



CBCC SCHOLARS CAMP
2013 Dates
August 11-17, 2013

Dear Prospective CBCC Scholars Camper and Leaders,

We are excited about our first year of CBCC SCHOLARS Camp! Scholars Camp is a program of Cortland Bible Club Camp, in Pitcher, NY. We are located less than an hour from Syracuse, Binghamton and Ithaca. The dates for camp are **August 11-17, 2013**. CBCC SCHOLARS Camp will accept qualified Awana achievers from New York State, and Pennsylvania!

CBCC offers a full slate of recreational activities, including, fishing, archery, swimming, go-carts, basketball, soccer, gaga, crafts and a well-supplied game room.

The complete cost of our seven-day camp is **\$350**. Your application must be accompanied by a \$150 nonrefundable registration fee. **All registrations should be received by July 1, 2013**. The \$200 balance is due by August 1, 2013. The above fee includes the team T-shirt, Bible teaching material designed for CBCC SCHOLARS Camp, and all free-time activities.

Early Bird Discount: There will be a \$30 discount if your application and full payment are received by July 1, 2013.

Campers who are entering fifth grade or higher and have completed an Awana book are eligible for camp. Campers must be at least 9 years old by the first day of camp. All work must be completed before camp begins.

"Bring a Guest" Option - Each qualified camper can invite one guest who meets the camp age requirements and has completed the applicable Awana T&T Start Zone, Trek Check, or Faith's Foundations. Campers may attend camp one year as a guest. They may return the following years if they meet the returning camper requirements. Normal camp fees (above) apply to guest campers.

Send your completed application and registration fee to:

CBCC Scholars Camp
P.O. Box 100
Pitcher, NY 13136

We are excited about camp and hope to see you here this summer! If you have any questions, please feel free to call or email.

Serving together,

Dan Rhoda

cortlandbibleclubcamp@gmail.com

CBCC SCHOLARS CAMP

August 11-17, 2013

Please use a pen and print clearly.

CAMPER INFORMATION

Applicant's Full Name: _____ Date of Birth: _____ Age: _____

Name or nickname you prefer to be called (if different from above): _____ Male Female (circle one)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Family E-mail address: _____

Home Church: _____ Church Phone Number: (_____) _____

(circle one) Grade next fall: 5 6 7 8 9 10 11 12 Graduate Adult Shirt Size: S M L XL XXL

If you have ONE roommate preference in your age/grade level, please give their full name: _____

Every attempt will be made to honor your request.

TO BE FILLED IN BY THE APPLICANT'S AWANA COMMANDER OR DIRECTOR

Church: _____ Registration Number: _____

Church Address: _____ City: _____ State: _____ Zip: _____

_____ **First-time or Returning camper who has completed one handbook/manual during this club year**

_____ **Guest Camper (has completed Start Zone, Trek Check, or Faith's Foundations)**

Camper is a guest of _____

I confirm that this Applicant has met camp eligibility requirements and recommend her/him for CBCC SCHOLARS CAMP.

Signature (required for acceptance)

Title (Commander or Director)

Phone number (of signatory)

E-mail address (of signatory)

REMEMBER TO REGISTER EARLY

Total camp cost is \$350 (\$150 registration fee + \$200 camp fee = \$350). Registration fee is nonrefundable. When this application has been filled out by camper and Awana Club Commander or Director, mail to:

**CBCC SCHOLARS CAMP
P.O. Box 100
Pitcher, NY 13136**

by July 1, 2013. Make check payable to **CBCC**. Balance of camp fee must be paid by August 1, 2013. **There will be a \$30 discount if full payment is sent by July 1, 2013.** The "Parental Consent and Release of Liability" and "Camper Health Form" must also be filled out and included with this application.

We recommend that you keep a copy for your records.

Cortland Bible Club Camp Medical History Form

Session _____ Year _____

Name _____ / _____ / _____ Male Female
Last Date of Birth First MI

Parent / Guardian _____ Phone _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Second Parent / Guardian _____ Phone _____

Emergency Contacts (to be used if above contact cannot be reached in an emergency. Please list at least two.)

Name	Relationship	Phone Number(s)

Has this camper ever required psychiatric counseling or hospitalization? _____

Explain _____

Operations or serious injuries (dates) _____

Disability or chronic or recurring illness _____

Activities encouraged or limited by physician _____

Other diseases or details of above _____

Date of last physical examination _____

Do you carry family medical/hospital insurance? Yes _____ No _____

If so, indicate: Carrier _____ Policy or Group # _____

For Female

Has this person menstruated? _____ If not, has she been told about it? _____

If so, is her menstrual history normal? _____ Special consideration _____

Applicant is under the care of a physician for the following condition(s): _____

Health History:
Check. Give approximate dates
<input type="checkbox"/> Frequent Ear Infections _____
<input type="checkbox"/> Heart Defect/Disease _____
<input type="checkbox"/> Convulsions _____
<input type="checkbox"/> Epilepsy _____
<input type="checkbox"/> Diabetes _____
<input type="checkbox"/> Bleeding or Clotting Disorders _____
<input type="checkbox"/> Hypertension _____
<input type="checkbox"/> Mononucleosis _____
<input type="checkbox"/> Psychiatric Treatment _____
<input type="checkbox"/> Chicken Pox _____
<input type="checkbox"/> Measles _____
<input type="checkbox"/> German Measles _____
<input type="checkbox"/> Mumps _____
<input type="checkbox"/> Hepatitis A _____
<input type="checkbox"/> Hepatitis B _____
<input type="checkbox"/> Hepatitis C _____

ALLERGIES

(Please list all known allergies, and describe reaction and management of the reaction)

Medication, Food, or other Allergy	What is the reaction and how is it managed?

MEDICATIONS **

(Please list all known medications, dosages and times that the applicant takes)

Medication	Dosage / Time	Dosage / Time	Dosage / Time	Dosage / Time

**** ALL MEDICATIONS MUST BE BROUGHT TO CAMP IN THE ORIGINAL CONTAINER**

Any additional treatment to be continued at camp _____

Explanation of any reported loss of consciousness, convulsion, or concussion _____

Any medically prescribed meal plan or dietary restrictions _____

Additional Health Information _____

IMMUNIZATION HISTORY *

VACCINE	MO/YR	MO/YR	MO/YR	MO/YR	MO/YR	MO/YR
Meningococcal						
DTP						
TD						
Tetanus						
Polio						
MMR						
or Measles						
or Mumps						
Or Rubella						
Haemophilus						
Influenza B						
Hepatitis B						
Varicella						
Other						

TB Mantoux Test	Date of Last Test: _____	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
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*You may include a copy of your child's immunization record from your Health Care Provider or School Nurse

PERSONAL PHYSICIANS

(Please list all physicians providing follow-up care or prescribing medication for the camper)

Physician's Name	Phone Number	Specialty
(Primary Care)		
(Dentist)		
(Other)		
(Other)		

Important -This Box Must Be Completed for Attendance**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. **AUTHORIZATION FOR TREATMENT:** I hereby give permission for the camp to provide ongoing and routine healthcare, to administer prescribed medications and seek emergency medical treatment including to order X-rays, routine test, treatment, and necessary transportation for me/or my child. I give permission to the camp to release any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above **PERMISSION TO PHOTO:** I hereby give permission to the officials at camp to take still, video, and digital pictures of me/or my child for the use of the camp in promotional publications, print, video, and on the World Wide Web.

Signature of parent or guardian or adult camper/staffer _____ Date _____