

# Creative Arts Camp



A unique way for kids age 7-14 to explore the *creative* and *worship arts*



Campers develop *confidence* and learn leadership skills



*Top notch staff* guide your campers as they grow in their Christian experience, relationships, and talents



*Safe and fun*

**GRAND FINALE  
FRIDAY AT 7PM  
IN THE HIRAM HALL**  
*You don't want to miss it!*



Evening programs foster *team building*, communication skills, and *lasting memories*.



A focus on *Faith* throughout each day



Campers choose their activities to match their *interests* and *talents*



# Rock of Ages

**JULY 9-14 2023**

Creative Arts Camp



## DEUTERONOMY 32:4

He is the Rock, his works are perfect, and all his ways are just. A faithful God who does no wrong, upright and just is he. XLV

the Shepherd's Staff inc.  
Christian Conference & Retreat Center  
**REXFORD, KANSAS**

# Creative Arts Camp 2023 Registration Form

Join us for a fun filled week unleashing your child's inner inspiration!

## Deuteronomy 32:4 **Rock of Ages** July 9<sup>th</sup>-14<sup>th</sup>

"He is the Rock, his works are perfect, and all his ways are just. A faithful God who does no wrong, upright and just is he." NIV

Camper Name	Gender (circle one)	Age at camp	Grade in fall	T shirt size (circle one)	(if registered by June 15th)
1: _____	M / F	_____	_____	youth M youth L adult S adult M adult L adult XL adult XXL	
2: _____	M / F	_____	_____	youth M youth L adult S adult M adult L adult XL adult XXL	
3: _____	M / F	_____	_____	youth M youth L adult S adult M adult L adult XL adult XXL	

Parent/Guardian Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

By signing below, I indicate my permission for photos of my child to be used for PR materials and to procure medical care in case of an emergency.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Camper Fees Include:

Six days of residence, meals, programming, camp shirt, and safe & caring staff: \$ 375 per camper

### Discounts and optional payment plan available (see below).

Shepherd's Staff is a nonprofit ministry that works diligently to keep camp fees as low as possible to make camp affordable for as many families as possible. We want to spread God's love and equip campers to thrive in their faith well after camp is over.  
Learn more about the Shepherd's Staff mission on our website at [shepherdstaff.org/about-us/](http://shepherdstaff.org/about-us/)

### Discounts:

#### Sibling Discount

2<sup>nd</sup> or 3<sup>rd</sup> sibling discount: - \$10

#### Counselor Training Program

CIT discount: - \$30

### Optional Payment Plan:

#### Initial nonrefundable deposit

Due at time of registration

\$ 100 per camper

#### May 8<sup>th</sup>:

50% of remaining balance due

\$ 137.50 per camper

#### June 30<sup>th</sup>:

final payment (minus discounts)

\$ 137.50 (minus discounts) per camper

### Optional Additional Activity:

#### Paintball Night

+ \$25

Minimum age of 10+ years

Paintball Release form required

Please make all checks payable to: Shepherd's Staff, 240 Main Street Rexford, P.O. Box 70, Rexford, KS 67753

# the Shepherd's Staff inc. **Medical Form**

*Christian Conference & Retreat Center*

Please take the time to carefully and neatly complete all sections of this form. We must have a medical form on the file for **every** camper by the first day of camp. Please complete **both** pages.

Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Grade Entering \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_

Wears Glasses (Yes \_\_\_\_\_ No \_\_\_\_\_) Wears Contacts (Yes \_\_\_\_\_ No \_\_\_\_\_)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Email \_\_\_\_\_

Best Way to Contact: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

## Emergency Contact Information

In the Event of an emergency we will try to contact the parent/guardian listed above. If the parent or guardian cannot be contacted, list below (in order of priority) who we should contact.

These contacts should be individuals other than the parent or guardian listed above.

### Contact #1

Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

### Contact #2

Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

### Contact #3

Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

## IMPORTANT INFORMATION!

**Prescription medications MUST arrive in original container(s). All medication will be administered in the prescribed dosage only. Any medications outside of original container will not be administered.**

**Shepherd's Staff is not financially responsible to pay for campers' medications prescribed while at Shepherd's Staff. Parents or guardians will be notified and will be responsible to make immediate payment with the pharmacy.**

## Medical/Health Insurance Information

Shepherd's Staff supplemental medical insurance pays only medical expenses caused by an accident up to \$10,000 within one year of accident, that is not covered by your family health plan. This means that medical expenses caused by doctor's visits for such things as flu, colds or appendicitis are the responsibility of the participant and/or their family, and are not covered by Shepherd's Staff.

Do you have health insurance? Yes \_\_\_\_ No \_\_\_\_ Please include photocopy of insurance card.

Health insurance provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Clinic Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*\* A photocopy of your insurance card MUST accompany this Medical Form. \*\***

## Medical History

Medication Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

Environmental Allergies \_\_\_\_\_

\_\_\_ No Known Allergies                      Vaccinations recieved for 2012 \_\_\_ H1N1                      \_\_\_ Influenza

Please check on the list below all conditions that the participant has a tendency towards:

___ asthma	___ convulsions	___ nervousness	___ stomach problems
___ diabetes	___ physical handicap	___ hyperactivity	___ Other (please list)
___ epilepsy	___ bed wetting	___ hay fever	_____
___ seizure disorder	___ earaches	___ homesickness	_____
___ heart condition	___ insomnia	___ sleepwalking	_____

List any recent illnesses, accidents or surgery, as well as the dates and current status of the illness, accident or surgery:

Does the participant take any medications on a daily basis?                      Yes \_\_\_ No \_\_\_

Has his/her medication changed in the last 14-30 days?                      Yes \_\_\_ No \_\_\_

Has his/her dosage changed in the last 14-30 days?                      Yes \_\_\_ No \_\_\_

Will the participant need any medications while he/she is at camp?                      Yes \_\_\_ No \_\_\_

History of anaphalactic shock                      Yes \_\_\_ No \_\_\_

If you checked yes, please list all the medications and time of day they need to be taken. Please note that all prescription medications must arrive at Shepherd's Staff in their original containers, and will be administered per the doctor's prescription.

Medication	Dose	Directions (ex: 2xday, etc.)	Time(s)
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In addition to prescribed medications, please check all of the following over-the-counter medications that the participant is authorized to receive while at camp. Please note that only medications that have been authorized will be administered while the participant is at camp.

\_\_\_ Acetaminophen      \_\_\_ Ibuprofen      \_\_\_ Stomach Antacid      \_\_\_ Decongestant      \_\_\_ Antihistamine  
\_\_\_ Other OTC medications \_\_\_\_\_

## Dietary Restrictions

## Activity Restrictions

Please indicate any restrictions for your child.

\_\_\_ Swimming restrictions \_\_\_\_\_

\_\_\_ Activity Restrictions \_\_\_\_\_

## Parental Consent

I certify that the above information is accurate. In the event of an emergency, I hereby give permission for the participant to receive medical treatment at the nearest hospital or clinic. I expect to be contacted as soon as possible, should this happen. If I choose not to provide Shepherd's Staff with the necessary information, such as serious medical conditions or allergies, I will not hold Shepherd's Staff and/or camp personnel liable for any injury or death that could occur to the participant as a result of the lack of this information.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature (if under 19) \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to Shepherd's Staff:  
PO Box 70, Rexford KS 67753 Questions: jdingw@yahoo.com  
office@shepherdstaff.org \* 888.687.2565 \* www.shepherdstaff.org