

**MEDICAL INFORMATION (Important!)**

Name \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Let us know if camper has:

Heart Trouble, Asthma, Epilepsy, Diabetes, Allergies, etc. \_\_\_\_\_

Additional information that would assist the camp nurse \_\_\_\_\_

**In Case Of Medical Emergency**

I understand every effort will be made to contact parents or guardians of camper. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order: injections, anesthesia or surgery for my child, as named above. If for any reason (medical or disciplinary) my child is sent home early, I agree to pick him or her up at camp regardless of the time.

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

(Please attach copy of insurance card)

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

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

Pager or Mobile Phone (\_\_\_\_\_) \_\_\_\_\_



**July 25 - 30, 2010**

For students going into 9th grade through, and including,  
those who just graduated from 12th grade.

**Pine Summit**

**Christian Conference Center**

**Big Bear Lake, California**

# Senior High Camp

Pastor Steve Cobbs – Director

## COST: \$310

(Early registration discount \$290 – if deposit **and** completed registration form are postmarked by July 8, 2010)

Please send \$25 non-refundable deposit and completed registration forms to:

Brenda Cobbs

13843 Coachella Road

Apple Valley, CA 92307

(760) 242-4944 or 247-8433

Please pay with **one church check** (payable to SCD Senior High Camp) for the entire group!

### Things to bring:

|            |                              |         |            |
|------------|------------------------------|---------|------------|
| BIBLE      | DEODORANT                    | BEDDING | TOOTHBRUSH |
| TOOTHPASTE | TOWELS                       | SOAP    | FLASHLIGHT |
| SUNSCREEN  | EXTRA MONEY FOR SNACKS, ETC. |         |            |

### Proper Clothing for:

|           |               |
|-----------|---------------|
| ATHLETICS | FORMAL DINNER |
| SWIMMING  | COOL EVENINGS |

**Absolutely no cross-dressing for costumes or dinner!!**

**RULES: ABSOLUTELY NO fireworks, matches, tobacco, alcohol, electronic amplification devices (unless for worship group and must be checked in), video games, or drugs! (All prescription medications must be given to the nurse upon arrival)**

**NO ONE WILL BE ALLOWED OUT OF THE CABINS AFTER CURFEW!**

Registration begins at 3:00 PM on Sunday until dinner at 5:00pm and ends at 11:00 AM on Friday.

The camp is CLOSED TO ALL VISITORS DURING THE WEEK.

Mail may be sent to:

(camper's name – Attn: Nazarene Sr. High Camp)

c/o Pine Summit Christian Conference Center

P. O. Box 2871

Big Bear Lake, CA 92315

EMERGENCY PHONE CALLS ONLY: (909) 866-5801

# Registration Form

(Please print neatly)

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

Address: \_\_\_\_\_

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

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

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Grade next school year: \_\_\_\_\_

Parent or Legal Guardian Printed Name: \_\_\_\_\_

Local Nazarene Church You Are Attending With: \_\_\_\_\_

**I have read the camp rules on the previous page and I agree to completely abide by them.**

\_\_\_\_\_  
Signature Of Camper

**PLEASE COMPLETE BOTH SIDES OF THIS FORM, SIGN IT, AND RETURN IT WITH YOUR DEPOSIT OR FULL FEE TO YOUR LOCAL CHURCH!**