



## Registration Information

**Open Registration & Scholarship  
Applications Deadline  
May 3rd 7:00 PM  
\$180.00**

**Late Registration Deadline  
No Scholarships Available  
June 7th 7:00 PM  
\$220.00**

**PLEASE MAKE ALL CHECKS  
PAYABLE TO:  
MOODY METHODIST CHURCH**

Camp begins at 11:00 AM Monday morning, and ends 2:00 PM the following Friday. No one will be allowed to leave early without permission of the Camp Coordinator. Medications need to be accompanied by the medication form and will be administered by the camp nurse. Medications must be in the original prescription bottle/container.

## Camper Information

### What to Bring:

- ☺ Bedroll or sleeping bag
- ☺ Personal toiletries, towels etc.
- ☺ Bible
- ☺ Flashlight
- ☺ Comfortable appropriate clothes
- ☺ Sunscreen, insect repellent
- ☺ Money for the snack bar, gift shop

### What Not To Bring:

- ☹ Computers, radios, **cell phones**, mp3 players, video games, electronics
- ☹ Valuable Jewelry
- ☹ Tobacco, Drugs, Alcohol
- ☹ Knives, Guns, Fireworks, Weapons
- ☹ Pornographic materials
- ☹ Anything else that might inhibit a positive camping experience for all.

### Dress Code:

- ✚ Clothing must cover all underwear,
- ✚ Sleeveless shirts are O.K. But no tank tops or tube tops
- ✚ No spaghetti strap tops
- ✚ No short shorts, shorts should be mid-thigh length
- ✚ No two piece bathing suits, modest one piece suits are acceptable.,
- ✚ No clothing that shows the midriff area of the body
- ✚ No clothing that advertises alcohol, drugs, violent or vulgar images or satanic symbols
- ✚ Hiking boots, tennis shoes and rugged sandals are recommended. Flip-flops are not recommended.

## Counselor Information

Each local church is required to supply at least one counselor for every four campers, gender specific to the campers they are sending. Counselors must be at least 18 years old and cannot have just graduated from High School. Counselors pay \$85 for early registration, \$100 for regular registration and \$125 after June 15.

Counselors may or may not be assigned the age-level camp they request. Counselors are assigned to age-level camps based on the needs of the camp. Persons interested in attending camp as counselors should turn in a completed counselor registration form to their church so that it may be mailed with the camper forms

All Counselors must be Safe Sanctuary Certified and State certified. There is a required Counselor Orientation of which two dates are offered; June 20<sup>th</sup> 9:45 AM - 12:00 Noon at FUMC Pasadena, and July 9<sup>th</sup> 6:45 - 9:00 PM at FUMC Dickenson.

For more information on counselor training, orientation of other camp questions, contact the Camp Coordinator.

South District  
Camping Coordinator  
Rev. Steve Woody  
1062 Fairmont Pkwy.  
Pasadena, TX 77504  
(281) 487-8787

stevewoody@firstumcpasadena.org

**Counselor & Staff Application/Registration Form**

**THIS IS A LEGAL DOCUMENT**

**Lakeview Methodist Conference Center**

**SOUTH DISTRICT July 20-24, 2009**

Full legal name: \_\_\_\_\_  
Last First Middle

Preferred name \_\_\_\_\_ Male/Female Social Security Number Driver License # State

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Home phone:( ) Work phone:( )

Cell phone:( ) Email: \_\_\_\_\_ Adult T-shirt size: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relationship Day phone # Night phone #

Name of Employer & Work Address: \_\_\_\_\_

Church membership: \_\_\_\_\_  
Name of Church City District

Areas of church leadership/involvement: \_\_\_\_\_

Expertise/talents you would offer to the camp (i.e.,music, crafts, athletics, small group leadership, etc.): \_\_\_\_\_

Prior experience with youth in church or camp setting: \_\_\_\_\_

Indicate first responder certifications you have (EMS, CPR, First Aid, etc.) Date certified \_\_\_\_\_

Date Safe Sanctuary Certified \_\_\_\_\_ Date State of Texas Safe Camps Trained \_\_\_\_\_

Name & phone # for reference check: \_\_\_\_\_

**All counselors must attend a "Counselor Training" before they will be allowed to interact with the campers.** *This training is in addition to Safe Sanctuary Training!* There will be two training dates: June 20, 9:45 AM – 12:00 at FUMC Pasadena July 9, 6:45 – 9:00 PM at FUMC Dickenson

Rank in order of age-level preference: 4<sup>th</sup> & 5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup> & 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> and 9<sup>th</sup> \_\_\_\_\_ Sr. High \_\_\_\_\_  
(Due to overall camp needs, all counselors may not be placed in the camp of their first choice)

Please indicate any emotional, behavioral, or physical disabilities which may require special awareness. Your answer will not necessarily result in exclusion from camp. This information will be made available to camp coordinator, director, nurse, and registrar. \_\_\_\_\_

Date of last Tetanus immunization: \_\_\_\_\_

List any allergies (medications, food, insects, etc.) \_\_\_\_\_

List any special conditions, restrictions, or medications: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician's phone #: ( ) \_\_\_\_\_  
( ) \_\_\_\_\_

Health Insurance Carrier Policy # Phone #

Have you ever been charged or convicted of a felony crime, including deferred adjudication probation? Yes / No If yes, explain: \_\_\_\_\_  
By signing below I am hereby giving permission, in case of emergency, to the physician selected by the camp to hospitalize, secure proper treatment, and order injection, anesthesia, or surgery in my behalf. Additionally, I have read and understand the "**Standards Regarding Disorderly Conduct**" and the "**Media Release**" which are printed on the reverse side. I also understand that this youth camp is tobacco free. I hereby state that all information given on this form is true and correct.  
**Legal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
State of Texas  
County of \_\_\_\_\_  
This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_  
(Notary seal/stamp) \_\_\_\_\_  
Notary Public's Signature

**Sr. Pastor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
My signature indicates recommendation of applicant for counselor based on personal knowledge of him/her and their qualifications. My signature also confirms applicant is **Conference Safe Sanctuary Certified**.  
Sr. Pastor's Comments: \_\_\_\_\_

*Registration & participation in Lakeview's programs are the same for everyone without regard to race, color, religion, age, gender, disability, national origin, or political belief.*

**Duplication of this form shall be only on white paper. Both sides required.**

-TURN THIS FORM INTO YOUR LOCAL CHURCH-

**Lakeview Methodist Conference Center  
Standards Regarding Disorderly Conduct**  
Adopted 2-22-91 ~ Revised 2-28-97

The general purposes of this code are to establish a system of prohibitions and correctional measures to deal with conduct that unjustifiably and inexcusably causes harm or threatens harm to those public interests which the Lakeview Methodist Conference Center, its Board of Directors, Administrator, and Employee Staff are obligated to protect. To this end the provisions of this code are intended, and shall be construed, to achieve the above objective.

If a person commits an act under the following mental states: intentional, knowing, reckless, or with negligence, that person is responsible for his or her own conduct and for the conduct of others for whom he/she is responsible.

The following offenses are included in this category:

1. Criminal mischief, reckless damage or destruction to property, structures, equipment, or vehicles, and theft (under \$750.00).
2. Disorderly conduct or breach of the peace such as use of abusive, indecent, profane, or vulgar language or gestures; indecent exposure or public lewdness; or displays that tend to incite a breach of the peace; or creating by chemical or other means a noxious and unreasonable odor in a public place.
3. Possession or use of alcoholic beverages or controlled substances.
4. Possession of firearms, fireworks, illegal or prohibited knives, knuckles, clubs or instruments of any type that are specially designed, made, or adapted for the purpose of inflicting bodily injury.
5. Injury, reckless conduct, or terroristic threat that would indicate intent to do bodily harm to self or others.
6. Enticement or solicitation of a child.
7. Sexual harassment.
8. Other conduct that interrupts, disrupts, impedes, or otherwise interferes with a planned program.
9. The use of fire starter devices or pyrotechnics are prohibited unless used in organized programs which have been approved by Lakeview. In no case will open fires be allowed in or near structures or unprotected areas.
10. Cutting, breaking, or otherwise defacing trees, shrubs, or other native plants is prohibited unless part of a program of improvement approved by Lakeview.

**Code of Procedure For Disorderly Conduct**

Acting within the authority provided by its By-Laws, the Lakeview Methodist Conference Center establishes the following measures for violations of this code:

- I. Felony violations of the laws of this state, along with lesser offenses where the offender causes bodily injury to a person or destruction of property, will be reported to the law enforcement agency having jurisdiction of this area.
- II. Misdemeanor offenses or violations of Lakeview's General Policies may be reported to local law enforcement agencies. Correctional measures shall be imposed by Lakeview's Administrator (or in the administrator's absence, the Lakeview staff person in charge), the camp coordinator, and the director of the offender's group. These measures may in some cases require that the offender leave Lakeview Methodist Conference Center.
- III. The parents of a Camper shall be notified immediately by the Camper's Director and/or Coordinator in the presence of Lakeview's Administrator when any offense against or by a Camper is determined.

**THIS CODE WILL APPLY EQUALLY TO REGISTERED CAMPERS, GUESTS, AND CASUAL VISITORS.**

**Media Release**

As evidenced by my signature on the reverse side, I authorize Lakeview Methodist Conference Center to photograph or permit other persons to photograph, record, conduct media interviews and/or publish information, sounds and images obtained of me, or my minor child herein, while participating at Lakeview Methodist Conference Center. I hereby permit such images and recorded sounds to be disseminated, published or broadcast through any medium Lakeview Methodist Conference Center chooses, including, but not limited to, print, video tape, DVD, television, radio, motion pictures and/or the Internet. I agree that Lakeview Methodist Conference Center may use, reproduce and sell such information, sounds, and images for such purposes and in such manner as they may deem appropriate. I agree that Lakeview Methodist Conference Center may permit others to use such information, sounds and images for such purposes and in such manner as they may deem appropriate. I understand and agree that such dissemination, publication or broadcast may reveal my or my minor child's identity. I agree that the material may be used for any purpose by Lakeview Methodist Conference Center and its successors and assigns, harmless from and against any claim for injury or compensation resulting from the activities authorized above.

This authorization has been voluntarily agreed to by me, and/or as parent and next friend of my minor child herein, and is binding on my heirs, beneficiaries and personal representatives.

# Medication Information Form

\_\_\_\_\_  
Camper's Last Name

\_\_\_\_\_  
Camper's First Name

\_\_\_\_\_  
Age Level Camp

Use this form to itemize each medication accompanying the camper to Lakeview.

**Every prescription medication must be in its original container with the correct person's name of the label.**

Over-the-counter and non-prescription medications must be in their original container(s).

/-----For Nurse Use-----/

Nurse✓	Drug Name / Strength	Dosage	Frequency	M	T	W	Th	F
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/-----For Nurse Use-----/