------------|-------------------------------------|
| a. Heart problems _____ | b. Kidney or bladder problems _____ |
| c. Lung (i.e. asthma) _____ | d. Neurological or mental _____ |
| e. Diabetes or thyroid _____ | f. Stomach/intestine/liver _____ |
| g. Other _____ | |

Have you had surgery within the last year ? **Y N** If yes, please describe: _____

Will you have medicine with you? _____ If yes, please list all prescription and non-prescription medications you will bring to camp. **NOTE: All medications, must be in original containers. All prescription medications must have original pharmacy label on container with camper's name in order to be dispensed at camp. List daily and as needed medications your child will/may take at camp. Attach additional sheet if necessary.**

	Name of Med.	Strength (mg)	Time to be taken	Reason for med.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

*Have you had a tetanus shot within the last six months? _____
 *Have you had or been immunized for Measles _____ Mumps _____ Chicken Pox _____
 Diphtheria _____ Whooping Cough _____ Other _____

Signatures REQUIRED for camp attendance

I/We hereby give permission for the director and/or camp nursing staff to take _____ to the **hospital** or to see a **doctor** in case of accident or sickness and to receive medical treatment as prescribed by an attending physician. I/We also acknowledge an understanding that camper health information may need to be shared with camp staff to ensure a safe camp experience. Confidentiality of camper health information is an important aspect of providing camp health care, along with keeping camp staff informed of camper needs. I/We understand the youth camp will not be held responsible for this camper, and I/we will never bring any legal action against Bandina Christian Youth Camp, Inc., its staff members, or participating churches.

Signed: _____ **Date** ____/____/____

I/We give permission for _____ to **swim** while at camp. In case of an accident I/we give authority and consent for medical and surgical treatment as needed in the judgment of treating physicians. I/we also agree to never bring any legal action against Bandina Christian Youth Camp, Inc., its staff members, or participating churches.

Signed: _____ **Date** ____/____/____