

GENERAL INFORMATION

Groups: If you are attending Camp Fire as part of a church group, please submit all registration documents together. We request that church groups submit payment with a single check, if possible.

Registration: Please return registration forms with fees enclosed by May 24. Submit at least half the fees to secure the discounted rates. Registrations will be accepted at the time of check-in if space is available. We were near capacity last year, so this is not advisable.

Make Checks Payable and Mail To:

**Camp Fire Family Camp
509 Spruce St.
Heber Springs, AR, 72543**

Consent Forms: A parent or legal guardian will need to fill out a consent form for each child under 18 years of age. We need this even if you are planning to attend with your child, just in case you happen to be unreachable at the time of an emergency. Also, we request that you use the consent form to notify of any special needs your child may have. Please include consent forms with your registration.

Meals: Meals will be provided throughout the day and are included in registration fees. Adults staying off campus may purchase meals up front for \$75 for the week (a 25% discount) if registering by May 24.

Visitors: Family members and friends not registering for the camp are welcome to attend to services and meals. Meals for unregistered guests are \$5 (ages 6-11) and \$10 (ages 12+). Children under 6 eat free. There is no charge for attending services.

Dorms: Overnight campers must furnish their own linens, pillows, towels, and washcloths. These are not provided by the camp.

RV's: There are no available RV hookups on the campground. The Conway area has several businesses that offer RV spot rental.

Location: Camp Fire will be located at the Cold Springs Retreat again this year. Address for the camp is 478 Acklin Gap Road, Conway, AR 72032. (Please note that cellular service is poor in the immediate vicinity of the camp. You would be well advised to have map/directions available in offline form before arriving, rather than relying completely on cellular navigation.)

Check-In: Campers are asked to check in upon arriving. Check-in is open on Monday from 3:00 to 5:00 p.m. and again after the evening service for late arrivals. Campers arriving on subsequent days will need to check in with a staff member upon arrival.

Refunds: Full refunds will be given if requested by Monday, June 2. After this date, refund requests will be considered on a case-by-case basis.

CAMP GUIDELINES

Keep Camp Fire Safe

We want everyone to have a wonderful time at Camp Fire, but we must ensure that everyone is safe. Failure to abide by these four safety guidelines cannot be tolerated.

- **Keep it legal.** This goes without saying, but now we've said it. Don't do anything illegal.
- **Keep it pure.** This is a wholesome youth camp. No profane or lewd clothing, language, or behavior. No alcohol or tobacco. No controlled substances (other than valid prescriptions.)
- **Don't play with fire.** Leave the matches, lighters, and fireworks at home. Also, this is not a time to show off your weapons.
- **Park your car.** Only authorized persons may operate motor vehicles on the campground, including golf carts. Overnight campers under 18 cannot leave without being checked out by their parent or guardian.

Love Your Neighbor

At Camp Fire, we want the golden rule to be more than an ideal. Treat others as you want to be treated. Love your neighbor as yourself.

- **Do no harm.** Fighting is not acceptable, bullying is not fun, and pranks that damage things are pranks that went too far.
- **Be kind to everyone.** There is no in-crowd at Camp Fire. Treat everyone right, regardless of who they are, where they are from, what they look like, what clothes they can afford, or how wealthy they seem to be.
- **Respect the staff.** Everyone working at that camp is volunteering their time for your benefit. Don't make them regret it. Clean up after yourself and comply with staff requests.

Support the Mission

A key part of Camp Fire's mission is to create a holy environment where youth and families can get closer to God. We need your support to achieve this goal.

- **Dress modestly.** Follow your pastor's guidance here, we're not trying to replace him. At a minimum, we ask that you wear clothing that has sleeves, goes past your knees and has no gaps in between. Dresses/skirts for ladies and pants for gentlemen.
- **Let God adorn you.** True beauty can't be put on with make-up, and true worth can't be shown with gold and jewels. If you haven't realized this yet, experience what it is like to be valued without them.



REGISTRATION FORM

OFFICE USE ONLY

PAID _____

CHECK# _____

NAME AND CONTACT INFORMATION

Use parent or guardian information here if registering for family or if camper is under 18.

NAME		
PRIMARY PHONE		ADDITIONAL PHONE
ADDRESS		
CITY	STATE	ZIP
EMAIL		
EMERGENCY CONTACT		EMERGENCY PHONE
NAME OF CHURCH		PASTOR

FAMILY MEMBERS ATTENDING

Please list each person in your household who will be attending the camp (including parent/guardian listed above). Include age (for anyone under 25), indicate who is staying in the dorm, and list the cost amount from the schedule of fees. Please indicate anyone who is a minister with an asterisk (*).

NAME (AS YOU WISH IT TO APPEAR ON NAME TAG)	AGE	GENDER		CHECK ONE FOR EACH PERSON			COST
				OVERNIGHT CAMPER	DAY CAMPER	MEALS ONLY	
		M	F				\$
		M	F				\$
		M	F				\$
		M	F				\$
		M	F				\$
		M	F				\$
TOTAL							\$

Children under age 9 must be accompanied by an adult.

Signature _____ Date _____

Pastor's Signature _____ Date _____

Pastor signature not required here if registering as part of a church group.



GROUP REGISTRATION FORM

OFFICE USE ONLY
PAID _____
CHECK# _____

CHURCH INFORMATION

CHURCH NAME		
ADDRESS		
CITY	STATE	ZIP

PASTOR CONTACT INFORMATION

NAME	
EMAIL	PHONE

GROUP PRIMARY CONTACT

NAME	
EMAIL	PHONE

GROUP CHAPERONES

MEN	WOMEN
NAME	NAME
NAME	NAME

Pastor's Signature _____ Date _____



CHAPERONES

Church groups may send chaperones to accompany children who are not attending with their parents. This is a working volunteer position for people wishing to help with the camp.

WHAT CHAPERONES DO: In addition to taking responsibility for their group, chaperones may be asked to lead or participate in activities or assist staff in other ways as needs arise.

NUMBER OF CHAPERONES: Church groups may name one male and one female chaperone. If a group has 8 or more unaccompanied overnight campers of a gender, an additional chaperone of that gender can be named (up to 2 male and 2 female chaperones).

REQUIREMENTS: Chaperones must be 18 years of age and of exemplary moral character, members in good standing of the church they are representing and approved by their pastor for the role. Chaperones must stay overnight in the dorm with their group and should not leave campus, except for emergencies.

REGISTERING AS A CHAPERONE: Chaperones should select the "Overnight Camper" choice on their registration form and use \$75 for their rate.



CAMP FIRE CONSENT FORM

Must be completed for any minor child who will be participating in camp activities and/or staying in the dorm. Be sure to include the name on registration form if child's nickname and legal name are different.

NAME

GENERAL ACTIVITIES

Attendance at Camp Fire includes various activities that, while not excessively dangerous, do introduce risk of physical harm (as with any athletic activities). Campers also will be in close quarters and subject to transmission of illness (such as influenza) that can become severe.

MEDICATIONS

Camp Fire personnel will administer the following over-the-counter medications or generic equivalents (according to label instructions) for campers who present associated conditions.

- | | | | |
|------------------|------------------|-------------------|--------------|
| PAIN / FEVER | TYLENOL / MOTRIN | ALLERGIC REACTION | BENADRYL |
| UPSET STOMACH | PEPTO BISMOL | INSECT BITES | CORTIZONE 10 |
| DIARRHEA | IMMODIUM AD | POISON IVY | IVAREST |
| MENSTRUAL CRAMPS | MIDOL | CUTS / ABRASIONS | NEOSPORIN |

Please cross out any medications you do not wish your child to receive.

MEDICAL TREATMENT

In case of accidents or sudden illness, Camp Fire personnel will administer first aid and obtain emergency medical treatment if necessary. This includes transportation to a local hospital.

I give my consent for my child to participate in Camp Fire activities, receive medications listed above (if needed), and receive first aid and emergency medical treatment (if needed). I understand the risks involved, and I assume all responsibility for them. I agree that I will not make a claim against, sue, or prosecute Camp Fire and/or any of its directors, agents, or staff for any injury or damages associated with my child's participation in Camp Fire activities.

Parent Signature _____ Date _____

PLEASE INFORM US OF ANY MEDICAL CONDITIONS, MEDICATIONS, ALLERGIES, OR DISABILITIES WE NEED TO BE AWARE OF TO ENSURE THE WELL-BEING OF YOUR CHILD. (USE SPACE BELOW OR BACK OF THIS PAGE)