

FRIENDSHIP CAMP 2022 WEEK 2 JUNE 5 - 11

Boys & Girls Ages: 7, 8, 9,10,11 years old

Fee: \$20.00 per camper

St. Christopher Church is sponsoring a summer camp for children in Northeast Mississippi. The camp is located near Amory, Mississippi, and includes swimming, arts and crafts, singing & music, games, nature hikes and sports.

*******Separate forms must be completed for each child*******

Name of Camper: _____

Your child must be 7, 8, 9, 10, OR 11 YEARS OLD to attend the Camp

Age: _____ Date of Birth: _____ Male _____ Female _____

Soc. Sec. Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent's e-mail address _____

Emergency Contact Information:

Mothers Name _____

Home Phone _____ Work Phone _____

Fathers Name _____

Home Phone _____ Work Phone _____

Additional Contact: Name & Relationship _____

Home Phone _____ Work Phone _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Health Insurance #: _____

Name and Social Security Number of Parent Responsible for Medical Bills:

**Please check if you would be willing to help with Camp Clean-Up on: ___Sat. June 8
or ___Sat. June 15 **

(Please see other side for the required permission statements)

Please list allergies or health concerns. List any medications that your child is taking and the dose your child takes:

(YOU MUST BRING **ALL PRESCRIPTION MEDICATIONS IN THE LABELED CONTAINERS FROM THE PHARMACY**)

- If needed, I give my permission for the Camp Nurse to give my child Over-the-Counter-Medication such as Children's Tylenol, Benadryl or Tums.

Signature of Parent

Date

- **Permission Statement:**

I, _____ (**Please print your name**), authorize the St. Christopher Church and Camp Friendship staff, to transport, care for, supervise and direct the activities of _____ (**Please print child's name**) while he/she is participating in Friendship Camp at Camp Wrenwoode.

Signature of Parent(s): _____ Date: _____

- **Liability Release:**

I, _____ (**Please print your name**), release the St. Christopher Church and Camp Friendship staff, from any liability while transporting, caring for, supervising and directing the activities of _____ (**Please print child's name**) while he/she is participating in Friendship Camp at Camp Wrenwoode.

Signature of Parent(s): _____ Date: _____

I give my permission for photographs taken or videos filmed of my child, _____, to be used in publications. _____ (**your name**)

- **Campers need:** Shirts, shorts and clothing for 6 days, hat, bathing suit, gym shoes, sheets, pillow, 2 towels, soap, toothbrush, toothpaste, shampoo, sun screen bug spray.
- **Campers should not bring:** Cell Phones, food, candy, snacks, electronic games.

*****PLEASE PUT YOUR CHILD'S NAME ON ALL CLOTHES + PERSONAL ITEMS*****

Please return application and fee as soon as possible to:

Fr. Tim Murphy

Camp Friendship

P.O. Box 632,

Aberdeen, MS 39730

Phone: 662-304-0087 , e-mail: campms@juno.com