

Camp Shiloh Information

Both camps are located at
Delta Lake Conference Center
Senior Camp Week – July 31st - August 6th
Junior/Primary Camp Week – August 7th – 13th



CAMP WEEK MAIL

Camper Name
Camp Shiloh Ministries
C/o Delta Lake Bible Conf. Ctr
6420 Pillmore Drive
Rome, NY 13440

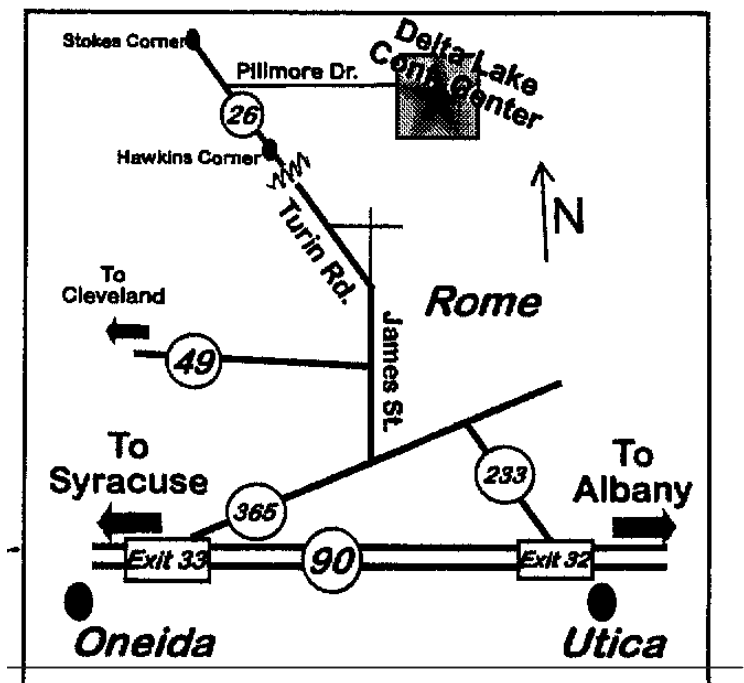
Note: This is not a Pre-Camp address

CAMP WEEK PHONE:

(315) 893-7220

<http://www.campshiloh.org>

Delta Lake Bible Conference Center is located on Pillmore Drive - off of Route 26N (Turin Rd.). Going North 6 miles from Rome, it is on the right side of the road. If driving from Delta Lake Camp to Vanderkamp, follow directions back to James St. and turn right onto Route 49 (going West). Follow directions from there.



RULES OF CAMP SHILOH:

- Boys area is **off limits** to girls and vice versa.
- No one is to leave the campgrounds without the director's permission.
- **No phone calls** are allowed except by permission of the director.
- The waterfront is **off limits** when no lifeguard is on duty.
- Campers may not leave their room or shelter after lights out without their counselor.

- **No electronic** audio or video devices will be allowed at camp.
- Alcohol, tobacco, or illicit drug use will result in **immediate dismissal** from camp.
- Respect other people's property and camp property. If it isn't yours, don't touch it without permission.
- **Six inch rule.** No physical contact between boys and girls.
- **Clothing must be modest!** Shorts may be worn. All girls must wear a t-shirt over their swimsuits. No bare midriffs.

WHAT TO BRING:

Bible, pen, notebook, hiking shoes, sunscreen, SPF rated lip balm, sun protective clothing, casual clothes, **banquet attire**, sweater or jacket, socks, swimsuit, robe, underwear, pajamas, sleeping bag, pillow, wash cloth, **soap**, **towels**, toothpaste, toothbrush, comb, camera, flashlight, fishing gear, insect repellent, softball glove, **snack bar money**, room decorations. All personal items should have ID tags. Camp Shiloh will hold all lost items for **thirty days**, then will donate them to a **local charity**

MAIL TO: CAMP SHILOH MINISTRIES * 3191 COLE RD. EATON, NY 13334

NO-T-SHIRT-SIGNATURE-ZONE

Name _____ e-mail _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Male _____ Female _____ Birth date _____ Age _____
 Parent or Guardian _____ Phone _____
 Employer Name _____ Work Phone _____
 Other contact in case of emergency _____
 Relationship to camper _____ Phone _____
 Person other than parent child may go home with _____
 Church _____ Pastors Name _____
 Address _____ City _____ State _____ Zip _____
 E-mail _____ Church phone _____

- Senior Camp (13-19 yrs) July 31st – August 6th
 Junior Camp (11-13 yrs) August 7th – 13th
 Primary Camp (8-10 yrs) August 7th -13th

If paid by June 1st

Total cost of camp \$285.00

\$30.00 Camper Deposit
(due by June 1st to secure discount)

\$255.00 remaining balance
(due on or before camp)

\$ _____ Discounts – explain

\$10.00 Camp Shiloh Photo CD
(\$12.00 at camp)

\$ _____ Pre-paid

\$ _____ Balance Due

If paid after June 1st

Total cost of camp \$300.00

\$30.00 Camper Deposit
(after June 1st no discount)

\$270.00 remaining balance
(due on or before camp)

\$ _____ Discounts – explain

\$10.00 Camp Shiloh Photo CD
(\$12.00 at Camp)

\$ _____ Pre-paid

\$ _____ Balance Due

Make Checks payable to – Camp Shiloh (\$30.00 fee on any returned checks) – Deposit is non-refundable
 Online payment available at www.campshiloh.org

Please check your free T-shirt size
 SM _____ M _____ L _____ XL _____ 2XL _____
(ADULT SIZES ONLY)

Room-Mate Request

NAME: _____
(must be within one yr. of your age)
NO GUARANTEE that your request will be granted

Discount Policy: A family registering three campers will receive a \$5 discount on each child. A family registering four or more campers will receive a \$10 discount on each child, immediate family only. Camp Shiloh will honor all 2009 Honored Camper awards with a \$10 discount. Send a copy of your Honored Camper Certificate in with your registration form. Camp staff will receive a \$20 discount off each child's registration.

 CAMPER SIGNATURE: _____ DATE: _____
 (Camper: By signing this form you agree to abide by the policies of Camp Shiloh and it's leadership)

Camp Shiloh Camper Health Form 2011

Camp Shiloh Ministries
3191 Cole Road
Eaton, NY 13334

PART ONE

This form MUST be accurately completed by all campers or camp staff members and submitted with a registration or application form. Camp Shiloh is located at the Delta Lake Conference facility in Rome, NY. Not all areas are handicap accessible. The area is generally flat with some small hills to walk to get to certain areas of the camp facility. The Camp Health Director is on site at all times.

If you have any questions call the camp office at : 315-893-7220

Name _____ Male _____ Female _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

1. Name _____ Relationship to camper _____ Phone _____
2. Name _____ Relationship to camper _____ Phone _____

Health Insurance Information

Primary Insurance _____ Name of Insured member _____
Policy /Group # _____ Insured member employed by _____
ID# _____ Co-pay amount if applicable _____
Insurance Company's mailing address _____

Secondary Insurance _____ Name of Insured member _____
Policy /Group # _____ Insured member employed by _____
ID# _____ Co-pay amount if applicable _____
Insurance Company's mailing address _____

Medical Care

Primary Care Physician: _____ Phone: _____
Dentist: _____ Phone: _____
Orthodontist: _____ Phone: _____
Specialist: _____ Phone: _____

PARENTS AUTHORIZATION (must be signed by parent/guardian if child is under 18 years)

In the event of illness, accident or injury while at camp, the parent/guardian is responsible for all medical expenses incurred under the authorization of the camp Health Director or Director. Claims should be submitted to your insurance provider. Camper liability coverage (for accidents or injury only) will only reimburse you for medical claims that exceed the amount your personal insurance plan provides.

This health form is correct so far as I know, and the person herein described has permission to engage in all camp activities, except as noted on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Health Director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child as named above. I also authorize the camp nurse to administer treatment as ordered and to administer any medications prescribed by his/her physician as listed on this form.

Parent/Guardian Signature _____

Date _____

Immunizations: must have dates(month/year). It is not sufficient to write "Up-to-date."
It is sufficient to attach a copy of immunizations provided by the campers medical care provider.

DPT Series _____ MMR _____ Polio _____
Hepatitis B _____ Varicella Chicken Pox _____ Hib _____
Tetanus _____ TB test (latest) _____ Results _____ Other _____

Chronic Illnesses/Disorders

Does the camper have any of the following?

YES NO

- Asthma _____
- ADD/ADHD _____
- Bedwetting _____
- Bleeding Disorder _____
- Chronic ear infections _____
- Diabetes _____
- Hayfever _____
- Heart defect/disease _____
- High blood pressure _____
- Seizure disorder _____
- Sleepwalking _____

If any checked yes, please explain:

Any other on-going health problems?

Please explain: _____

Allergies

Does the camper have any allergies to medications? Please list and explain reactions:

Any other allergies?

- Food _____
- Insect Stings _____
- Latex _____
- Poison Ivy/Oak _____
- Other _____

Medical/Surgical History

Operations or serious injuries? Please explain and give dates:

Communicable diseases? _____

Known Hepatitis carrier? _____

Dietary Restrictions? _____

*Please list ALL prescription and non-prescription drugs camper is taking. Bring enough medication to last entire time at camp. **Keep it in the original and current packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the time of administration.***

Camper must keep inhaler with him/her at all times. (Please check if applies)

Please share on a separate paper any further comments regarding your child's social, emotional, and/or psychological well-being that would be important for the staff to be aware of (this information will only be shared with the pastors, directors and your child's specific counselor for the well-being of the campers). Has he/she required psychiatric counseling? If so, when _____

