

# Episcopal Diocese of Northwest Texas

## Summer Camp Program

***“525,600 minutes...Seasons of God”***

### Camp Quarterman

**June 7-13**

Completed grades 8<sup>th</sup>-12<sup>th</sup> in 2015

**(7<sup>th</sup> graders may choose either Camp Quarterman or Camp Quarterman Jr.)**

### Camp Quarterman Jr.

**June 28-July 4**

Completed grades 2<sup>nd</sup>-6<sup>th</sup> in 2015

#### Cost for 2015:

- Early registration fee is \$375.00 each camp session if postmarked by April 24, 2015 with minimum deposit enclosed.
- Registration forms postmarked April 25<sup>th</sup> through May 17, 2015 the cost is \$400.00 with minimum deposit enclosed.
- All registration forms postmarked May 17<sup>th</sup>, through week prior to start of camp will be \$450.00.
- A minimum of \$100 deposit is required with each registration form.
- **Balance due must be received one week prior to the beginning of camp (This is new diocesan policy)**
- Deposit and fees may be paid by check, cash or credit card (via paypal)

**Multiple Children Attending Camp:** Families with more than one child attending camp will receive a \$75.00 discount. This discount will be applied to each subsequent tuition after one full tuition is paid. The discount for additional children is applied according to the postmarked date as referenced above. ***“Multiple Children Discount” applies to immediate family members only.***

Scholarships are available if financial assistance is needed in order for your child to attend camp. Please contact Renee at 806-445-3667 or [nwtxyouth@suddenlink.net](mailto:nwtxyouth@suddenlink.net) for more information.

#### PLEASE MAKE NOTE OF THE FOLLOWING FOR CAMP THIS SUMMER:

- ALL YOUTH MUST COMPLETE AND RETURN
1. 2015 CAMP REGISTRATION FORM
  2. CAMP QUARTERMAN CODE OF BEHAVIOR FORM, PLUS—

***CAMP QUARTERMAN--Youth attending Camp Quarterman (in Colorado)  
must complete the Camp Quarterman Participant Health Information/Physical Exam  
and CQ Liability Release***

***CAMP QUARTERMAN JR.--Camp Quarterman Jr. campers will complete the  
Camper Health Information & Emergency Treatment Release Form***

- Please submit your forms and deposit to hold a place.
- The physical may be sent after registration submitted, but must be received by June 1<sup>st</sup>.

Please register as soon as possible. Both camps have limited space and we want to make sure we have supplies and t-shirts for everyone. **Thanks!**

## Camp Session

(Youth who have completed 7<sup>th</sup> grade may choose either Camp Quartermaster or Camp Quartermaster Jr.)

**Camper Information** (PLEASE PRINT CLEARLY)

Home Church \_\_\_\_\_ City \_\_\_\_\_

My camper, \_\_\_\_\_, has my permission to participate in all planned activities while attending Camp Quarterman or Camp Quarterman Jr. In signing this application, I certify that the information is correct and give permission for (1) the use of photographs, recording or videos in camp publicity; (2) transportation to be provided in private and public vehicles for approved off grounds camp activities and transportation to Camp Quarterman in Colorado; (3) and the release of medical records for insurance purposes in case of illness or accident.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Camp Quarterman Code of Behavior:**

Adherence to the “*Camp Quarterman Code of Behavior*” is required from everyone who is a part of the summer camp program, including campers, volunteers and staff.

- I will treat everyone with respect and dignity.
- I will not use inappropriate language during my stay at Camp Quarterman.
- I understand that each person has physical boundaries and I will not step over their boundaries.
- I understand that sexual misconduct is unacceptable with the campers, counselors and staff and will not be tolerated. This includes sexual harassment, jokes containing sexual material or sexual conduct.
- I understand that the use of alcohol, illegal drugs and tobacco products are prohibited during my stay.
- I will treat others, as I would expect to be treated.
- I will treat the facilities with care and not abuse the property.  
This includes writing on any part of the buildings, walls or furnishings.
- I will respect all of the wildlife and recognize that this is their home.
- I will have a positive attitude and encourage everyone to do the same.

We (Parent and Camper) have read and understand the camp information and policies and agree that Camper will adhere to them at all times. If the Camper is in violation of these rules, proper action will be taken. In serious cases, the Parent understands that the Youth Coordinator has the authority to dismiss the Camper and that the Parent is responsible for their immediate transportation home.

---

**Parent/Guardian Signature**

**Date**

---

**Camper Signature**

**Date**

***Please make checks payable to Camp Quarterman or  
complete out the VISA/MasterCard credit card information below.***

### **Credit Card Information:**

Name as it appears on the card: \_\_\_\_\_

Amount \$ \_\_\_\_\_ Email address: \_\_\_\_\_

**Please include your check and mail to:**

**Camp Quarterman**

**Episcopal Diocese of Northwest Texas**

**1802 Broadway St.**

**Lubbock, TX 79401**

**OR FAX to: 806-762-8986**

## Camp Quarterman Jr.

### Camper Health Information & Emergency Treatment Release Form

*Please Print Clearly*

Camper Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_

Group/Plan # \_\_\_\_\_ Member # \_\_\_\_\_

*(Please attach copy of both sides of insurance card)*

Last Tetanus Immunization / Booster (must be current) \_\_\_\_\_

Any restrictions on camp activities? \_\_\_\_\_ If so, what? \_\_\_\_\_

Any dietary restrictions or allergies? \_\_\_\_\_ If so, what? \_\_\_\_\_

Any allergies to medications? \_\_\_\_\_ If so, what? \_\_\_\_\_

***Please check all that apply to camper:***

<input type="checkbox"/> Asthma	<input type="checkbox"/> Recurrent Ear Infections	<input type="checkbox"/> Frequent Diarrhea
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Recurrent Strep Throat	<input type="checkbox"/> Chronic Constipation
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Kidney/Bladder Infections	<input type="checkbox"/> Lactose Intolerance
<input type="checkbox"/> Depression	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Epilepsy/Seizures
<input type="checkbox"/> Migraines	<input type="checkbox"/> Sleepwalking	
<input type="checkbox"/> Other (please list) _____		
<input type="checkbox"/> Allergies (please list) _____		

The Camp Infirmary keeps a stock of over-the-counter medications for use as needed. These are administered at the staff's discretion. **Please check ALL that camper may receive.**

<input type="checkbox"/> Tylenol	<input type="checkbox"/> Imodium AD	<input type="checkbox"/> Hydrocortisone Cream
<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Antacids	<input type="checkbox"/> Throat Lozenges
<input type="checkbox"/> Benadryl	<input type="checkbox"/> Pepto-Bismol	<input type="checkbox"/> Robitussin
<input type="checkbox"/> Eye Drops		

All prescription medication must be turned in to the nurse upon check-in. Medication must be in original prescription bottle (or if OTC, must be in bottle/box and labeled).

This camp provides secondary medical coverage. Your frankness about any physical or emotional disability will help the staff to work more effectively with your child.

Emergency Contacts (other than parents which were listed on the camp registration form)

Name \_\_\_\_\_ Phone #s \_\_\_\_\_

Name \_\_\_\_\_ Phone #s \_\_\_\_\_

**My child is healthy and capable of participation in this event without causing risk of danger, illness, or accident to him/herself or to others. I agree to hold harmless the leaders of my church, Camp Quarterman staff, volunteers and coordinators, the Bishop of Northwest Texas and the Episcopal Diocese of Northwest Texas in the event of injury or accident. I declare that my child is covered by medical insurance and/or I am responsible for any and all expenses incurred by my child whether covered by insurance or not. In the event that my child requires medical or dental attention, I understand that an adult sponsor will make every attempt to contact me. In the event that I cannot be reached, I consent to any medical attention deemed appropriate. In the event treatment is called for where the medical provider refuses to administer without my consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be reached immediately or because of emergency there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent.**

sParent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_