



Camp Sionito is a Christian camping activity sponsored by Coastal Bend, Heart of Texas and Mexico-Texas Mission Centers of the Community of Christ. The camps are held at the Sionito Campgrounds, located six miles west of Bandera, Texas, on Route 16 in the Texas Hill Country. Parents and legal guardians of minor Campers are asked to complete this form. Every Camper MUST have a completed and signed form.

### IMPORTANT FOR 2011

1. **Early Registration** is \$310 if the completed registration form and a \$50 non-refundable deposit is postmarked by the early registration deadline. This information should be mailed to the appropriate Camp Business Manager. **Late Registration** is \$360. There will be no waivers for the early registration cut-off date. Please register early!

	<u>Camp Dates</u>	<u>Early Registration (\$310)</u>	<u>Late Registration (\$360)</u>
Sr. High Camp	June 12-18	<b>ends May 12</b>	May 13 – June 12

2. A \$50 non-refundable deposit is due with your completed registration form. (The deposit will be applied to your registration fee.) The remainder of the registration fee is due on or before the beginning of camp. If your congregation is assisting in payment of fees, it is your responsibility to make sure that the financial officer includes your name on the list of youth being given financial assistance by the congregation. The Camper is responsible for applying for the mission center campership available through their mission center. This application can be found on the mission center's web page: [www.heartoftexasmc.org](http://www.heartoftexasmc.org) or [www.coastalbendmc.org](http://www.coastalbendmc.org).
3. No early arrivals! The Camp Staff are engaged in training and orientation and cannot provide any supervision. Arriving before the start of camp is not permitted.
4. Rules for acceptance and participation in the program are the same for everyone without regard to age, handicap, national origin, race, religion, or sex.

### PARENTS / GUARDIANS:

Camp begins at 1:00 p.m. on the Sunday of each camp. Campers MUST NOT arrive prior to 1:00 p.m. as this seriously interrupts Staff Orientation Sessions. Camp is not over until the conclusion of the final activity on Saturday.

There will be **no** lunch on Saturday.

Campers MUST BE picked up between 12:00 - 1:00 p.m.

NO part time Campers will be accepted.

The presence of visitors and late arrival of Campers can be disruptive to any camp. Please be conscientious about arriving and leaving promptly.

The camping environment is a close community. Therefore, as part of the health check-in with the Medical Staff, each Camper will be confidentially checked for any communicable conditions. If the Medical Staff determines a Camper has any conditions that might be passed on to other Campers, depending on the nature of the condition, a Camper may stay under the care of medical staff supervision or, for the sake of the youth and the community, the parent may be asked to take the Camper home.

**Mailing address:** Camp Sionito, 7754 State Highway 16 N, Bandera, TX 78003-3528.

**EMERGENCY CALLS ONLY:** Phone 830-796-3510.

**CAMPERS:**

Bring jeans, shorts, bathing suit, T-shirts or casual shirts, raincoat or poncho, two pairs of shoes, warm jacket or sweater, pillow, blankets or sleeping bag, flashlight, toilet articles, camera, musical instruments, sports equipment, Scriptures, insect repellent, letter writing materials. DO NOT BRING radios, personal audio players, etc. that can't be listened to privately by way of a headset. Clothing or related items that promote the use of tobacco, alcohol, drugs, un-Christian conduct, abusive or derogatory language are not allowed. Cell phones and texting devices will be collected at the beginning of camp. Their use will be at the discretion of the Camp Director.

**DIRECTORS**SENIOR HIGH CAMP - JUNE 12-18

Must be going into grades 10-11-12 in the fall of 2011 or graduated in the spring of 2011.

**Director:** Barbara Goodwin  
(c) 281-300-9329  
beegoodwin1@aol.com

**BUSINESS MANAGER**SENIOR HIGH CAMP

**Business Manager:** Carol Sutton  
2101 Robin Ln  
Taylor, TX 76574  
(h) 512-365-8029  
(c) 512-635-6956  
larrycarolsutton@hotmail.com

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The Sionito Campgrounds Association is continually upgrading and enhancing the campground facilities. It is our hope that these enhancements will benefit our youth and other users of the grounds. If you are interested in making a tax-deductible donation to these ongoing efforts, please contact Kathie Moss at 817-991-1819.

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## 2011 SIONITO Camper Registration Information

### Community of Christ

Please indicate the camp the Camper will be attending:

#### General Information

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

Age \_\_\_\_\_ Sex: \_\_\_\_\_ Grade Completed in School \_\_\_\_\_ Phone (Camper) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail address: (Camper) \_\_\_\_\_

Roommate Preference \_\_\_\_\_

Congregation/Church Attending \_\_\_\_\_ Mission Center \_\_\_\_\_

Name of Parent/Legal Guardian or next of kin \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address (Parent/Guardian) \_\_\_\_\_

Additional Parent/Legal Guardian or next of kin \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address (Additional Parent/Guardian) \_\_\_\_\_

Person(s) allowed to pick up your Camper from camp \_\_\_\_\_

**CAMPER'S PROMISE:** To make camp more successful I will abide by the rules and expectations of the camp and will live by the highest Christian standards or will be sent home at the expense of parent(s)/guardian. I will be at all activities on time and ready to participate. I will be courteous, kind and respectful of other persons and their possessions. Youth camp policy prohibits the use of tobacco, alcohol, and illegal drugs on the campgrounds. I will not bring tobacco, alcohol, drugs, knives, matches or cigarette lighters to camp. (Failure to meet this policy will result in the Camper being sent home at the expense of parent(s)/guardian.) I will not leave the campgrounds for any reason. I will only make collect phone calls and limit the call to a few minutes. I will not bring food to camp – snacks will be provided for me. I will not bring non-prescription medication to camp and all prescription medicine brought to camp will have my name on the bottle. (All medicine must be turned in to the medical staff.) I will refrain from abusive or derogatory language. I will live by the "Golden Rule" – do unto others as I would have them do unto me.

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL CONSENT AND RELEASE**

In consideration of \_\_\_\_\_'s (*name of participant, hereinafter "Camper"*) participation in an activity sponsored by the Community of Christ, I do for myself and for and on behalf of my Camper hereby release, forever discharge, and agree to hold harmless the Community of Christ and its directors, agents, employees, assigns, and any subordinate units from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever due to ordinary negligence that may be incurred by the undersigned and the Camper that occur while said Camper is participating in above listed activities, including transportation to and from such activity. I have listed below any activity that my Camper cannot participate in.

Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food, and lodging for this Camper.

The undersigned further agrees to hold harmless and indemnify Community of Christ, its directors, employees, and agents, assigns, and subordinate units for any liability sustained by said organizations as the result of the negligent, willful or intentional acts of said Camper, including expenses incurred attendant thereto.

If the Camper has not attained the age of 18 years, I am a parent or legal guardian of this Camper, and thereby grant my permission for him/her to participate fully in said event unless specific activities have been listed below. I also give my permission to take said Camper to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. I also agree that if my Camper has an illness on the day of departure, which could be harmful to him/her, or to others he/she will not be allowed to remain at the activity.

Further, I hereby give consent to and authorize the taking of photographs or videotape in which my Camper may appear, and their use in all media, including the world wide web, hereby waiving all right of privacy in and to any said pictures or tapes.

Here is the list of the activities my Camper cannot participate in:

**Authorization Signature**

I have read and agree to all statements in the liability release. I consent to have my Camper participate in the above listed activity/event.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent or Guardian

For some camps an archery class or activity may be offered. The Archery class or activity will be taught by an adult authorized to teach and conduct an Archery class. Check with your Camp Director to determine if an Archery class will be offered.

### RELEASE & WAIVER OF LIABILITY FOR ARCHERY

I certify that I have decided to participate in Archery with full knowledge of the potential danger, and understanding that participation in the activity involves potential risks and dangers, including but not limited to transportation to and from said activities, bodily injury, closed head injury, concussion, partial or total disability, paralysis and death to Camper's person and damages which may arise there from, and that I/we acknowledge said risks of Archery.

I declare and attest that I am willing to assume all risks in order to participate. In consideration of this right to participate, I waive any and all claims for myself and my heirs or anyone else claiming on my behalf for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever due to ordinary negligence, against Community of Christ, its heirs, assigns, or employees, because of injury or illness that may result from my participation in this activity. By this agreement, I agree to refrain from instituting or aiding in any claim or demand for damages, expenses, or compensation against and indemnify and hold harmless the Community of Christ, its heirs, assigns, or employees in connection with my attendance at and participation in this activity.

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Camper

\_\_\_\_\_  
Date of Birth. If under the age of 18 years\* parent or guardian must consent.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Who to Contact in the Event of an Emergency**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**Medical History**

1. Allergies to foods, medications, etc. (if none, so state) \_\_\_\_\_

2. Is Camper currently under a physician's care for any acute or chronic medical condition?  
 (If so, please explain. If none, so state) \_\_\_\_\_

3. Does Camper carry medications on person? (If none, so state) \_\_\_\_\_  
 Medication(s) \_\_\_\_\_  
 Purpose: \_\_\_\_\_

4. Does Camper require prescription medications? (If none, so state) \_\_\_\_\_  
 Medication(s) \_\_\_\_\_  
 Purpose: \_\_\_\_\_

5. Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Physician's Office Address \_\_\_\_\_

6. Health Insurance  
 Place a check in box if you **DO NOT** have health insurance  
 Place a check in box if you have Medicaid or CHIPS  
 If you have Medicaid or CHIPS you **must provide a copy of your valid statement for the month of your Camp — either June or July.**

Place a check in box if you **DO** have health insurance and then complete the information below.

Health Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Policyholder's Name \_\_\_\_\_

Policyholder's Address \_\_\_\_\_

Group No. \_\_\_\_\_ Policy No. \_\_\_\_\_

**Please attach a photocopy of your insurance card and prescription card!**

7. Does Camper have or has Camper had any of the following conditions? (Please place a check mark in the box of those conditions. Also, provide approximate date of last occurrence.)

- |                 |             |                |             |
|-----------------|-------------|----------------|-------------|
| Asthma          | Date: _____ | Diabetes       | Date: _____ |
| Bronchitis      | Date: _____ | Tuberculosis   | Date: _____ |
| Rheumatic Fever | Date: _____ | Kidney Trouble | Date: _____ |
| Hepatitis       | Date: _____ | Mumps          | Date: _____ |
| Scarlet Fever   | Date: _____ | Heart Murmur   | Date: _____ |
| Appendicitis    | Date: _____ | Chicken pox    | Date: _____ |
| Pneumonia       | Date: _____ | Frequent Colds | Date: _____ |
| Epilepsy        | Date: _____ | HIV            | Date: _____ |
| Anemia          | Date: _____ | Sore Throats   | Date: _____ |
| Measles         | Date: _____ | Sinusitis      | Date: _____ |
| Heart Trouble   | Date: _____ | MRSA           | Date: _____ |
| Whooping Cough  | Date: _____ | Fracture(s)    | Date: _____ |

Nature of fracture \_\_\_\_\_

Other conditions medical staff should be aware of

8. Operations or Serious Injuries (describe and give dates)

9. Immunization Dates (A photocopy of the Camper's health card may be attached, if available.)

- |            |         |                 |          |               |
|------------|---------|-----------------|----------|---------------|
| DPT        | Booster | Diphtheria      | Smallpox | Typhoid       |
| Tuberculin | Measles | Booster Tetanus | Mumps    | Polio Vaccine |

10. Has Camper recently been exposed to a contagious disease? (If "Yes," describe. If "No," so state)

11. Does Camper have problems in any of the following areas? (Please place a check mark in box) Afraid  
 Vision   Hearing   Hernia   Fainting   Diarrhea   Constipation   Sleep Walking   Bed-wetting   of Dark  
 Recent emotional upset (death of family member, divorce of parents, etc.)

12. Any other medical, emotional, psychological problems, dietary regime, or physical restrictions? If yes, please describe.

**As a parent/guardian I acknowledge that my Camper will be checked by the medical staff at the start of camp for any condition that might be contagious. I also understand that should my Camper have to be sent home due to such a condition I will be responsible for any and all transportation cost.**

**Permission For Medical Treatment**

*I, the undersigned, being the parent, legal next-of-kin, or guardian of \_\_\_\_\_*

*hereby authorize any necessary medical treatment for this person. I also guarantee payment of all charges incurred during this medical treatment for Physician, hospital, x-ray tab, drugs, ambulance, etc.)*

Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

### Camper Registration Fees

**Early Registration Fee includes \$50 non-refundable deposit** (submitted online or postmarked at least 30 days before start date) - **\$310**

**Late Registration Fee includes \$50 non-refundable deposit** (submitted online or postmarked less than 30 days before start date) - **\$360**

**Camperships** (funds provided by a Community of Christ Congregation and/or Mission Center in support of a youth attending youth camp). If the camper has a supporting Community of Christ congregation and/or Mission Center that will be providing a Campership then the Camper needs to complete the following Campership information.

**Designated Registration Fee Sources**

**Amount Coming From These Sources**

Congregation \_\_\_\_\_

Amount contributed \_\_\_\_\_

Mission Center \_\_\_\_\_

Amount contributed \_\_\_\_\_

Total amount from Congregation and Mission Center \_\_\_\_\_

**Camper/Family will pay balance due** \_\_\_\_\_

**Total of All Payment Sources** (should be equal to either \$310 or \$360) \_\_\_\_\_

A \$50 non-refundable deposit will reserve your place at camp and if received 30 days prior to the camp start date qualifies you for the early registration rate. The deposit will be applied to your registration fee. The balance of the registration fee is due on or before the beginning of the camp.

\*\*\* Camp Sionito T-shirt is included in the registration fee.

\*\*\* Please indicate the size of T-Shirt.

Adult Sizes            S            M            L            XL            XXL            XXXL

Youth Sizes—for Junior Campers ONLY!            S            M            L

### Submitting Registration

1. **Print** copy and **sign** where indicated—see button below on the left.
2. **Submit**—see button below on the right.
3. Payment—
  - Online PayPal/Credit card or
  - Check payable to Community of Christ - Camping Committee, send to business manager

Click the **“Print”** button to print a paper copy.

Click the **“Submit”** button to send your online registration. This will also take you to the online PayPal/Credit Card payment option.