

# Florida College Dry Creek Camp Application Form

- Completed Medical Form for each Camper must accompany this Application Form.

**PLEASE PRINT CLEARLY**

**Family Information:**

Father: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone :(\_\_\_\_\_) \_\_\_\_\_

Mother: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone :(\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent's Email: \_\_\_\_\_

<b>Camper Information :</b>	<b>Camper 1</b>					<b>Camper 2</b>				
First Name										
Last Name										
Gender (circle)	Male	Female				Male	Female			
Birthday										
Grade completed by Camp time										
High School Graduation Year										
T-shirt size (Adult sizes) (circle)	S	M	L	XL	XXL	S	M	L	XL	XXL
Sports Team Picture? (circle)	Yes		No			Yes		No		
Cabin Picture? (circle)	Yes		No			Yes		No		
Counselor Picture? (circle)	Yes		No			Yes		No		
DVD Video? (circle)	Yes		No			Yes		No		
Email Address										
Cell Phone (if any)										
Bus Stop Location (circle one)	Kleinwood	West Houston				Kleinwood	West Houston			
	Baytown	Beaumont				Baytown	Beaumont			

**Please Calculate Total Fees Due**

Number of Campers	_____	x	\$275.00=		_____
Number of Campers Riding the Bus	_____	x	\$ 75.00	=	_____
Total Number of Pictures Ordered	_____	x	\$ 5.00	=	_____
Total Number of Videos Ordered	_____	x	\$ 30.00	=	_____

**Total Fees Due**                      **Check #** \_\_\_\_\_

**Total fees are due with this Application.**

If you need more time to pay, send the Application Form and tell us when you can pay.

**Completed Medical Form for each Camper must be enclosed.**

**Mail this form with a check made payable to:**

**Florida College Camp  
P.O. Box 333  
Alief, Texas 77411-0333**

*Please complete Crafts and Activities and the Medical Form for each Camper*

## Activities and Crafts

For each camper, first circle the number of days you want Music. Then, number your choices in **order of preference**. Grades 4-6, choose from #1 through #15 **only!** Grades 7-12, choose from #1 through #17 **only!** Grades 9-12, choose from #1 through #19. **This form must be filled in.** If not, campers will be assigned to whatever crafts and activities are available.

Grades 4 - 12:	Camper 1				Camper 2				Description
<b>Music</b> — (Circle the # of days you want to attend. If less than 4, complete the list of preferences below.)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	This is your time to sing with all your heart. Learning new songs is always good, so come take part in this fabulous opportunity.
1. Cool-off Craft									Anyone up for Ice Cream. Come make your own. When you finish, you can make a take home Sand Art.
2. Fabric Art									Bring your favorite colored T-shirts (or any kind of cloth item) to stamp or write something awesome to wear. You will use alphabet stamps and fabric paint and pens to decorate however you like.
3. Wood Burning									This may be the year you get in wood burning. Try again so you can make an exciting wooden plaque to take home.
4. Beaded Jewelry									Everyone wants one or two. It's a badge of camp. Make your own necklace, bracelet, ankle bracelet, or one for a friend.
5. Bottle Cap Craft									Bottle Cap Craft Bottle Cap jewelry is great or you can make magnets to use on your bulletin board or refrigerator.
6. Science Fun									Ever explode a fizzy drink all over you and anyone else close to you. Now is your chance. You will also use balloons, vinegar, baking soda, and other stuff, but not necessarily in that order.
7. Archery									Bows, Arrows, Balloons, Targets, Hot Sun, and Fun. Come on out to the archery range and try your hand at the art of bowman ship.
8. Drama									Only the courageous need apply here. You must have courage, great heart, and love of fun. You could be a future star.
9. Soccer									You will get a kick out of this! Here's your chance at camp to play with some of the best. Join in the fun.
10. Newspaper									Do you like seeing funny articles or your friends' names in print. This is your chance to "Write" the news. Be in the know about camp. You get to walk all around the camp during crafts, too.
11. Rifle Range									Rifle Range is a safe place to learn to handle guns or just have a great time shooting at a target in the woods.
12. Fishing									Calling all fisherman and want-to-be's. The pond has fish and we have worms and you can catch (maybe) a catfish.
13. Board Games									Not Bored Games! Come play your favorites in the cool, cool cafeteria. It's fun, refreshing and relaxing.
14. Basketball									Grab some friends, game on! Everyday down on Brad's Court there will be a rivalry that can't be beat.
15. Geo-Caching									Into the woods with nothing but a GPS and some friends to find what is hidden there for you. Come prepared, bring sneakers to wear.
<b>Grades 7 - 12 Only:</b>									
16. Volleyball									Who can resist a good volleyball game. Grab some of your friends and meet at the court.
17. Golf									How far can you hit a golf ball? Use the time for practice, fun and socializing, down under the pines where it's cool and quiet.
<b>Grades 9—12 Only:</b>									
18. Canoeing									Who among us can guide a canoe? Can you really use a paddle or just want to cool off and have a great time?
19. High Ropes									Get parent's permission first, then join the others climbing up high in the trees, a climbing wall and zip line. The thrill is there to grab. <b>(Downloadable permission slip required.)</b>



Camper #1's Full Name: \_\_\_\_\_

## Medication Schedule

**All medications must be in original container with pharmacy label.**

#1 Self-Given? (Circle One)	#2 Mandatory? (Circle One)	#3 Name of Medication or Treatment	#4 Name of Condition	#5 Dosage	#6 Times (Circle all that apply)	#7 Frequency of med. or treatment (Circle One)	#8 If "As Needed", how are we to decide?
Yes / No	Yes / No				B    L S    BT	1/day 2/day 3/day 4/day As Needed	
Yes / No	Yes / No				B    L S    BT	1/day 2/day 3/day 4/day As Needed	
Yes / No	Yes / No				B    L S    BT	1/day 2/day 3/day 4/day As Needed	
Yes / No	Yes / No				B    L S    BT	1/day 2/day 3/day 4/day As Needed	
Yes / No	Yes / No				B    L S    BT	1/day 2/day 3/day 4/day As Needed	

**#1 Self-Given:**

- If yes, camper will keep the medication and be responsible for taking it; staff will not monitor administration of the meds. This will generally apply to older campers and/or over the counter medications.
- If no, nurse will keep medication and will monitor its administration.

**#2 Mandatory:**

- If yes, all dosages must be taken on schedule.
- If no, this medication will only be taken as needed (as a symptom presents itself). If taken only "as needed", please explain in column 8.

**#3 Name of Medication or Treatment:** Medication as named on prescription bottle or package.

**#4 Condition:** Condition for which this medication is given.

**#5 Dosage:** Strength of each dose as indicated on prescription (ex. 250 mg.)

**#6 Times:** The time of day the camper will take the medication. (B= Breakfast; L= Lunch; S= Supper; BT= Bedtime)

**#7 Frequency:** The number of doses or treatments per day.

**#8 As Needed (or Not Daily):** Explain whether the nurse or the camper determines the need and how they are to determine the need. Also, explain when to initiate or discontinue treatment. For "Not Daily" explain, (ex. Monday only, etc.).

**Notes for the Nurse** (Additional comments can go here and/or on a separate sheet. **Write Camper's Full Name on any additional pages.**):



Camper #2's Full Name: \_\_\_\_\_

## Medication Schedule

**All medications must be in original container with pharmacy label.**

#1 Self-Given? (Circle One)	#2 Mandatory? (Circle One)	#3 Name of Medication or Treatment	#4 Name of Condition	#5 Dosage	#6 Times (Circle all that apply)	#7 Frequency of med. or treatment (Circle One)	#8 If "As Needed", how are we to decide?
Yes / No	Yes / No				B    L S    BT	1/day 2/day 3/day 4/day As Needed	
Yes / No	Yes / No				B    L S    BT	1/day 2/day 3/day 4/day As Needed	
Yes / No	Yes / No				B    L S    BT	1/day 2/day 3/day 4/day As Needed	
Yes / No	Yes / No				B    L S    BT	1/day 2/day 3/day 4/day As Needed	
Yes / No	Yes / No				B    L S    BT	1/day 2/day 3/day 4/day As Needed	

**#1 Self-Given:**

- If yes, camper will keep the medication and be responsible for taking it; staff will not monitor administration of the meds. This will generally apply to older campers and/or over the counter medications.
- If no, nurse will keep medication and will monitor its administration.

**#2 Mandatory:**

- If yes, all dosages must be taken on schedule.
- If no, this medication will only be taken as needed (as a symptom presents itself). If taken only "as needed", please explain in column 8.

**#3 Name of Medication or Treatment:** Medication as named on prescription bottle or package.

**#4 Condition:** Condition for which this medication is given.

**#5 Dosage:** Strength of each dose as indicated on prescription (ex. 250 mg.)

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**Notes for the Nurse** (Additional comments can go here and/or on a separate sheet. **Write Camper's Full Name on any additional pages.**):