

Packing List, Guidelines and Registration Information

Packing List

- Bedding: either a sleeping bag or a blanket, pillow, and sheet (Full size sheets)
- Towels
- Tennis shoes
- Grooming supplies: brush, toothbrush, toothpaste, soap, deodorant, shampoo etc...
- Clothes for each day: indoor and outdoor activities. You may participate in a service project so bring a set of clothes you don't mind getting dirty.
- Sleepwear
- Flashlight
- Medications: If you take prescription drugs and the medication needs to be kept by an adult counselor please send them along with specific directions to be administered. This would include over the counter medications as well as prescriptions. Please write the information on the permission slip.
- Bible

Misc. Items

- This is a time to get away from all things that take our time away from God. Let's make this a time to experience Him and make new friends. Please be responsible and respectful with any electronic devices you choose to bring. You are completely responsible for all of your possessions. It is up to the camp leader when electronic devices can be used.
- If you have any allergies, make note of this on the permission slip.
- The camp phone number is 1-608-524-2116.
- If you have any questions or concerns during camp or before camp you can call Rachel Scheunemann at (608) 792-6089.

Registration

- Checks should be made out the "The Wisconsin Assembly of the Church of God". The cost of the conference is \$60. No spending money is needed.
- Parent Liability forms need to be filled out by every youth participant

Parental Liability Release Form
Camp Tenderfoot
Sunday, June 24 – Tuesday June 26, 2018

Name: _____ T-Shirt Size: _____

Age: _____ Grade: _____ Birth date: _____

Address: _____

City, State, Zip: _____

Home Phone _____ Work Phone _____

Alternative Numbers: (____) _____ (____) _____

I agree to hold harmless the **Wisconsin Assembly of the Church of God, Anderson Indiana**, and its directors from any liability, claims, or property damage and expenses, of any nature.

I, as the parent or legal guardian of this participant hereby grant my permission for _____ to participate fully in said trip, and hereby give my permission to take said participant to a doctor and hereby authorize medical treatment and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation cost.

Parent/Guardian Signature: _____ Date: _____

Hospital Insurance: Yes _____ No _____

Insurance Company: _____ Policy # _____

Physician: _____ Phone # _____

Emergency Name and Number (in case the parent/guardian above cannot be reached):

1. _____ Phone # _____

PLEASE LIST ALL MEDICATIONS AND ALLERGIES BELOW.

Office Use Only
Cash _____ Check _____ Check # _____
Scholarship Amount _____