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Dear Youth & Youth Parents:

It won't be long before summer is here and **YOU DON'T WANT TO MISS
SUMMER CAMP at CETA!**

There are three really important deadlines:

April 5—Super Early-Bird Deadline for Registration—\$215

April 6th to May 29—Early Bird Deadline for Registration—\$230

After May 30-Regular Registration—\$245

Fill out all of the forms and make your check payable to Ceta Canyon and turn in to Boyd at First UMC before the deadline to ensure that rate!

You can also register on-line at cetacanyon.org—just make sure to include First UMC-Lubbock as your home church and register for the appropriate camp (either Vision or Crossroads)

Here are the camps that First UMC attends:

Vision (10-12) for completed 9th, 10th, 11th & 12th graders is July 12-16

Crossroads (7-8-9) for completed 6th, 7th & 8th graders is July 19-23

Registration forms are attached as part of this packet!

If you are planning to provide transportation to/from camp, mark through the information about riding the First UMC van/bus with Boyd Goodloe (we just chare \$10 per round-trip).

Summer Camp at Ceta Canyon is an incredible opportunity for our youth to experience God's love and the community & fellowship of believers throughout the Northwest Texas Conference.

Grace and peace,

Camper Medical Form

*****This Form Must Be Filled Out to the Best of Your Knowledge*****

(A Copy of a School Shot Record is Acceptable)

Please Be Sure and Sign this Form

Camper Name: _____ **Camp(s) Registering For:** _____

The following information is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. **Everything must be completely filled out or everything will be returned.**

Immunization History: Please record the date (month/year) of basic immunizations and most recent boosters.

Vaccines	Year of Basic Immunization	Year of Last Booster
Hep B – hepatitis B		
DTP – diphtheria, tetanus, and pertussis (or)		
DTaP – diphtheria, tetanus, and acellular pertussis (or)		
DT – diphtheria and tetanus (or)		
Td – tetanus and diphtheria		
Hib – Haemophilus influenzae type b		
PCV – pneumococcal conjugate virus		
OPV – oral poliovirus (or)		
IPV – inactivated poliovirus		
MMR – measles, mumps, and rubella		
Varicella – chickenpox		
TB Test – tuberculin test		
PPV – pneumococcal polysaccharide virus		
Influenza		
Other		

Health History: Please give approximate date (mo/yr) where applicable

Health Problems	Diseases	Allergies- please list all
Frequent Ear Infections	Chickenpox	Hay Fever
Heart Defect/Diseases	Measles	Ivy Poisoning, etc.
Convulsions	German Measles	Insect Sting
Diabetes	Mumps	Penicillin
Bleeding/Clotting Disorders	Other	Other Drugs
Hypertension		Asthma
		Food Allergies
		Other Allergies

Does your child have asthma? yes no

Operations or serious injuries, include dates _____

Chronic or recurring illness or medical condition _____

Dietary restrictions or special requests _____

Activities to be encouraged or limited _____

Current medications: PLEASE COMPLETE THE ATTACHED FORM

Suggestions on health related information for camp personnel - short attention span, etc. _____

For Females: Has this person begun menstruation? yes no If not, has she been told about it? yes no
 If so, is her menstrual history normal? yes no Special Consideration? _____

To The Best of My Knowledge (Camper's Name) _____ is in good health and is able to participate in all camp activities with the limitation listed above. In the event of an emergency and I am unable to be reached, I hereby give my permission for whatever emergency medical procedures might need to be performed by staff, first aid personnel, and/or by medical doctor on call at the emergency medical facility. **I understand that should the medical history change, it is my responsibility to let the camp director know at camp registration.**

Custodial Parent/Guardian Signature _____ **Date** _____

Alternate Emergency Contact _____ **Relationship** _____ **Phone # ()** _____

How did you hear about us Church Radio Postcard On-line Search Other _____

Insurance Information:

Please Note: Camper's insurance coverage, through the camps, is provided as a "secondary" or "back-up" coverage on a limited basis to any other coverage camper has under separate, private, or group plans.

Please send a copy of your insurance Identification card (Front & Back) along with registration.

Medical Insurance Company _____

Policy# _____ Group# _____

Insurance Address & Phone # _____

Family Physician Name & Phone # _____

Camper Medication Information

Name of Camper (as Shown on Prescription Container):

Name of Medication and Dosage Information:

Note: All prescription medication must be in their original container with names and dosage clearly marked on the container. Please fill out the form below. If camper does not take medication, please write N/A below.

Medication	Dosage	Time	Special Instructions
