

PLEASE COMPLETE BACK OF FORM.

Office Use Only: Date Received:_____ Free Shirt:_____ Payment Check:_____ #____ Cash:_____

Teens What to Bring: Bible, casual clothes, sleeping bag, (13-18 years old) Register Online **(www.mysmc.org** pillow, towels, tennis shoes What Not to Bring: \$25 Tobacco products, alcoholic beverages, **Registration** Fee drugs, knives, non-Christian reading materials, cell phones, iPods/MP3 players, energy Arrive: 6:00pm on drinks, food. Friday Note: It is our expressed desire that our activities glorify God in every way. (supper provided) Therefore, we request that all clothing be modest and EVERYTHING brought Leave: 2:00pm on to the retreat be appropriate for a Godhonoring atmosphere. Sunday CAMP ADDRESS CAMP SUMMERS AND MANGET

Camp Rules

100 Camp Summers Lane, Cameron, SC 29030

- Dress must be modest, if not you will be asked to change.
- · Participants are not permitted to operate machinery on campus.
- All incidents (such as accidents or unacceptable behavior) are to be reported to the Director as soon as possible.
- · No sneaking out. No one is allowed to leave campus without Director's permission.
- No physical contact allowed between boys and girls. Failure to obey this rule will result in punishment or expulsion.
- No foul or suggestive language will be permitted. No inappropriate gestures.
- No participant is to be out of his or her designated cabin . Under NO circumstances are boys and girls to be in each other's cabins.
- · Campers who drive must turn in their keys for the duration of the camp event.

Participant's Signature:

In case of medical emergency, I understand every effort will be made to contact parents or guardians. In the event I cannot be reached, I hereby give permission to the physician selected by the event director to hospitalize and secure proper treatment and order injection or anesthesia or surgery for the participant named on this application. I also affirm that the medical information on this form is both complete and correct. By signing, I give the Eastern Conference permission to use my child's picture for promotion of the camp.

I authorize my child to be given the following over-the-counter medications as needed. (Please initial medications allowed.) Campers who are sick will be sent home per camp sick rule guidelines. _____Tylenol _____Ibuprofen _____Pepto-Bismol _____Benadryl

Parent or Guardian Signature:

Please detach and return with \$25 by February 16th to: Rev. R. Steven Reynolds, 405 East Main Street, Latta, SC 29565.

Please make checks payable to Camp Summers & Manget.