



Camp Cherokee

Operated by
McMinn-Meigs Association of Baptists

Rev. Mike Bernard, Camp Director
Rev. Mike Farmer, Director of Missions

Cost: (Including Insurance)
Pre-registered \$80.00 ♦ Not Pre-registered \$100.00
Deadline for pre-registration is **Friday, June 22nd**

It is very important that you pre-register.

Any registration received after June 22nd will be considered late and the cost will be \$90.00.

Send all registration forms to: **Camp Cherokee Registration**
Baptist Center
350 North Congress Parkway
Athens, Tennessee 37303

**All registrations must be notarized. We do not have a notary at the Baptist Center.
Please note: There are two forms requiring a notary signature. (page 2 and 4)**

Please send \$40.00 with your registration. The remaining \$40.00 is to be paid when you arrive at Camp Cherokee.

Camp Schedule:

Check in: between 8:00am and 8:30am. Camp begins promptly at 8:30am and ends promptly at 5:00pm. This year we will serve a late breakfast and a late lunch. Breakfast will be at 8:30am and lunch will be at 1:00pm. There will be an opportunity for snacks to be purchased at the Canteen in the afternoon.

Check out: 5:00pm - 5:30pm.

Note: There will be an additional charge for each child that is not picked up by 5:30pm at the rate of \$5.00 per 5 minutes.

We must know who will be picking up each child. The child will need to be signed out by this person. Please take notice of this entry on the application form.

What do I need to pack:

Bedding: Cabins are furnished with bunks and mattress; you may bring a sleeping bag or blankets, linens and pillow (this is for rest time).

Clothes: Gym clothes or jeans for recreation; a sweater/jacket, swim suit, shoes for hiking and playing on concrete. **Please for your safety, no shower shoes, flip flops or clogs are to be used for everyday wear. Tennis shoes are required. Please note: Sometimes it gets muddy at camp!**

BIBLE

MONEY: Soft drinks, potato chips, candy, etc. will be available at the Canteen.

First Aid & Safety: A nurse will provide First Aid. **A LIFEGUARD WILL BE ON DUTY AT ALL TIMES while pool is open.** Campers will be assigned to a cabin with one Counselor per 7-8 campers.

Camp Program: Bible Study, Crafts, Drama, Music, Camp Fires, Swimming, Sports, Nature Study, Horseshoes, Canoeing, Ping-pong, Christian Fellowship, plenty of FRESH AIR, GOOD FOOD and much more!!

Note: You must report any physical problem your child has and if your child is currently on any medicine or being treated for lice or any communicable disease.

Most Common Errors for 2017:

- 1) ***Failing to have page 2 & 4 notarized.***

*This applies to **all** registrations. Any registrations not notarized will be returned to you.*

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- 2) ***Failing to circle the correct date that your child is attending!***

Food, crafts, workers—everything is planned based on how many children have registered for that week. Please make sure you have circled the correct week for your child!

Frequently asked questions:

- 1) *Children may attend either or both weeks of Boys and Girls Day Camp.*
- 2) *Payment information: We do not accept debit/credit cards. Checks or cash is accepted for payment. Checks should be made out to “Camp Cherokee”. A deposit of \$40.00 is expected at the time of pre-registration (however the entire amount can be paid!). Please indicate the child’s name on the memo line of the check. The entire amount can be paid at the time of registration.*
- 3) *Camp Registrations should be taken/sent to the Baptist Center at 350 Congress Parkway North, Athens. Registrations/payments can be mailed.*

Camp Cherokee

CAMPER MEDICAL INFORMATION FORM

Camper Information:

Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Health Information:

Allergies: _____

Food Allergies: _____

If Allergic to anything, how is it treated? _____

Medication Child is taking: _____

Date of Last Tetanus Shot: _____

Special Diet: ____ Yes ____ No If yes, please explain _____

Are any medications being sent with camper? ____ Any medications sent to camp should be placed in original packaging in a zip lock bag with the camper's name and specific directions for use securely attached. Medications will be held and administered by the camp staff.

Physician Information:

Physician's Name: _____ Phone Number: (____) _____

Physician's Address: _____

Parent/Guardian Signature:

Notary Public Signature:

Parent or Legal Guardian Signature

Signature

Date: _____

Date: _____

Resident of _____ County,

State of _____.

My Commission expires: _____

Camp Cherokee

Parental/Guardian Authorization, Consent and Release

I, _____ am the parent or legal guardian of
_____ who was born on _____.

I warrant that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

As the parent or legal guardian of _____, I certify and affirm that I have been completely and thoroughly informed that as a camper attending Camp Cherokee, my child will participate in certain activities that carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to:

- ◆ Physical activities, both indoors and outdoors.
- ◆ Sports, both informal and organized.
- ◆ Use of recreational equipment.
- ◆ Activities around water, including swimming and boating
- ◆ Hiking
- ◆ Camping

I acknowledge and understand that Camp Cherokee may offer other activities not listed above that present similar risks or dangers to my child.

I consent to my child's participation in these activities, I acknowledge and understand that this **Parental/Guardian Authorization, Consent and Release** has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

In consideration of my child being allowed to participate in these activities and to use Camp Cherokee's equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Camp Cherokee from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of Camp Cherokee's equipment and facilities.

I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

I agree to pay for any and all medical expenses incurred as a result of the use of this consent, not covered by camp insurance.

I understand that it is my obligation to inform the management of Camp Cherokee of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while at Camp Cherokee.

Should the need for medical attention arise, Camp Cherokee will attempt to contact me as soon as possible as practicable under the circumstances.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Camp Cherokee on the basis of any claim from which I have released them herein.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

I have fully informed myself of the contents of this **Parental/Guardian Authorization, Consent and Release** by reading it before I signed it.

Signature

Notary Public

Print Full Name

Resident of _____

County, State of _____

Date of Signature

My Commission expires: _____

Date of Notarization: _____