

MuMac District Camp 2014
June 23rd-27th, Camp Egan
CHECK IN: June 23rd at 1:30 pm
Campers should not arrive at camp before 1:30pm!
CHECK OUT: June 27th at 12:00 pm
Camp is for incoming 7th graders
through just graduated seniors!

HOW MUCH DOES CAMP COST?

\$240 if postmarked by May 19, 2014 (We can't guarantee t-shirts after June 1)

\$260 after May 19, 2014 (if space permits)

\$25 non-refundable deposit for cancellations.

WHAT TO BRING...

Bedding (twin sheets or sleeping bag & pillow)

Toiletries (including towels)

Bible

Swimsuit (one-piece swimsuit)

Extra shoes for river hike (optional)

"limited" money (canteen/pop machine)

Instruments, props, or music for talent show

Great attitude ☺

WHAT TO LEAVE AT HOME...

Cell phones

Laptops or iPads

Fireworks

Knives or any other weapons

Water balloons and water guns

Any valuables

ALLOWED ONLY IN CABINS...

Portable music devices with headphones

Flip-flops (for shower)

***These items will be confiscated if used
outside your cabin***

DISTRICT CAMP DRESS CODE...

Wear modest appropriate clothing

Absolutely no open-toed shoes

Violators will be asked to change.

If you do not have acceptable attire,

Camper Registration

MuMac District Youth Camp, Camp Egan

Entering 7th grade-graduates: June 23rd-27th

ALL campers must submit ALL of the following:

Page 1—Camper Registration Form

Page 2—Health Form

Name _____ Name to put on name tag _____ Gender: F M Grade in fall 2014: _____
Address _____ City _____ State _____ Zip _____
Daytime Phone _____ Evening Phone _____ Cell Phone _____
Birth Date ____/____/____ T-Shirt Size (adult sizes only): S M L XL XXL XXXL
Church Name _____ Church City _____
Youth Leader's Name _____ If possible, I would like to room with (this is not guaranteed) _____

Emergency Contact Information

Parent/Guardian Full Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Cell Phone _____ Email _____

Other Emergency Contact Person (If parent cannot be reached)

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Daytime Phone _____ Evening Phone _____ Cell Phone _____

Should camper need to leave camp due to an emergency, does the "other emergency contact person" listed above have the parent/guardian's permission to pick up the camper? Yes No Parent/Guardian Signature _____
COVENANT OF CONDUCT: In all meetings, or other events under the sponsorship and for guidance of my church, I am representative of the Christian community and I am responsible for my actions. I understand that I will be expected to follow these guidelines: 1. I understand that the possession or use of illegal drugs, alcoholic beverages, tobacco products, and weapons are prohibited on campgrounds. Violations may cause me to be sent home. Any necessary prescription drugs will be given to the camp nurse at registration and administered by her as prescribed. 2. All conduct shall be in keeping with the highest Christian regard and respect for all persons. 3. All individuals will be expected to participate in group activities, and be where they are asked to be. 4. I will abide by the dress code of the camp. 5. The areas used for eating, sleeping, small group and large group meetings shall be left clean. I, _____, have read and understand this Covenant of Conduct. I covenant with the rest of my fellow campers and leaders to uphold the covenant to the best of my ability.

Camper Signature: _____

Parent/Guardian Signature _____

I give permission for my young person to be photographed while at camp. I also give permission for my child's image to be used on any camp related material and okumc website. yes no

I give permission for my young person's property to be searched by two adults if needed. yes no

Parent/guardian Signature _____ Date _____

If my child is a graduated senior, I give consent for an off-site trip (fully chaperoned) during the week. YES NO

Registration Cost/Deadlines – PAY SPECIAL ATTENTION

Space **COULD** be limited this year...the dates listed below become moot and registration closes IF/WHEN camper registrations reach 250, so turn in your forms early!

By May 19.....\$240
After May 19\$260

Registration info: Please return all registration forms to your youth leader or pastor.

Pastors and/or youth workers should collect all registration forms and fees and mail them to:
Muskogee District Office, 811 N. York St., Suite A; Muskogee, OK 74403. Use only this form for registration and send only to the above address.
For questions please contact Camp Deans: Brian Matthews 918-304-9762, Kyle Clark

2014 MuMac District Camp Health Form

To be completed by a physician, parent, or guardian

Camper Name _____

Family Insurance Company _____ Policy # _____

Oklahoma United Methodist Camps provide a primary medical insurance policy for all campers.

HEALTH HISTORY

Indicate which of the following conditions the camper currently has or has had before. Give approximate dates if appropriate.

Allergies

Hay Fever _____

Sinus Problems _____

Ivy/Oak Poisoning _____

Insect Stings _____

Penicillin _____

Medications _____

Foods _____

Other _____

Conditions

Ear Infections _____

Frequent Headaches _____

Heart Defect/Disease _____

Convulsions _____

Bleeding Disorders _____

Diabetes _____

Irregularity _____

Fainting _____

Sleeping Difficulties _____

Sleep Walking (under any conditions):

Chronic/Recurring Illness _____

Hernia _____

Other _____

Diseases

Chicken Pox _____

ADD/ADHD _____

Measles _____

Mumps _____

Asthma _____

Whooping Cough _____

Viral _____

Tetanus _____

Tetanus Booster _____

Other _____

Operations/Serious Injuries

List any communicable diseases the camper has been exposed to in the 3 weeks prior to camp. _____

SUGGESTIONS

Y N Do you give permission for your child to take Tylenol, a laxative, or other over-the-counter medication as necessary?

Y N Are there activities that need to be monitored?

Y N Are there activities that need to be avoided?

Y N Are there routine treatments or medications required during camp?

Y N Does the staff need to remind the camper of his/her treatment?

Y N Are there any food restrictions? _____

Y N Are there any restrictions in the: feet ___lungs ___heart___other

Family Physician _____ Phone # _____

Family Dentist _____ Phone # _____

MEDICATION

List ALL prescription medications you will be bringing to camp. Include prescription number of the medication, pharmacy name & phone number.

Prescription Name	Prescription #	Pharmacy Name	Pharmacy Phone #
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Note: All medications will be checked-in to Camp Nurse during camp registration, will be dispensed from the Nurse throughout the week, and returned on last day. Emergency inhalers & Epi-pens may be kept with the camper.

PARENTAL AUTHORIZATION - **REQUIRED**

My signature below indicates that:

I agree to hold the Oklahoma Conference Camping Program and all leaders of this camp free from liability for any injuries, damages or losses unless caused by the willful or intentional conduct on the part of the leaders or staff. I hereby give permission to the physician or hospital staff selected by the camp leadership to order X-rays, routine tests, and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician or hospital staff selected by the camp leadership to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child. If necessary my child may be transported in a private vehicle.

Parent/Guardian Signature _____

Date _____