

West Tennessee Presbytery 2011 Summer Camping

Sr. High Camp, June 20-25

Completed Grades 9 – 12

Director: Marcus Hayes

Phone 270-841-7576, Email:
marcus.hayes@att.net

Director: Missy Rose, Phone
901-378-1133, Email:
missyrose3@yahoo.com



Jr. Camp 1, June 6 – 11

Completed Grades 2 – 5

Director: Jason Alexander,

Phone: 731-287-0992 email:
jasonalexander@bellsouth.net

Director: Tamara Jerrolds,

Phone: 731-925-5789, Email:
tjerrolds@hotmail.com

Jr. High Camp 1, July 11-16

Completed Grades 6 – 8

Director: Jamie Adams,

Phone 731-796-1814,
adamsjamie@charter.net

Director: Larry Bryant,

Phone: 901-237-9037,
Email:

larrybryant@yahoo.com

Jr. Camp 2, July 25-30

Completed Grades 2 – 5

Directors: Chess and Dianna
Hulsey, phone 901- 476-7804,
Email:

hulseytribe@gmail.com

Director: Emma Stafford,
phone 901-476-5793, Email:
virgilswayback2@att.net

Jr. High Camp 2, July 18-23

Completed Grade 6 – 8

Director: Billy Price, Phone:
901-494-4851, Email:

wilmpric@ut.utm.edu

Director: Connie Ricketts
731- 412-7040, Email:

cjricketts2003@yahoo.com

KEEP THIS PAGE FOR YOUR RECORDS!

Mail all Registration & Health Forms to:

West Tennessee Presbytery Camp Application

Tammy Herrington, P.O. Box 118, Savannah, TN 38372

Phone: 731-925-1572 OR email: tj_herrington@hotmail.com

**Checks Payable to: West Tennessee Presbytery
(DO NOT SEND APPLICATIONS OR MONEY TO CCW.)**

CAMP FEE \$190.00

All Camps will begin registration at 1:00 p.m. on Monday and conclude camp at 11:00 a.m. on Saturday.

All camps cost includes canteen with the full amount expected at registration on the first day of camp, church sponsored amounts MUST be paid at this time.

ALL CAMPERS MUST BE PRE-REGISTERED. Registration forms must be postmarked/received no later than two weeks prior to the first day of camp. There will be an additional \$25.00 charge for late registration (WILL BE ENFORCED). TO Register, send your registration materials (camp application, covenant, health forms, insurance information, immunization record) to the address above.

Dismissal must be on the last day of camp. NO VISITORS are allowed during the week of camp unless pre-approved by a director.

KEEP THIS NUMBER! If you need to contact your camper during camp week IN AN EVENT OF AN EMERGENCY, CALL 731-784-8229 (leave a message, director will return your call).

Send mail: Camper's Name, Camp Clark Williamson, 390 Mason Rd., Humboldt, TN 38343

For directions to the camp refer to the CCW website: www.campclarkwilliamson.com

WEST TN PRESBYTERY DISCIPLESHIP MINISTRY TEAM SCHOLARSHIPS 2011

Please be reminded that the scholarships are intended for needs based recipients FIRST. The intent of the Presbyterian Discipleship Ministry Team is that persons apply for scholarships that might otherwise not be able to attend the event. Please indicate on the form if you would consent to be moved down on a "As Available" basis so those who cannot afford to go may receive the scholarships first and then we will move down the list if funds are available.

Process for dispersing Presbyterian Scholarships: In order to provide a better distribution of the funds, scholarship applications should be postmarked no earlier than March 7, 2011. (No email applications will be accepted) Scholarship applications should be postmarked NO LATER than April 20. No Scholarships will be awarded outside this plan. Scholarships are numbered and awarded in the order they are received. Due to budget cutbacks, there will only be twenty (20) \$100.00 scholarships available in 2011. It has become customary for these scholarships to be taken very quickly. **If awarded a scholarship, and you cannot attend the event, please notify Reverend Hamblin (901-481-5757) so that the scholarship can be passed on to the next person in line.**

Please fill out this form, detach at the line and mail to the following address postmarked by April 20, 2011:

Jim Hamblin, 3099 West Union Road, Millington, TN 38053

Persons may be eligible to obtain a scholarship to multiple events if funds are available.
Please mark 1st or 2nd choice in the square for the event you wish to attend if applicable.

<u>Event</u>	<u>Scholarship</u>
<input type="checkbox"/> Mission Trip June 12-17 (18)	\$100
<input type="checkbox"/> CPYC July 10-15	\$100
<input type="checkbox"/> You may place my application in the "As Available" group to help someone who may not have the means to attend.	

Name: _____ Grade and Age: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone numbers (home): _____ (work): _____

(Cell phone): _____ email address: _____

Church that you attend: _____

Reference person (other than a Relative): _____



West Tennessee Presbytery

2011 Camp Application – Registration Form

Office Use ONLY	Date Received _____
Date & amount paid _____	
Balance Due _____	
Scholarship _____	

Name _____ Age _____

Completed Grade _____ Date of Birth _____ Male/Female _____

Check the camp you wish to attend.

(Curriculum is age appropriate WTP Board of Christian Education)

<input type="checkbox"/> Jr. Camp 1, June 6-11 Completed Grades 2-5	<input type="checkbox"/> Jr. High Camp 1, July 11-16 Completed Grades 6-8
<input type="checkbox"/> Sr. High Camp, June 20-25 Completed Grades 9-12	<input type="checkbox"/> Jr. High Camp 2, July 18-23 Completed Grades 6-8

CAMP FEE \$190 - LATE FEE \$25.00 – MUST BE POST MARKED & RECEIVE FORMS TWO WEEKS BEFORE CAMP DATE.

Name of Parent or Guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Church attending/visiting _____

Email Address: _____

(Please print address CAREFULLY-CONFIRMATION USE.)

Who will pick up camper at the end of camp? _____

DISCLAIMER: T-shirts will only be available if director determines to incorporate the T-shirt into the week's curriculum, and/or if it is affordable for the week's camp in which you are applying.

Shirt Size: Youth: small medium large OR Adult: small medium large (Select one shirt size for camper's CCW t-shirt, if appropriate.) extra large XX large

Name one person you want to be in the cabin with: _____

Parent/Guardian: Please read and sign below:

I have read the CCW covenant and understand that if my child breaks the covenant and a decision is made to send my child home, that it will be at my expense. In case of medical emergency, I give permission for treatment. Please reach me at the following numbers in either of the above situations. My signature below gives CCW & BCE permission to photograph my child while attending camp for promotional reasons.

Phones: _____ Day _____ Night _____ Cell/other _____

Signature of Parent/Guardian _____ Date _____

Other person to be contacted if I cannot be reached:

Name: _____ Phone _____

West Tennessee Presbytery 2014 Summer Camps

Covenant for Junior Camper

During the week of Camp Clark Williamson we will be doing our best to live together as a family in a Christian community. Family life is based on love, respect, trust, support, and spending time together. Each of us as a member of the family is important. To create and maintain this atmosphere of family and community we will agree to the following:

- As campers who come here in Christian Fellowship, we will be considerate to one another and seek to create an atmosphere of Christian love and concern.
- As campers at CCW we will follow the camp rules; therefore, we will not have in our possession or use: fireworks, firearms, illegal drugs, tobacco products, or alcohol.
- In keeping with the spirit of a Christian camp, we will not allow electronic devices to be a "diversion" but will allow this to be a retreat from the world in which we live, a time to rejuvenate ourselves. As it is a privilege to have these items, I agree to only use them in my cabin at free time.
- I will not leave the campgrounds during the week. Should a special emergency arise, I will speak to the directors about the situation and abide by their decisions.
- I will wear appropriate swimwear which includes a dark shirt if wearing a two piece swimsuit subject to the directors' approval.

I RECOGNIZE THAT I AM JOINING A CHRISTIAN COMMUNITY; I AGREE TO ABIDE BY THIS COVENANT DURING THIS RETREAT WEEK. I UNDERSTAND THAT IF I BREAK THIS COVENANT, I MAY BE SENT HOME AT MY PARENTS EXPENSE AND THAT MY CHURCH WILL BE NOTIFIED.

Signed _____

Covenant for Junior High, Senior High, and Young Adult Campers and All Counselors at Camp Clark Williamson

- All the above covenant agreements in the Junior Covenant along with the following:
- I will not engage in any sexual contact or activities.
- If I think it is essential that I have a cell phone at camp, I will only use my cell phone (both calls and text messaging) in my cabin during free time and before lights out. I understand that my cell phone is to be left in my cabin at all times and will be in the possession of my cabin counselor from lights out until morning.

I RECOGNIZE THAT I AM JOINING A CHRISTIAN COMMUNITY; I AGREE TO ABIDE BY THIS COVENANT DURING THIS RETREAT WEEK. I UNDERSTAND THAT IF I BREAK THIS COVENANT, I MAY BE SENT HOME AT MY PARENTS EXPENSE AND THAT MY CHURCH WILL BE NOTIFIED.

Signed _____

**Mail all Registrations & Fees to:
West TN Presbytery Camp Application, Tammy Herrington, P.O. Box 118,
Savannah, TN 38372, Ph731-925-1572 tj_herrington@hotmail.com**

**West Tennessee Presbytery
Health Form Information (2 pages)**

Office Use ONLY	Date Received _____
Ins. Info. _____	Signed _____ Allg. _____
Confirmation Letter sent:	
Email _____	Mail _____ Date _____

****INSTRUCTIONS: A copy of the immunization record from your physician or clinic must be attached to this form along with a copy of your insurance card. The camp reserves the right to refuse admission to those campers who lack up-to-date documentation and/or a complete Health Information Form.****

Camper's Full Name _____ Sex _____
Last First MI

Address _____ Home Phone () _____
Street City State/Zip

Workplace _____ Work Phone () _____

Work Hours _____ Home Hours _____ Cell Phone () _____

Nearest Relative or friend who can reach parent or guardian in case of emergency:

_____ Relation to Camper _____
Last First MI

Cell Phone () _____ Home Phone () _____ Work Phone () _____

Camper's Personal Physician

Name _____ Phone () _____

Address _____
Street City State/Zip

Insurance Information

CCW's insurance is secondary; the camper's personal insurance is the primary carrier. The camper's parent or guardian will be responsible to take the proper steps to inform their insurance company that an injury or illness has occurred.

Is the camper covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group No. _____

Carrier Address _____
Street City State/Zip

Name of Insured _____ Relation to camper _____

Simply attach a copy of the insurance card. Insurance ID# _____

Use space below for any additional information to ensure the safety of your child.

West Tennessee Presbytery Health Information Form

Health History: Circle any illness that the camper has experienced. For **PAST ILLNESSES**, indicate date if occurred within the last twelve months. For **CHRONIC ILLNESSES**, give date of last attack.

Past Illnesses (Date)	Chronic or Current Illnesses (Last Attack)	
Chicken Pox	Asthma	Kidney or Bladder Problems
Whooping Cough	Diabetes	Hearing Loss
Rheumatic Fever	Blood Pressure	Migraines
Mononucleosis	Swimmer's Ear	Low Blood Sugar
Hepatitis	Attention Disorder	Skin Rashes
Pneumonia	Tonsillitis	Heart Murmur
Pink Eye	Seizures-Include Type	Circle if any of these apply:
Sleepwalking	Irregular Heart Beat	Glasses Contacts Braces
Hemophilia	Hyperventilation	
Tuberculosis	Fainting Spells	Retainer Cast Splint
Head Lice: _____	Menstrual Problems	Hearing Aid Prosthesis

Surgery Yes No List _____
 Allergies Yes No List _____

My child is prone to or has allergic reactions to _____
 Please explain:(bronchitis, infections, heart stroke, etc.) _____

Other Medical Information: NEW REQUIREMENT: ATTACH A RECENT PHOTO OF YOUR CHILD IF ANY MEDS ARE TO BE ADMINISTERED DURING CAMPING WEEK.

If the camper needs medication to control an illness or allergy, BE SURE TO SEND IT WITH THE CHILD. If you wish to have a prescription medication or treatment administered by the Camp Staff, PLEASE have your PHYSICIAN sign the instructions for administration. The table below can be used or you can write it out separately and attach the form; also include a recent photo of your child for safe administration.

Current Medications: ALL MEDICATIONS MUST BE SENT IN THE ORIGINAL CONTAINERS.

Name of Drug	Dosage	Time Given	Purpose

Over the Counter Medications

Sometimes campers need over the counter medications to ease a mild discomfort. You can give permission for your child to receive the following medications by **checking and initialing as indicated.**

<input type="checkbox"/> Acetaminophen (i.e. Tylenol) _____	<input type="checkbox"/> Antihistamine (i.e. Benedryl) _____
<input type="checkbox"/> Antacid _____	<input type="checkbox"/> Throat Lozenge/Cough Syrup _____
<input type="checkbox"/> Decongestant (i.e. Sudafed) _____	<input type="checkbox"/> Motrin / Ibuprofen _____

As parent or legal guardian of _____, I hereby consent to allow trained personnel to administer emergency medical treatment to my child in the event of an accident or injury. I understand that every attempt will be made to notify me in case of such an event.

Signed _____ Date _____

Witness _____ Date _____

Use space below for any additional information