



Dear Parents,

We are looking forward to Camp Ridgedale 2012 and are busy planning an exciting summer. Our camp will include campers who are entering first-sixth grades in the fall of 2012 (Exception: 7th graders are accepted when younger siblings are enrolled).

Camp dates for our summer 2012 program will be **May 29th thru July 27th**. Completed registration forms and fees will be accepted in person or by mail the month of February. We will have our annual registration day at the Meadows house on Saturday, **February 25th**, from 11:00am – 2:00pm. **THIS IS FOR RETURNING CAMPERS ONLY!** Please complete separate forms for each child. Please indicate on the form the weeks you will need for the summer and enclose or bring the \$50.00 registration fee per child. Please have the medical release form notarized before returning the forms. If you need additional forms for a sibling, please call the office or get them online at [www.ridgedalebaptist.org](http://www.ridgedalebaptist.org). If someone you know is interested in registering for our camp, please ask them to call the church office and we will send the information to them, or they can get the new camper packet online on March 1st. New campers will not be accepted until March.

The cost for Camp Ridgedale 2012 will be based on how you choose to make payments.

**One payment:** \$100.00 per week – due on **May 24th**

**Two Payments:** \$110.00 per week – due on **May 24th (for June) and June 29th (for July)**

**Weekly payments:** \$120.00 per week – **due every Monday**

If you have more than one child attending our camp, there will be a \$10 discount for the second child and a \$20 discount for the third child per week.

Sharing the adventure,

Joyce Phillips  
Director  
(423)499-0994 ext. 117

Drew Mullins  
Assistant Director



# 2012 Camp Ridgedale Registration

1831 Hickory Valley Road, Chattanooga, TN 37421 423-499-0994

Camper's Name Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School attending in the Fall of 2012 \_\_\_\_\_

Present Grade \_\_\_\_\_ Grade entering in the Fall of 2012 \_\_\_\_\_

Church currently attending \_\_\_\_\_

**Camper's T-shirt Size:** \_\_\_\_\_ Small (6-8) \_\_\_\_\_ Medium (10-12) \_\_\_\_\_ Large (14-16)

\_\_\_\_\_ Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large

Camper is in the custodial care of \_\_\_\_\_

## Primary Contact Information for Custodial Parent(s)/Guardian(s):

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

## Secondary Contact Information for Custodial Parent(s)/Guardian(s):

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

## In Case of Emergency (other than those listed above):

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

# Permission & Release

My permission is granted for my child to participate in the activities (including field trips) of Camp Ridgedale, a ministry of Ridgedale Baptist Church. I also grant permission to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the information given is correct and I do hereby release and forever discharge all sponsors, staff, and employees of Ridgedale Baptist Church from any and all claims, demands, actions or causes of action, past, present or future arising out of damages or injury while participating in Camp Ridgedale. I agree to indemnify all sponsors, staff, and employees of Ridgedale Baptist Church for any and all claims, demands, actions, or causes of action, past, present or future arising out of any damage or injury caused by my child while at Camp Ridgedale.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## Disciplinary Policies

Camp Ridgedale, a ministry of Ridgedale Baptist Church, uses the following guidelines in administering discipline.

**Step 1** - The counselor will talk with the child privately, encouraging a more positive way to behave. We use the *1, 2, 3, Magic!* Approach in which we “count” their behavior before going to step 2.

**Step 2** - If the problem continues, a time out may be given. One minute for each year of the child’s age. The counselor has the prerogative to continue to deal with the problem as long as he/she feels that he/she can handle the situation.

**Step 3** - When the counselor feels unable to communicate with the child, the counselor will take the child to the Cabin Coordinator or Assistant Director to discuss the problem. The Cabin Coordinator or Assistant Director will discuss the problem with the child and counselor, deciding the best way to solve the problem.

**Step 4** - If the situation cannot be corrected at this point, the child will talk with the Camp Director.

**Step 5** - If the situation cannot be solved, the Camp Director will talk with the child’s parents.

**Step 6** - If child cannot adhere to the rule at this point, he/she will be dismissed from camp.

As a parent/guardian, I have read the discipline policy of Camp Ridgedale. I give my permission for the camp to use the methods stated above.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



## Weeks Attending Camp 2012 Returning/After-Care Camper

**Camper's Name** \_\_\_\_\_

**Grade entering in the Fall of 2012** \_\_\_\_\_

**Weeks Requesting: Mark only the weeks that you plan to attend.**

	1		2		3		4		5
5/29-6/1 (closed May 28 <sup>th</sup> )		6/4-6/8		6/11-6/15		6/18-6/22		6/25-6/29	
	6		7		8		9		
7/2-7/6 (closed on the 4 <sup>th</sup> )		7/9-7/13		7/16-7/20		7/23-7/27			

### Statement of Commitment

I understand that I am financially responsible and agree to pay Camp Ridgedale for the weeks I have reserved for my child, even if my child does not attend. If I find that I need to swap weeks, I understand that this will be allowed on a **space available basis only**. Please check below which payment schedule you are choosing for the summer:

- One payment: \$100.00** per week – due on **May 24th**.
- Two Payments: \$110.00** per week – due on **May 24th (for June) and June 29th (for July)**.
- Weekly payments: \$120.00** per week - **due every Monday**.

I understand that the payment must be in the office at the times I have chosen either by personal delivery or by mail. I understand that if payment is not on time there is a \$50.00 late fee that I will be responsible for.

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If you would like to receive payment notification by e-mail, please provide your e-mail address below:

**COMMUNITY KIDS/CAMP RIDGEDALE**

*Ministries of Ridgedale Baptist Church*

**MEDICAL RELEASE FORM**

Please complete one form per child. All forms **MUST BE NOTARIZED**.

Please complete in black or blue ink to ensure legibility.

**Child's Full Name** \_\_\_\_\_

**Child's Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Child's birth date** \_\_\_\_\_ **Age** \_\_\_\_\_ **Child's SSN** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Child's Primary Physician** \_\_\_\_\_ **Physician's Phone** \_\_\_\_\_

**Parent(s)/Legal Guardian(s) Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Daytime Phone Number** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Eve. Phone Number** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Cell Phone Number** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone Number** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Is the child currently taking any kind of medication?** \_\_\_\_\_

*If so, please list the medication and frequency it is to be taken:*

**Is the child allergic to any kind of medication?** \_\_\_\_\_

*If so, please list what kind of medications they're allergic to:*

**What is the date of the child's last tetanus shot?** **Month** \_\_\_\_\_ **Day** \_\_\_\_\_ **Year** \_\_\_\_\_

**Please list any other known allergies:** \_\_\_\_\_

*Please list any and all medical conditions your child has, such as: diabetes, asthma, heart problems, migraine headaches, epilepsy, sinus trouble, or any other known medical problem including communicable diseases:*

**If your child experiences a headache, what "over the counter" medication may we give them?**

**If your child experiences an upset stomach, what "over the counter" medication may we give them?**

**EMERGENCY MEDICAL AUTHORIZATION**

In the event of an emergency; I hereby give permission to the Community Kids/Camp Ridgedale staff that is with my child to provide and obtain medical assistance for my child. I also give permission to the Medical Personnel selected to secure proper treatment for my child. This medical release form is valid for one year from date of signing when completed properly and notarized.

**Parent/Legal Guardian Signature:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**If I can't be reached, please notify:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**\*It is the parent(s) and/or legal guardian(s) responsibility to complete new forms and return to Community Kids/Camp Ridgedale as soon as possible if any of the above information changes.**

**State of Tennessee**

**County of** \_\_\_\_\_

**Personally appeared before me,** \_\_\_\_\_ **with whom I am personally acquainted and who acknowledged that he/she is the parent of the above said child.**

**Sworn to and subscribed before me this** \_\_\_\_\_ **day of** \_\_\_\_\_.

**My commission expires** \_\_\_\_\_

(Notary Public)

Dear Parents,

We make it a priority to ensure the safety and security of your child(ren) and our facilities. We would like to keep a list of ALL of the possible people you might send to pick up your child(ren). This will give us a reference when we see a new face coming to pick up your child(ren). We still ask that you call and leave a message 704-8203 (Camp cell phone), 499-0333 (Camp Office), or 499-2770 (CK House), or send a note to let us know if anyone other than you will be picking up your child(ren). Thank you for your help in making Community Kids/Camp Ridgedale safe and the sign-out process simple.

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Child/Children's name(s) \_\_\_\_\_

The following are people who MAY pick up my child/children:

<u>Name:</u>	<u>Relationship to Child:</u>	<u>Phone Number:</u>
_____	(Parent/Guardian)	_____
_____	(Parent/Guardian)	_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

The following are people who MAY NOT under any circumstances pick up my child/children (if applicable):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



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Chattanooga, TN 37421  
(423)499-0994

## Community Kids/Camp Ridgedale Photography Release

I give permission for: \_\_\_\_\_

I do not give permission for: \_\_\_\_\_

to be photographed and/or videotaped by the staff of Ridgedale Baptist Church/  
Community Kids approved by the Director of the program for purposes of  
advertising, public relations and family enrichment.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date