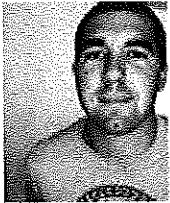




# The Line Up...

NTS Chicago

Steve Carter



Steve was previously a pastor at Mars Hill in Grandville, MI. He currently lives in California with his wife and adopted son Emerson and is now a pastor at Rock Harbor Church.

<http://rockharbor.org/>

ATLANTIC



Atlantic is a worship band that looks like they live in a van. And they do. They are from the east coast of Canada and have a heart for leading students in worship. Atlantic led worship at camp in Illinois last year and we are so excited to bring them to all three camps this year.  
[myspace.com/atlanticcommunity](http://myspace.com/atlanticcommunity)

321 IMPROV



321 Improv Comedy is: Carl Crispin of Grand Rapids, MI; Adam Mollhagen also of Grand Rapids; and Erik Gascoigne who lives near Minneapolis, MN. They will bring tears to your eyes, a pain to your side and they'll make your face ache with laughter!

The three members of 321 Improv have come together to join in a ministry that attempts to glorify God in everything they do. Carl sums it up this way, "Our goal is to use comedy to spread a message of true joy that can only come from a personal relationship with Jesus Christ."

[321improv.com](http://321improv.com)

# Camp Information

All students will meet at RI Campus by 12:30pm, Monday, June 20<sup>th</sup>, 2011

Please come early to settle any outstanding fees, forms, or special situations.

## **Student, Leader, & Parent/Guardian Meeting**

All students, Leaders and parents/guardians, will gather in the Student Center at 1:00pm.  
Pastors Mickey and Miguel will go over criteria, and we will pray as a team before leaving for NTS Camp.

## **Transportation (subject to change)**

We are traveling to and from camp via school bus.

We will leave Heritage at 1:30pm, 6/20/2011

We will arrive at Olivet Nazarene University, Bourbonnais, IL at approximately 4:30pm on 6/20/2011

We will depart from Camp at 9:00pm, 6/24/2011

We will arrive back at Heritage RI Campus at 12:30am, 6/25/2011

## **Travel Money**

Students will need money for any extras they might like to purchase at camp such as t-shirts, snacks, sodas etc. Meals/snacks during travel time are not included. Meals are provided at NTS Camp during our session, but no extras are provided.

## **Emergency Contact #'s**

Pastor Miguel DeLaMora (Student Ministries Pastor Bettendorf Campus) 563.726.3597

Pastor Mickey Watkins (Student Ministries Pastor Rock Island Campus) 563.639.9070

## **Personal Electronics**

What about personal electronics (iPods, MP3 players, games, phones etc.)? They are **NOT ALLOWED** at camp so students will not be able to personally keep them. We are serious about this and we need to make sure you are aware that we **WILL** be **SEARCHING EACH BAG** as you check in this year to make sure every student is following our criteria of what Not to Bring to camp.

## **Team Color:**

Our team color has not been given to us this year, as of yet. We will let you know as soon as we do!

## **Medication:**

All prescription and Over the Counter medication must be in the original container with original label and camper's name on bottle. Each camper's medication needs to be in a Ziploc bag with the camper's Last name, first name clearly written on the bag. All medication will be kept in the camp's infirmary, except for inhalers that need to be on the student at all times in case of emergency.

## **Luggage:**

One carry on size piece of luggage is allowed per person and one personal bag, such as a purse, backpack or other bag.

ROCK ISLAND CAMPUS  
 4801 44<sup>th</sup> Street  
 Rock Island, IL 61201  
 309.788.2030



BETTENDORF CAMPUS  
 2700 Middle Road  
 Bettendorf, IA 52722  
 563.449.5530

**REGISTRATION/PERMISSION SLIP AND  
 MEDICAL RELEASE FORM**

**statik**

Child's Name			Date of Birth
Home Address			
City	State	Zip	Home Phone
Parent or Guardian's Name			Cell Phone
Father's Employer			Work Phone
Mother's Employer			Work Phone
Insurance provider			Policy Number
List of Known Allergies			
Other Person to Call in Case of Emergency		Home Phone	Cell Phone
Child's Physician			Office Phone
General Medical history			

By signing this form, I give permission for my child to participate in this planned event. I also give consent and authorization for emergency transportation and any medical treatment my child may require in the unlikely event my child may be injured while on a planned event that is offered through the *Student Life Ministry* at Heritage Wesleyan Church. I, the undersigned, do not hold Heritage Wesleyan Church, staff or volunteers, responsible should anything happen to my child.

Parent/Guardian Signature

Date

Unfortunately, we are not able to offer refunds for Statik events due to prepayment necessity to outside locations and transportation companies.

**NO REFUNDS**



**OLIVET NAZARENE UNIVERSITY  
MEDICAL RECORD & WAIVER FORMS**

COMPLETION AND RETURN OF THIS FORM TO THE CAMP DIRECTORS IS REQUIRED FOR ADMISSION TO CAMP.

Fill this form out to give to your pastor/leader and to bring to camp at registration.

\_\_\_\_\_  
Participant's Last Name (print)                      First Name                      Middle Initial

\_\_\_\_\_  
Parent's Last Name                      First Name                      Middle Initial

\_\_\_\_\_  
Home Address (Number & Street), City or Town, State, Zip Code

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Medical Insurance *Company*/ Policy Number  
Your health insurance will be used for medical purposes. Camp insurance is supplemental. **Please include a photo copy of insurance card (front & back)**

\_\_\_\_\_  
Business/Cell Number

\_\_\_\_\_  
Camper's Age

\_\_\_\_\_  
Camper's Date Of Birth

I give my permission for the directors of Olivet Nazarene University/NTS Camp to provide medical coverage for:\_\_\_\_\_ . If I cannot be reached, in the case of an emergency, I hereby grant permission to the physician selected by the directors to hospitalize, secure proper treatment for, and to order injection, anesthesia, surgery or other treatment as needed for the above mentioned camper. I have consulted with our physician to ensure that the person described here is fit to participate in physically intense activity. They have permission to engage in all program activities, except as noted.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**nts camp**

## 2011 WAIVER FORM

In consideration of being allowed to participate in the activities and programs of NTS CAMP and to use its facilities and equipment, I do hereby waive, release and forever discharge NTS CAMP, its officers, agents, employees, representatives, executors, and all others acting on their behalf from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment in the above mentioned facilities.

I also release and forever discharge NTS CAMP, its officers, agents, employees, representatives, executors, and all others acting on their behalf from any and all responsibility or liability for damages or loss of personal belongings brought to or purchased at camp.

I also grant permission for photographs of my child to be used in the promotion of NTS Camp, unless otherwise noted.

Camper Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street Address City State Zip

Phone Number: \_\_\_\_\_  Cell  Resident

Student Email: \_\_\_\_\_ Are you on Facebook?  Yes  No

Parent Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## IMMUNIZATION RECORD

**State Law Requires Exact Dates. We Must Have This Info. In Order To Admit Your Child To Camp.**

- |  | <u>DATE</u> |
|--|-------------|
| 1. DTP Series completed on   |             |
| 2. Polio (IPV or OPV) Series completed on  |             |
| 3. TD (Diphtheria/Tetanus) <b><u>Must</u> have had<br/>Booster within 10 years</b> |             |
| 4. Measles Vaccine*  |             |
| 5. Mumps Vaccine*  |             |
| 6. Rubella Vaccine*  |             |
| *OR Combined as MMR  |             |
| 7. Other   |             |

## MEDICAL RECORD

Are There Any Abnormalities In The Following Areas?

- |                         | No  | Yes |                        | No  | Yes |
|-------------------------|-----|-----|------------------------|-----|-----|
| 1. Ears, Nose or Throat | ___ | ___ | 7. Metabolic/Endocrine | ___ | ___ |
| 2. Respiratory          | ___ | ___ | 8. Allergies           | ___ | ___ |
| 3. Cardiovascular       | ___ | ___ | 9. Neuro-Psychiatric   | ___ | ___ |
| 4. Hernia               | ___ | ___ | 10. Eyes (glasses)     | ___ | ___ |
| 5. Gastrointestinal     | ___ | ___ | 11. Genito-Urinary     | ___ | ___ |
| 6. Skin                 | ___ | ___ | 12. Musculo-Skeletal   | ___ | ___ |

1. Have You Suffered Any Major Illness, Injury, Or Disability In The Past? Explain.
  
2. Have You Had Any History Of Anxiety Or Other Tension States, Eating Disorders Or Emotional Instability?
  
3. Are You *Currently* Under Treatment For Any Illness, Injury Or Emotional Disturbance? Specify:
  
4. Have You Any Known DRUG, INSECT, FOOD, or ENVIRONMENTAL Allergies? Please Specify.
  
5. Do You Carry An Epi-Pen?     \_\_\_ Yes     \_\_\_ No
  
6. Do You Carry An Inhaler?     \_\_\_ Yes     \_\_\_ No

Name of Dr.: \_\_\_\_\_

(Print or Type)

Dr.'s Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

**No Health Insurance Waiver**

I do **NOT** have health insurance; therefore, I am signing this waiver taking full responsibility for all medical matters regarding my child.

Signature \_\_\_\_\_

Relationship to child \_\_\_\_\_

I \_\_\_\_\_ (parent or legal guardian) take full responsibility for any expenses related to my child's health, be it hospitalization, medicine, or any other cost related to injury or illness, while my child attends camp at Olivet Nazarene University.

Furthermore, I do NOT hold Olivet Nazarene University responsible and/or liable for any and all costs relating to my child's health care for any reason during his/her stay at Olivet Nazarene University.

My child's name \_\_\_\_\_

Parent signature \_\_\_\_\_

**No Childhood Immunizations**

I have not immunized my child due to my specific religious beliefs. Therefore, I am signing this waiver taking full responsibility for all medical matters regarding my child that may result from not having the specified shots.

Signature \_\_\_\_\_

Relationship to child \_\_\_\_\_

Furthermore, I do NOT hold Houghton College responsible and/or liable for any health care needs that may arise due to the absence of specified immunizations during his/her stay at Houghton College.

My child's name \_\_\_\_\_

Parent signature \_\_\_\_\_

## Administration of Medication

Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

### Written Orders for Prescription Medications

Students Full Name	Drug Name	Route	Dosage	Schedule & Indications	Comments

Students Full Name	Drug Name	Please Circle Preferred Formulation	Dosage	Schedule & Indications	Camper Health Care Provider Order	Comments
	Tylenol	Chewable tabs, elixir or pills)	Per label Instructions by age/weight	4 hr. prn for pain or fever > ___F	Yes NO	
	Ibuprofen	Chewable tabs, elixir or pills)	Per label Instructions by age/weight	4 hr. prn for pain or fever > ___F	Yes NO	
	Robitussin	Syrup	Per label Instructions by age/weight	4 hr. prn for cough	Yes NO	
	Pepto-Bismol	Liquid or chewable tabs)	Per label Instructions by age/weight	30 min. - 1 hour for diarrhea	Yes NO	
	Benadryl	Chewable tabs, elixir or pills)	Per label Instructions by age/weight	6 hr. prn for allergic reaction	Yes NO	
	Other		Per label Instructions by age/weight		Yes NO	

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RECORD OF MEDICATION DISTRIBUTION  
(FOR CAMP MEDICAL PERSONEL)**

**Camper Name**

**Camper Church**

**Church Contact Person**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
AM MEDS Name, dosage, route given	AM MEDS Name, dosage, route given	AM MEDS Name, dosage, route given	AM MEDS Name, dosage, route given	AM MEDS Name, dosage, route given
AFT MEDS Name, dosage, route given	AFT MEDS Name, dosage, route given	AFT MEDS Name, dosage, route given	AFT MEDS Name, dosage, route given	AFT MEDS Name, dosage, route given
PM MEDS Name, dosage, route given	PM MEDS Name, dosage, route given	PM MEDS Name, dosage, route given	PM MEDS Name, dosage, route given	PM MEDS Name, dosage, route given
BED TIME MEDS Name, dosage, route given	BED TIME MEDS Name, dosage, route given	BED TIME MEDS Name, dosage, route given	BED TIME MEDS Name, dosage, route given	BED TIME MEDS Name, dosage, route given