

### Application for Primary Camp: 2025

Primary Camp FINSHING GRADES 1, 2, 3 Sunday June 8 – Friday June 13, 2025  
Sunday Sign In – 5:30 – 7:00pm / No dinner served but will have a pizza party.

CAMP FEE: \$200 (Early Registration due Tuesday May 20) (18 days before camp)

CAMP FEE: \$225 (Pre-Registration due Monday May 26) (12 days before Camp)

CAMP FEE: \$250 (Late Registration due by Monday June 2 / No Applications Accepted After June 2

Payable To: WV Nazarene Youth Camp

Mail To: Brenda Koontz P.O. Box 13235 Charleston, WV 25360 (304) 741-4342 Email: beekoontz@gmail.com

Camper's Name: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Camper's Address: \_\_\_\_\_ City/ST: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Name/Cell #1: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/ST: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Name/Cell #2 \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

Email: \_\_\_\_\_

Roommate Request: \_\_\_\_\_ Church: \_\_\_\_\_

Does this camper currently have a custody agreement or do not release agreement in place? Yes \_\_\_ or No \_\_\_ if yes, please attach a photocopy of said agreement. This is to ensure the safety and well being of the child. Any questions please contact the camp director *Brenda Koontz* by phone and/or email. Has this child ever attended Church Camp before? YES \_\_\_\_\_ NO \_\_\_\_\_

Camper's Pledge: I have read the camp rules and will abide by them. I will give full cooperation to my camp director and staff. I realize that if I do not comply with these rules, it will result in my being sent home from camp.

Camper's Signature: \_\_\_\_\_

**\*\*With my signature, I hereby validate this application form and do expressly waive any and all claims against the WV North & WV South District Church of the Nazarene and/or any of its boards and/or any representatives, because of injury, illness or damage to the person or property of the above applicant in condition with or incident to, the WVN/WVS camp program.**

**\*\*Release Form for Media Recording** I, the undersigned, consent and agree that Summersville Nazarene, its employees, or agents may take photographs, video, and other image & sound-based media of activities including camp attendees, employees, students, and visitors while on the grounds. I understand there will be no financial or remuneration for recording camp activities, either for initial or subsequent use such as images in publications, advertising, presentations. Usage shall not include distribution to other agencies or commercial publications.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Pastor's Recommendation

I have read the above application and to the best of my knowledge, this applicant is registering in the proper camp according to their grade level. I have discussed the camp rules with the camper and believe they will abide by them. I give my recommendation for this applicant to attend the camp to which they are applying.

Pastor/Associate's Signature: \_\_\_\_\_

Church: \_\_\_\_\_ Church Phone: \_\_\_\_\_

West Virginia Nazarene Camp

**West Virginia Nazarene Camp  
Camper Policy Agreement Form 2025**

**Church Camp Cell Phone Policy**

While we cannot technically ban cell phones, we do strongly suggest you leave cell phones and all other electronic devices at home. This is for the protection of the camp and the campers. While we do understand the positives of having such a device with them, we also understand that these devices open a myriad of pitfalls as well.

**VALUABLES:**

Cell phones are expensive and can get lost or stolen. In addition, the physical camp environment is not kind to such items.

**TEXTING:**

We also understand that for many teens, increasing numbers of younger children, texting is a favored means of communication. We certainly are not against the form of communication outside of camp. At camp, however, another goal of the camp experience is to connect with other people face to face and nurture the art of interpersonal communication. Texting friends outside of camp during the camp session, impedes the ability of campers' freedom to truly benefit from this special aspect of camp and the process of building these new friendships. By leaving cell phones at home, this does not become an issue.

**DIGITAL PHOTOGRAPHS:**

Another drawback of having cell phones at camp is the built-in camera. As with schools, there are camps around the country where children have secretly taken inappropriate photographs of other campers or staff members and displayed them publicly. While we do not ban digital cameras, we do not recommend bringing them to camp. Please help us maintain a safe environment by explaining this to your child. You should know that any camper that takes a compromising photo of another staff member and makes it public in any way may be subject to dismissal from camp and may not be allowed to return. If the law is broken, the appropriate authorities will be notified. This includes websites like, but not limited to, youtube.com, and facebook.com.

**COUNSELOR CELL PHONES:**

Counselors will have cell phones in case of emergencies so that campers don't have a need to carry them.

**IPOD TOUCH, IPODS and MUSIC/VIDEO STORAGE DEVICES:**

We maintain a policy restricting the use of iPods and other types of music and video data storage devices at camp. Due to the capability of such devices to access the internet, download and store, in a private manner, easily available sexually explicit, degrading, foul and vulgar content, they are inappropriate for use at camp. In addition, it is our aim to promote activities, whether formally planned, informal, or spontaneous during free time, that are inclusive, and group oriented rather than exclusionary for private personal use or benefit.

**Cell Phone or Other Electronic Device Policy Agreement Form**

I understand this policy about bringing a cell phone or other electronic device to camp.

Signature of Camper: \_\_\_\_\_ Date: \_\_\_\_\_

I have read the above cell phone policy and agree to the guidelines stated, including that the cell phone and or other electronic devices will be taken if they are misused or become a distraction; to be returned at the conclusion of Camp if the policy is violated. I understand that if there is an emergency, I may contact the camp at the phone numbers listed in the camp packet.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form, along with check and copy of insurance card attached, must be submitted when application is sent in.

## West Virginia Nazarene Primary Camp Information 2025

**PERSONNEL:** Counselors and staff members are carefully chosen, consecrated Christians, including pastors and laymen. Every Nazarene pastor is encouraged to participate in camp by working in some capacity unless providentially hindered.

**HEALTH:** A nurse/paramedic will always be on duty. Supplemental insurance is provided for each camper. Applicant's primary insurance company is to be used under medical information. A lice check must be completed.

**LODGING:** All campers are required to be lodged in assigned dorm rooms.

**DRESS:** Modesty is our rule. Campers are to be neat and clean for all worship services and evening meals. Campers displaying extreme variation from modesty will be asked to change. The camp director of each camp will have the discretion over appropriateness of dress. Shirts and shoes must always be worn outside of the dorms. Prohibited clothing items include muscle, tank tops, offensive logos or sayings, fishnet shirts, see through or similar material.

**FOOD:** Well balanced meals will be prepared by qualified dietitians.

**PHONE USAGE:** Phones are to be used for emergency only. Cell phones are not permitted for campers.

**What to Bring:** Sleeping bags or sheets and blanket, pillow, towels, wash cloths, personal toiletries, dress clothes, recreational clothes, bathing suit (girls one piece/boys' shirt & trunks), swim shoes (or old tennis shoes), shower shoes, tennis shoes, pjs, robe, jacket, sweatshirt, raincoat. **NO FLIPFLOPS!** The weather varies a lot so bring warm & cold clothes.

**Snack Bar money (\$10-15) in a baggie with your name on it.**

**SPECIAL NEEDS:** Please provide information concerning any special conditions/needs the camper may have. All special needs will be kept confidential.

**ARRIVAL TIME:** All campers should be on the campgrounds between **5:30 – 7:00pm On Sunday June 8.** Dinner will not be served, but we will have a Pizza Party & Snacks.

**DEPARTURE TIME:** All campers should be picked up by **NOON on Friday.** A bag lunch will be provided.

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Payable To: WV Nazarene Youth Camp
Mail To: Brenda Koontz P.O. Box 13235 Charleston, WV 25360 (304) 741-4342 Email: <a href="mailto:beekoontz@gmail.com">beekoontz@gmail.com</a>

**OUR THEME:** Camp Firelight – When I am afraid, I will put my trust in you. Psalms 56:3 / We will have a Camp Out & Movie Night one evening (6pm-11:30pm), so bring your sleeping bag. We will have annual talent show on Thursday. So many fun things planned. We are so blessed with our staff & campers!!! God Is Good!

**REFUNDS:** There are NO REFUNDS after Sunday Evening of camp.

**DISCRIMINATION:** "In the operation of the Summer Food Service Program, the same meal will be available to all enrolled campers without regard to race, color, handicap, sex, age, or national origin, and there will be no discrimination in the course of the meal service. People who feel they have been discriminated against should write to the Secretary of Agriculture, Washington DC 20250.

**CAMPER MEDICAL HISTORY AND RELEASE FORM - 2025**

**WV SOUTH DISTRICT CHURCH OF THE NAZARENE**

(Please fill out the form in its entirety)

**CAMPER'S NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GENDER: M** \_\_\_\_\_ **F** \_\_\_\_\_

**ALLERGIES:** Please list any known allergic reactions, indicating treatment and medications needed.

**-MEDICATIONS (PRESCRIPTION AND/OR OVER-THE-COUNTER):**

\_\_\_\_\_

**-SEASONAL:**

\_\_\_\_\_

**-POISON IVY, OAK, SUMAC:**

\_\_\_\_\_

**-FOOD:**

\_\_\_\_\_

**-OTHER:**

\_\_\_\_\_

**MEDICATIONS: PLEASE LIST ALL MEDICATIONS TO BE ADMINISTERED DURING CAMP.**

**Name of medication:** \_\_\_\_\_ **Dosage/Schedule:** \_\_\_\_\_

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**\*\*PLEASE NOTE THAT ALL MEDICATIONS (PRESCRIPTION AND/OR OVER-THE-COUNTER) MUST BE IN THE ORIGINAL CONTAINER AND WILL NOT BE ADMINISTERED OTHERWISE.\*\***

**ALL MEDICATIONS WILL BE ADMINISTERED AND DOCUMENTED BY A STATE REGISTERED NURSE/LPN.**

**PHONE:** \_\_\_\_\_

\_\_\_\_\_

~Is the camper subject to any of the following? (Check all that apply)

\_\_\_ Convulsions

\_\_\_ Bed Wetting

\_\_\_ Behavior/Mental Disabilities

\_\_\_ Fainting

\_\_\_ Other (Please provide a brief explanation)

~Recent Injury/Serious Illness? (Please provide a brief explanation)

~Physical/Personal Limitations? (Please provide a brief explanation)

(Contacts will be notified in the order in which they are listed)

1.) Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

### PARENTAL/GUARDIAN CONSENT

I, \_\_\_\_\_, hereby give consent for the camp nurse to dispense prescription, over-the-counter, and/or emergency medications to the above-named camper. If needed for health purposes, I give permission for the above-named camper to be evaluated, diagnosed, treated, and/or given medication in accordance to standard medical practice by licensed medical personnel. I understand that at any given time, the above-named camper may need additional evaluation by medical personnel at an urgent care and/or hospital facility and allow transportation to and from. I understand and agree that in the event of an emergency situation, emergency medical responders will be called.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*PLEASE ENCLOSE A COPY OF THE CAMPER'S INSURANCE CARD(S). IF THE CAMPER HAS MORE THAN ONE INSURANCE, PLEASE LIST WHICH INSURANCE IS PRIMARY AND SECONDARY\*\***

**CAMPER MEDICAL FORM - YOUTH CAMPS**  
**WVS DISTRICT CHURCH OF THE NAZARENE**

(Please fill out the form in its entirety)

**CAMPER'S NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

**Name, relationship, and phone number(s) of the main emergency contact:**

\_\_\_\_\_

1) **Allergies:**

a. **Medications:** \_\_\_\_\_

b. **Food:** \_\_\_\_\_

c. **Other:** \_\_\_\_\_

2) **Medications:**

**List ALL medications to be administered to the above-named camper during his/her stay:**

**\*PLEASE LIST ALL PRESCRIPTION AND/OR OVER-THE-COUNTER MEDICATIONS\***

<b>MEDICATION (i.e. Allegra)</b>	<b>DOSAGE AND FORM (i.e. 30 mg/5ml pill/liquid/topical)</b>	<b>TIME OF DAY (i.e. morning/at bedtime)</b>	<b>SPECIAL NOTE (i.e. give with food)</b>
1.			
2.			
3.			
4.			
5.			
6.			

- 3) Medications prescribed by a doctor or nurse practitioner **MUST** be in the original container from the pharmacy with the camper's name, medication, and dosage on the label.
- 4) The name on the prescription label **MUST** match the name of the camper registered. **THE CAMPER CAN NOT BE GIVEN MEDICATIONS PRESCRIBED TO ANYONE ELSE.**
- 5) **ALL MEDICATIONS** must be checked with the nurse at registration. No medication may be kept in the dorms unless approved by the nurse or camp director.
- 6) **IF the above-named camper has emergency medications (i.e. inhaler, epipen), it will be kept with them or their guardian at all times. (These MUST be checked in with the nurse at the time of registration.)**
- 7) The nurse may give over-the-counter medications to the above-named camper at his/her discretion per instructions on the medication label. These would include but are not limited to: Tylenol, Ibuprofen, Benadryl, Pepto-Bismol, cough drops/lozenges and topical medications for stings, itches, sunburn, etc.

**PLEASE CIRCLE ONE:                      YES                      NO**

**IF YOU CIRCLE "NO" OR LEAVE THE QUESTION UNANSWERED, THE EMERGENCY CONTACT PERSON WILL BE NOTIFIED TO OBTAIN DIRECTIONS FOR A PLAN OF TREATMENT.**

- 8) If the parent/guardian or another adult will be present on the campgrounds and will be administering medications to the above-named camper, the form below **MUST** be filled out and the nurse notified at the time of registration.
  - a. Name of parent/guardian/adult: \_\_\_\_\_
  - b. Phone number(s): \_\_\_\_\_
  - c. Cabin/campsite location: \_\_\_\_\_

- 9) Are there any special needs/concerns the nurse and camp director should know concerning the above-named camper? If so, please provide details below.

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# WV NAZARENE *Primary & Junior Camp*

## VOLUNTEER APPLICATION 2025

Primary Camp Grades 1, 2, 3  
Sunday June 8 – Friday June 13

Mail To:  
Brenda Koontz  
PO Box 13235  
Charleston, WV 25320  
beekoontz@gmail.com

Junior Camp Grades 4 & 5  
Monday June 16 – Friday June 20

Mail To:  
Audra Wilkinson  
158 Lincoln Heights  
Alum Creek, WV 25003  
audrathomas15@gmail.com

Send Volunteer Application to the director of the camp you want to attend.

Name of Volunteer: \_\_\_\_\_ Birthdate: \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Nazarene Church you attend: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

How long have you attended this church: \_\_\_\_\_ Are you a Member: Y N How long? \_\_\_\_\_

What positions have held in the Church of the Nazarene (Sunday School, Quizzing.....)?

Do you abide by the rules of the Church of the Nazarene? Y / N

Will you abide by the rules of the Church of the Nazarene? Y / N

Have you completed a background check? Y / N

Have you ever been charged with or convicted of sexual assault? Y / N

(Please make a copy of your insurance card and attach the copy to this form.)

Which Camp do you want to attend?

\_\_\_\_\_ Primary Camp (Must be 14 or older)  
\_\_\_\_\_ Junior Camp (Must be 14 or older)  
\_\_\_\_\_ Middle School Camp (Must be 21 or older)  
\_\_\_\_\_ Senior High Camp (Must be 21 or older)

In what area would you like to assist?

\_\_\_\_\_ Counselor (In student dorm)  
\_\_\_\_\_ Sports Worker  
\_\_\_\_\_ Teacher  
\_\_\_\_\_ Teen Worker

Volunteer Signature: \_\_\_\_\_

(Application must include a pastor's recommendation.)

### PASTOR'S RECOMMENDATION

I have read the application above and to the best of my knowledge, I can recommend this volunteer to work with the children and youth at our Nazarene Camp in Summersville, WV.

Pastor's Signature: \_\_\_\_\_ Church: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please write your *Statement of Faith* on the back of this form.