

CAMP MITCHELL 2012

GENERAL INFORMATION

(Please keep this page to help prepare for camp and as a resource during camp)

Dear Camper and Parents,

Enclosed you will find your application and medical form for the 2010 Camp Mitchell Summer Camp Program. This year we have some really wonderful plans for the summer and hope that you can be a part of Camp Mitchell 2012!

Camp Mitchell 2012

June 24-28	Robert R. Brown I	\$325
August 5- 9	Robert R. Brown II	\$325

The fees for each session are listed above with camp dates. This fee includes all meals, snacks, lodging, supervision, program, a camp T-shirt, and all craft supplies. A deposit of \$100 is non-refundable. Balance of fees is due on or before the day your session begins. Partial scholarships are available on a very limited basis. Please contact your priest for more information.

Registration

How to register:

- Pick a camp session from the list shown above
- Fill out registration and medical forms
- Make out your non-refundable \$100 deposit check (or pay full amount) payable to
The Episcopal Diocese of Arkansas
- Mail the completed and signed forms along with the check to:

Summer Camp Registrar
The Episcopal Diocese of Arkansas
P.O. Box 164668
Little Rock, AR 72216

We will try to honor cabin requests made before May 1st. Space is limited, so please be prompt in returning forms. Medical forms should be completed and returned with your registration form so that we may have them on file with the session's medical staff for review prior to camp. Please note that the medical form requires a physician signature and clinic phone number. Medical insurance is provided and covers the campers at the Camp Mitchell Summer Camps. The coverage does *not* include treatment of pre-existing wounds or ailments. Camp insurance is secondary to Medicare and other insurance.

Arrival and Departure Times

Camp begins on Sunday between 2:00-4:00 p.m. The staff will be busy preparing for camp prior to registration, **so no early admittance will be allowed**. Campers should be picked up between 10:00-11:00 on Thursday.

Visiting and Telephoning Campers

In the case of any emergency for your child, you will be notified promptly. No

phone calls or visits will be permitted during camp sessions as it interrupts the schedule and often has a detrimental effect on the camper's morale. In the case of a family emergency, contact the camp staff at the Camp Mitchell telephone number - 501-727-5451 (leave message if no one answers the phone).

Sending Mail to Campers

Mail is very important to campers, especially for those away from home for the first time. Since the camp sessions are short and there is a usual 2-day delivery, you might want to mail a letter before your child's session, leave a letter on the day of registration, or fax your letter to 501-727-5761. Mail delivery is usually around noon, Monday-Saturday. Keep letters up beat and informative, rather than letting them know how much you miss them. Please do not send food or candy; if sent, these items will be kept in the office and returned to the camper before he/she leaves camp. Three meals and three snacks are provided each day during camp. Please address mail as follows:

Camper's Name
Camp Mitchell
Session your child is attending
#10 Camp Mitchell Road
Morrliton, AR 72110.

What TO bring to camp

Sturdy walking shoes	Tennis Shoes	Sandals	Pajamas
Medications			
Toothbrush/toothpaste	Twin bed sheets	Pillow	Soap/Shampoo
Stamps/Postcards			
Bath towel/washcloth	Deodorant	Blanket	Sleeping Bag
Board Games			
Swimsuit/sun screen	Sweater/jacket	Rain gear	Flashlight
Bug spray			
Books/Cards	Laundry Bag	Camera/film	Underwear/socks
Long pants/shorts	Water Bottles	T-shirts	Wide-brimmed hat

Please do not pack any medications in your suitcase or bag. Seal them, with camper's name and instructions, in a gallon-size zip lock bag and have them with you at registration. The medical staff will need to check-in with your child about his/her medications. This includes any over-the-counter medications as well.

What NOT TO bring to camp

Electronic Games/TV	Walkman/CD Player	Radio/Jambox	Cell
Phones/pagers			
Skateboards/bikes	Knives/fireworks/firearms	Tobacco products	Alcoholic
Beverages			
Illegal Drugs	Pets	Food/drinks	Aerosol
cans			

Directions to Camp Mitchell

From I-40, take Exit #108 for Arkansas Highway 9 in Morrliton. Turn south on Highway 9 and go approximately 8 miles to Highway 154 (Shamrock Station on corner). Turn west onto Highway 154 and go approximately 7.5 miles to the Camp Mitchell entrance on the left.

I look forward to seeing you this summer. Please feel free to contact me with any questions at cmregistrar@gmail.com or leave a message at (501) 372-2437 ext. 2029 or (501) 372-2168

CAMP MITCHELL SUMMER CAMP 2012

Please complete and mail to Summer Camp Registrar, P.O. Box 164668, Little Rock, AR 72216
While at camp, the camper will be living in a cabin with several other campers of similar age. They will be supervised by a well trained, high school or college age counselor who has been selected for his or her maturity, integrity, sensitivity, and spiritual commitment to Jesus Christ. It is our desire to help your camper develop spiritually, physically, and socially, while at Camp Mitchell. Your cooperation in completing this form will help your camper's counselor prepare to provide the needed encouragement and opportunities to make this camping experience as meaningful and productive as possible. If there are areas of concern that you feel are too sensitive or confidential to disclose, you may speak personally with the counselor or camp director when you bring the camper to camp.

Please read this registration packet in its entirety. There are some subtle changes that have been made and it is important that we receive all the information requested.

PLEASE PRINT CLEARLY

Camper's Name (underline name you want to go by):

Date of Birth: ___/___/___ Age: ___ Gender: ___

Address _____ City _____ Zip _____

Guardian's Name _____

Guardian's Address (if different)

Parent(s)'s Name _____

Parent(s)'s Address (if different)

Home Phone _____ Home Phone #2 (if different for either parent)

Guardian's Work _____ (o.k. to call work? ___ Yes ___ no)

Parent(s)'s Work _____ (o.k. to call work? ___ Yes ___ no)

Guardian's cell phone _____ Guardian's pager/beeper _____

Parent(s)'s cell phone _____ Parent's pager/beeper _____

Agency Contact (Name): _____ Work
Phone: _____

Cell: _____ Beeper: _____

Camper T-shirt Size (Please circle):

Adult Sizes S M L XL XXL XXXL XXXL XXXL Youth Sizes S M L

Session: First Choice _____ Second Choice _____

Agency Name & Address _____

Emergency Contacts and Phone Numbers (other Care Giver):

Congregation/Church Affiliation/Religious Preference:

Has the camper attended Camp Mitchell before? _____ if yes, last year attended:

If the camper has not attended camp before, has the camper been away from home alone for two or more days?

What are the camper's favorite things to do at camp?

What are the special needs (dietary, medical, etc.) or concerns (social, personal, etc.) we need to know about in order to better understand and help the camper?

Will the camper have a birthday while at camp? No _____ Yes

Please list any emotional /behavioral problems, i.e. stubborn, outbursts, screaming, etc.:

Please send a photograph of the camper with this form. Incomplete applications may be returned. Be sure to include the \$100 deposit. Please send an original photograph or a

picture taken with a camera. Faxed pictures and photocopied pictures do not come out well. Our intention for this is to not only have picture of each camper so the staff will recognize them,

2012 Camp Mitchell
MEDICAL FORM

This medical form must be completed and signed by a doctor. The medical form should be turned in with the application if at all possible, but it MUST be turned in no later than May 1st.

We must have the signed medical form on file for every camper.

PLEASE PRINT LEGIBLY!!!

Camper's Name _____ Session

Birth Date: _____ Sex: _____ SS#: _____

Insurance Company: _____ Policy #: _____

Address & Phone:

List any allergies to and treatments required:

DRUGS:

PLANTS:

FOOD:

INSECTS:

Assistive Devices:

Does the camper Wear Glasses:_____yes_____no. Color of Frame?

_____ Does the camper Wear Hearing

Aids:_____yes_____no.

Level of support needed with them? _____

Give camper's allergic responses to the above (e.g. requires Epinephrine)

Operations or Serious Injuries / Dates:

Childhood Diseases / Dates:

Chronic or Recurring Illnesses/Treatment:

Behavioral Disorders and prescribed medications:

Camp Mitchell does not give Aspirin to any Camper. Are there any over the counter oral, topical or instilled medications that the camper cannot or should not receive should any minor symptoms develop?

Female only: Menstruated? Yes No If yes, is her menstrual history normal?

Yes No

If she has not menstruated yet, has she been prepared for it? Yes No

RECOMMENDATIONS AND RESTRICTIONS

Special Dietary Needs:_____Vegetarian _____Vegan
_____Allergy (please list)

Food Allergies: _____

Concerns about Strenuous Activity:

Concerns about Fears:

MENTALLY AND/OR PHYSICALLY CHALLENGED (Please Print Legibly)

Handicap Diagnosis: _____

Please describe how the handicap affects the camper:

Check any activity with which the camper will need assistance:

Walking_____ Meals_____ Dressing_____ Shower_____ Hygiene_____ Toilet_____

Verbal Communication_____ Wheel Chair_____

Other_____

Are there particular times of the day when they camper is harder to work with? If so, when?

If a camper throws a tantrum or refuses to do what he/she is told, what steps should be taken?

When camper is frustrated, does she/he:

Cry_____ Pout_____ Scream_____ Hit_____ Bite_____

Other: _____

Can he/she participate in group activities? _____

I hereby certify that all the information contained in this Medical Form is up to date and correct:

Physician Signature

Clinic Phone Number

Parent/Guardian Signature

Date

Please Note: It is extremely important that we have the most accurate information pertaining to not only physical condition, but also to mental growth as well. Please use additional paper to give us all the pertinent information that you can. By doing so, you will help us care for your client in every way possible.

Medication Description & Dose Schedule

**Please put a current copy of this
form in the camper's bag of
medications**

**Insurance will not allow our
medical staff to dispense any
medications not listed on this form
Please make sure all medications
and dosages are current at check-in**

(Prescribed medications must be in an original pharmacy container with the correct name, date, instructions and physician's name on the label).

P a r t i c i p a n t ' s
Name: _____

Group Name (Jenkins, Independent, etc.)

Name of Medication	Dosage (i.e. once, twice, etc.)	Times (i.e. a.m., after lunch, bedtime, etc.)	

Camp Mitchell Summer Camp 2012 Release Agreement

We at Camp Mitchell want to inform you of our safety precautions at camp. Your camper will be required by our staff to wear safety equipment for activities requiring protective gear. Even with safety equipment and our competent staff present, we at Camp Mitchell want you to realize that any outdoor camping and recreational activity has inherent dangers that no amount of care, caution, instruction or expertise can totally eliminate. IT IS IMPORTANT THAT THIS FORM IS FILLED OUT, SIGNED AND DATED BY THE PARENT OR GUARDIAN OF THE CAMPER AND RETURNED WITH THE REGISTRATION FORM. YOUR CAMPER WILL NOT BE PERMITTED TO ATTEND CAMP UNLESS WE HAVE

Camper Covenant

We are so excited that you have chosen to attend the Camp Mitchell Summer Camping Program. We consider it a privilege to be used by God to bring Christ-centered change in your camper's life. To ensure an optimal camping experience for everyone we ask that the camper, along with their guardians, read & sign this covenant agreeing to abide by its guidelines.

Respect For:

- + Camp Mitchell: Stay in the prescribed boundaries at all times unless instructed otherwise. Keep your counselor advised of your whereabouts. No graffiti or property damage will be tolerated. In the event of property damage camper and parents will be held responsible.
- + Counselors: They give their time and talent to you, give them the respect they're due.
- + Each other: Summer Camp is a place to lift each other up, not put each other down.
- + Other's property: If it's not yours, don't touch it (unless given permission).
- + The program: If you're attending Summer Camp, participate.
- + No Profanity: We like good words, not bad ones.
- + No Drugs/Tobacco
- + No Firearms

During the course of your camper's camping experience, he/she will be held accountable to this agreement. Should a problem arise, every effort will be made to resolve the issue in love and respect. Continual disregard for this covenant will result in dismissal from the camping session.

I have read and understand the Camp Mitchell Summer Camp Covenant and agree to abide by its guidelines. I am committing to conduct myself accordingly.

Camper's Printed Name

Camper's Signature

Date

X
Guardian's Signature

Date

A Day in the life of a Camper

Wake up is around 7:00 followed by a staff call to breakfast at 8:00. During breakfast the campers find out what their cleanup duties are for the day. These duties are assigned and rotated by cabins during the course of the week. They include Burke Hall, Chapel, Grounds, and Pavilions as well as their cabin homes for the week. Campers will then attend Christian Education/Formation. After that is a free choice activity such as arts and crafts, swimming, ultimate Frisbee, etc.

After free choice, the bell rings for Lunch and a rest period follows. The length of these rest periods is determined by both the age of the camper and the director's scheduling preferences. After rest time, campers are again swept away to another free choice activity. After free choice, campers get a break in activities to head to Canteen. This is a snack bar set up where campers may partake of snacks and drinks. Activities resume with special skills for an hour and a half when campers participate in an activity of their choice to be a part of for the whole week. This might be outdoor living skills, drama, arts and crafts, or swimming. Every day during this specialty area, the camper works on his/her skills related to the activity, learns proper techniques and safety considerations, and works on projects determined by the special skill leader. After special skills, campers return to cabins to rest and /or shower before supper.

Once again, at the 6:00 hour, the bell rings and staff call the campers to the dining hall for a hearty meal. The evening activities may consist of outdoor games, movie night, pool party, talent show, dance, or Program Time. The camper's day will draw to a close with an evening snack followed by worship and music.

Camp Mitchell's Summer Camping program provides each camper with the opportunity to experience himself/herself and God through fun, challenging and inspirational activities. It is our hope that when the camper leaves on Friday, his/her life will be changed by the growth experienced, and relationships created at Camp.

*The Episcopal Diocese of Arkansas
One Church in Many Places
Called Forth By the Great Commandment
And Sent Out By the Great Commission*

2012 Camp Mitchell Cabin Request Form
*(Please fill this form out and return it with the
information and medical forms.)*

*I would like to request that camper, _____,
be placed in the same cabin with the following
campers:*

- 1.
- 2.
- 3.
- 4.
- 5.

I understand that this is simply a request and that Camp Mitchell is a place to make new friendships and that it may not be possible to honor this request. I understand that all cabin assignments are final and that no camper will be switched to a different cabin on the day of registration.

Caregiver's Name:

Date:

Caregiver's Signature:

Camp Mitchell Scholarship Application

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

For what camp session are you applying? _____

Requested Scholarship Amount : _____ (\$75 is the maximum amount that can be issued to a camper)

Referral Agency (if applicable): _____

Please describe your financial needs/circumstances:

Are there other funding sources available to you other than this scholarship?
If yes, please list:

Please complete this form and mail it in with your application. Scholarship funds are limited. Please apply for funding as early as possible. Response to your request will be sent prior to your camp session

