

Poetry Community Christian School

*Week of
June 21st*

How To... Camp

2 or 4 days

8:30 a.m.—4 p.m.

Campers, ages 5-15, are grouped into teams to learn practical & fun skills. Teams move from workshop to workshop, so there's always something new to learn!

WORKSHOPS include **HOW TO...**

Change a tire—Bake cookies from scratch—Write an “I’m on my own” budget—Identify plants like trees, poison ivy, weeds—Hem & sew on buttons—Tie knots—Draw 3-D shapes—Change oil—Lift free weights for upper body strength—Use basic self-defense moves—Make pancakes—Orienteer—Play historical games like marbles—Count & use notes in music—Make silly putty & more—Write a limerick—Use a screw gun, drill & hammer—Shoot a bow & arrow—Make homemade bread—Make a marshmallow gun—Storytell for a group—Build a campfire—Make your own flashlight—Bake & ice a cake—**AND MORE...**

LOCATION: PCCS Campus, 18688 FM 986, Poetry

2-Day Camp: \$45 plus \$10 supplies fee

4-Day Camp: \$85 plus \$20 supplies fee

Sibling discount: \$10 off

Schedule: 8:30 a.m. Arrive, Check-in & Mingle

8:45–9:45 a.m.: 1st Workshop Rotation

9:45–10 a.m.: Snack & Stretch (send a snack & water bottle)

10 a.m.–Noon: 2nd & 3rd Workshop Rotations

Noon–1 p.m.: Lunch & Recess (send sack lunch & water bottle)

1–3 p.m.: 4th and 5th Workshop Rotations

3–3:15 p.m. Snack & Stretch (send a snack & water bottle)

3:15–4:15 p.m. 6th Workshop Rotation

4:15–4:30 p.m. Pick-up time

"HOW TO" CAMP REGISTRATION FORM

Mail Form and Payment to: PCCS, 18688 FM 986, Poetry, Texas 75160

For map to PCCS campus, see website: www.poetrychristian.org

REGISTRATION DUE: June 16, 2010

QUESTIONS? E-mail: info@poetrychristian.org or leave message at 972-563-PCCS

PARTICIPANT NAME:		Age as of July 1, 2010: Entering Grade Fall 2010:
Address:	City:	Date of Birth:
Home Phone #:	Other Phone #s:	
Parent/Guardian Name:	Phone # during camp time:	

T-Shirt Size (circle one): Youth 6-8 Youth 10-12 Youth 14-16 Adult Small Adult Medium Adult Large Adult XL

I/We certify that my child is physically fit and able to participate in this Camp and are not aware of any physical or medical impairments which would in any way limit his/her participation. In the event your child does have a medical condition that might affect participation in this Camp, please list specific details below (you may write on the reverse side):

Emergency Contact during Camp (if we cannot reach you):	Phone #:
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PERMISSION TO ADMINISTER MEDICATION & RELEASE: I authorize PCCS to administer prescription medications (meds) to my child. Such meds will be sent in ziplock bag (with child's name written on the outside). All such meds must be in original container with child's name, date filled, dosage instructions, & physician's name. I will leave written instructions as to dosage and time that meds are to be given. I will bring all meds to the school's Front Office, not in my child's belongings. I authorize PCCS to administer routine first aid to my child and I understand PCCS will call me or send home a note if it does so. I **RELEASE PCCS AND ITS REPRESENTATIVES FROM ANY LIABILITY FOR ADMINISTERING MEDICATION TO MY CHILD.**

List any medications that the Camper will need to take during camp hours:

I give my permission for school staff to give the following circled over-the-counter medications as per label directions:

Tylenol/Acetaminophen Advil/Ibuprofen Antihistamine

PERMISSION FOR EMERGENCY MEDICAL TREATMENT & RELEASE: If my child needs emergency medical treatment while in the care of PCCS and if PCCS is unable to reach me or my emergency contact, I authorize PCCS or person in charge to give consent to any necessary emergency treatment or care. I **RELEASE PCCS AND ITS REPRESENTATIVES FROM ANY LIABILITY FOR SUCH TREATMENT OR CARE.** I understand that I am responsible for medical insurance coverage should an injury occur during Camp. My child's Physician & Hospital of Choice are listed below.

Physician: _____ Phone #: _____ Hospital: _____ Phone #: _____
Child's Medical Insurance Carrier: _____ Policy #: _____

PERMISSION FOR TRANSPORTATION & RELEASE: I authorize PCCS to transport my child to and from campus in the event of an emergency. I **RELEASE PCCS AND ITS REPRESENTATIVES FROM ANY LIABILITY FOR TRANSPORTING MY CHILD.**

DAILY PICK-UP: Campers must be picked up no later than 5 minutes after their daily program ends (a \$1 per-minute late pick-up fee will be assessed). The following person is NOT permitted to pick up my child: _____

PUBLICITY & RELEASE: I authorize PCCS or its agents to photograph and/or quote my child and/or family members in connection with this Camp & to publish such items in school promotional info (including website, newspapers and/or yearbooks) and local/national media outlets. I **RELEASE PCCS AND ITS REPRESENTATIVES FROM ANY LIABILITY CONNECTED WITH SUCH PUBLICITY.**

RELEASE FROM LIABILITY: I **FURTHER AGREE TO RELEASE AND HOLD HARMLESS PCCS AND ITS REPRESENTATIVES FROM ANY LIABILITY, INCLUDING INJURY, DEATH OR PROPERTY DAMAGE, RELATED TO OR ARISING OUT OF USE OF THIS CAMPUS OR PARTICIPATION IN THIS CAMP PROGRAM.**

PARENT/GUARDIAN Signature: _____ **Date:** _____ 2010