



KEEP THIS SHEET FOR YOUR USE

Things you should know:

Camp Fraser has been ministering to youth since 1972. The Camp lies on 76 acres of wooded land, surrounded by more than 230 acres of Fraser Preserve, an undeveloped area managed by Nature Conservancy. Campers will stay in Tent Cabins and participate in various outdoor activities such as nature walks, swimming, creek walks, hayrides, campfire, canoeing, and high and low ropes course. At Fraser one often sees deer, wild turkeys, birds and other wildlife. Campers also will have the opportunity to participate in craft activities and Bible studies.

To find out more about Camp Fraser, visit our web site at <http://www.calvarydc.org/campfraser.html>

Camp Fraser Location:

Camp Fraser is located a few miles from Great Falls, Virginia. From the Intersection of Georgetown Pike (Route 193) and Springvale Road, drive north on Springvale Road as far as possible (and into the woods).

Things needed:

Sleeping bag or sheet and blanket
Shorts, shirts, underclothes for 5 days
Sweatshirt or sweater
Bathing suit or shorts/top
Rain gear
Soap and shampoo
Comb or brush

Pillow
Long pants or jeans
Tennis shoes (no flip flops)
Swim shoes (no flip flops)
Flashlight
Towel
Bible

What NOT to bring: electronics (radios, iPods, gameboys, computers, cell phones, etc.), money, jewelry, weapons, food or drugs (except prescription drugs which must be listed on page 2 of the Health Record form).

Calvary Baptist Church, its employees and agents are not responsible for loss or damage to personal property brought to camp by the campers.

EMERGENCY CONTACT INFORMATION:

Church, 202.347.8355; Camp Lodge, 703.759.9898; Cell 202.489.9345

Bring your camper to Calvary Baptist Church on Mondays between 8:30 and 9:00 a.m.:

Pick up your camper at Calvary Baptist Church on Fridays between 4:00 and 4:30 p.m.

Calvary Baptist Church is located at 755 8th St. NW, Washington DC 20001, (entrance at 733 8th Street, NW) telephone 202-347-8355

For changes in registration, call the church office.



Camp Fraser



REGISTRATION 2009

Calvary phone: 202.347.8355 fax: 202.347.6360
755 8th Street, NW Washington, DC 20001

To Complete Registration:

- Fill out this Registration Form
- Complete and sign Camper Information and Waiver, and Health Record forms (2 pages)
- Send in Completed forms with \$10 application fee

Camper's Name _____ Age (as of June 16, 2009) _____ M/F _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip code _____

Phone-home _____ Phone-work _____ Cell _____

Email _____

Camp Sessions for ages 7-12 weeks 1-5, Week 7 ages 13-15:

Week 1 June 22-26

Week 4 July 13-17

Week 2 June 29-July 3

Week 5 July 20-24

Week 3 July 6-10

Week 6 July 27-31 (Teen Week, ages 13-15 only)

The first week selected is _____

If two weeks are desired please indicate the second week _____

(Campers are limited to a maximum of two weeks and are scheduled on a first come basis)

Cost: **\$150.00 per week per camper** (scholarships are available based on personal income). Final payments are due on or before the day of registration (Mondays of each session). In addition, a non-refundable application fee of \$10.00 is due when the forms are sent in. The space for the camper is not saved until the application fee is received. Please make checks payable to **Calvary Baptist Church**.

Please send/bring the registration back in the envelope provided or fax to the Church at 202.347.6360.

Drop camper off on Mondays at 9 am and pick camper up on Fridays at 4 pm at Calvary Baptist Church administrative offices, located at 733 8th Street, NW, Washington DC. We are located between the Verizon Center (7th St. NW) and Martin Luther King Jr. Library (9th St NW) near the Gallery Place Metro stop.

Is a scholarship requested? ___ no ___ yes, but I can pay _____

Please complete below (Scholarship will not be granted if not completed).

Names of all household members	Monthly earnings from work (before taxes)	Monthly earnings from child support, alimony, etc.	Monthly welfare from social security, government, etc.



Camp Fraser



Camper Information and Waiver

(To be filled out by parent/guardian)

Name of camper _____ M/F _____

Address _____

City _____ State _____ Zip code _____

Date of Birth _____ Week(s) attending camp: _____ and _____

Parent/Guardian Information:

	Father	Mother
Name		
Address		
Home Phone		
Work Phone		
Cell Phone		

In case of emergency, call _____ relationship _____

Daytime phone _____ Evening phone _____

Cell phone _____

I hereby give my permission for the staff and the agents of Calvary Baptist Church to use any photographs taken during camp for promotion or other use.

Parent/Guardian signature Date

THIS WAIVER MUST BE READ AND SIGNED BY BOTH PARENT/GUARDIAN AND CAMPER:

I understand that participation in this program is dependent upon my child's willingness to abide by the rules and guidelines given by the staff. I understand the nature of the activity and the risk(s) involved and that reasonable precautions have been taken to ensure that all programs and events are conducted in a safe and reasonable manner. However, I agree to hold harmless Calvary Baptist Church, its employees and agents from any and all legal liability to persons and/or to property whether through actions or omissions of the participants for the duration of the program. I further understand that failure to follow camp policies may mean suspension or expulsion from the program. I hereby authorize the staff and agents of Calvary Baptist Church to authorize such MEDICAL TREATMENT as needed.

Parent/Guardian signature Date

Camper signature Date



Camp Fraser



HEALTH RECORD

(To be filled out by parent/guardian)

Health History *(This information is important for us to better serve your child)*

Health Insurance Company / Medicare policy number _____

Physician's name and phone number _____

Illnesses (check all those that apply)

_____ asthma _____ diabetes _____ epilepsy
_____ convulsions _____ ear infections/tubes

Allergies (check those that apply)

_____ animals (specify) _____
_____ food (specify) _____
_____ insects (specify) _____
_____ plants (specify) _____
_____ medicines (specify) _____
_____ Other (specify) _____

Other health conditions (check those that apply)

_____ bed wetting _____ sickle cell anemia _____ fainting
_____ nose bleeds _____ hearing impaired _____ glasses
_____ ADD /ADHD _____ motion sickness
_____ other disorder _____

Description, if necessary use another sheet.

Immunizations up to date: _____yes _____no

Date of last tetanus shot: _____

Medicine child is taking (if any) _____
(if necessary use another sheet)

Other relevant information: _____

