

Camp Shield
REGISTRATION FORM

Camper's Full Name _____
Name Called or Nickname _____
Date of Birth _____ Age _____
School Currently _____
Attending _____ Grade _____
Home _____
Address _____
City _____ State _____ Zip _____
Camper's Email _____

Mother's name _____
Profession _____ Cell# _____
Home# _____ Work# _____ Fax _____
Email _____

Father's name _____
Profession _____ Cell# _____
Home # _____ Work# _____ Fax# _____
Email _____

Does Camper live with both parents? _____ If not, with whom? _____

Church _____
Affiliation _____

Registration Fee of \$100.00
is NON-REFUNDABLE and NON-TRANSFERABLE

Make Checks Payable to: Camp Shield
Please Note: Fee of \$35 for all returned checks.

Mastercard or Visa _____
Credit Card Number _____
Expiration Date _____ / _____
Name on Card _____

Please fill out this entire form including the medical information sheet and return it with your registration fee. Final fees for camp are due 10 days before camp starts. Include a picture of camper taken in the last month.
Check out the website for more information and updates about the camp- www.campshield.com
Any questions- Call Camp Shield office at 830-537-6157 or contact us through the website. Thanks.

What To Bring

Campers need to bring enough clothing for the week. Camp Shield will only wash clothing in "emergency situations." Mark tags in clothing with camper's name or initials. Please send play clothes only- no expensive/designer outfits or clothing that cannot be damaged. Camp Shield cannot be responsible for any lost, stolen, or damaged belongings.

sleepwear
swim suit
8-10 sets of clothing (t-shirts and shorts)
pair of old jeans(for outdoor activities/paintball)
light Jacket and umbrella
socks
tennis shoes
sandals- flip flops
underclothing
shampoo
toothbrush
toothpaste
soap
towels
wash cloth
sunscreen
blanket/sleeping bag
sheets
pillow
flashlight
covered cup/plastic bottle for water
Bible
notebook
pen

What Not to Bring

NO CELL PHONES

Staff phone numbers will be provided to parents to call anytime- and campers will be allowed to contact parents.

Do not bring food, candy, or drinks.

No ipods, gameboys, computers
(Do not bring any type of equipment for games, music, internet, text messaging, or calling etc....)

No valuables, jewelry, fireworks, matches, lighters, knives, weapons of any kind, drugs, alcohol, cigarettes etc..

Any camper involved in behavior detrimental to Camp Shield staff or campers or property will be asked to leave camp.

Any and all Medication needs to be turned in to the camp office at time of registration -ONLY- in original bottle and labeled correctly with specific instructions.

Do not pack in camper's suitcase.

Optional to Bring

camera, clip on fan, extension cord, sunglasses, hat

Help us get to know your camper-

Does camper have a friend attending camp to bunk with? _____

How did you hear about Camp Shield ? _____

What made you decide to send your camper? _____

Tell us more about your campers strengths and weaknesses. Do you have areas of concern?

What would you like to see your camper get out of this week? _____

Does camper have positive or negative influences in his peer group? _____

How do you feel about his choices in friendships? _____

In general, how well does camper make decisions? _____

What other information can you give to help us understand your camper's personality and situation better?

Please note. Photographic images taken of campers during the week may be used for promotion of EquipGirl and Camp Shield and ministries. including but not limited to future camp brochures, promotional slide shows, video presentations and the camp websites.

Medical Information and Release

I hereby release Camp Shield, Vanguard Institute, Christian Character Ministries Inc and all staff and volunteers from liability in case of accident or injury to my child.

Parent Signature _____ Date _____

In case we cannot reach you by phone in an emergency, sign consent for medical care....

In case of emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

Parent Signature _____ Date _____

Emergency Contacts

Mother's cell# _____

Father's cell# _____

Home# _____

Other# _____

Alternate contact, number, relationship _____

Alternate contact, number, relationship _____

Allergies

Does camper have any special needs or allergies to food, medication, etc... _____

If yes, explain in detail _____

Does camper have any recent injuries- _____

explain _____

Medication

Is camper on any medication? _____

If so, give specific details _____

Any other medical issue etc. that EG should know _____

(Please Circle) Camper (May) (May Not) be given Tylenol or Ibuprofen by staff at Camp Shield .

Dear Parents:

The staff at Camp Shield is so excited about our 3rd year.
We want to thank you for the privilege of working with your son.
We are looking forward to meeting him!

Please take the time to read the following pages and fill out the needed information.

**Mail or fax the completed packet back to Camp Shield as soon as possible
with a recent picture/snapshot of camper.**

The information will help us in planning for your son's week at camp.
If you have any questions or comments, please call us anytime.

Campers will not be allowed to bring cell phones to camp.
Camp Shield staff and office numbers are below. We will be available night and day to
receive calls,
and campers will be allowed to contact parents whenever necessary.

**Important
Numbers**

**Camp Shield Office 830-537-6157
Greg Parker- Director- 210-365-8037
Pat Tracy- Assistant – 210-316-2186
Vanguard Office- 830-537-5244
Camp Shield Fax- 830-537-5785**

**Address:
Camp Shield
PO Box 2187
Boerne, TX 78006**

Payments may be made by any of the following...

*Check or any card using paypal @ www.paypal.com
(email for paypal is trishpark@hotmail.com)

*Check by Mail
PO Box 2187, Boerne, TX 78006

*Call in Credit Card to Camp Shield office
830-537-6157

OR

*Fill out information below for Mastercard/Visa

Card Number _____
Expiration _____ / _____
Name on Card _____

Amount Charged \$