

INFORMATION PACKET

PARENTS:

We are excited that your child will be joining us for a high quality, high energy event that will be like none they have ever experienced at Hesperus. There are a lot of changes taking place and all of them will make their experience much richer. Take some time to read through the information to help prepare your child for a fantastic camp experience.

THE BASICS

Cost

Camp this year is \$100 per person. We have added new activities as we are committed to providing excellence in camping.

Beginning and Ending Times

Camp begins at 10:00am on February 18, and ends at 10:00am on February 20.

Cabin Assignments

Your child will be in a cabin with sponsors and other students from your church group as well as those from other churches. A sponsor must accompany each 10 youth (of one gender) coming to camp.

Spending Money

All aspects of your child's camp experience are covered by the camp registration fee except for discretionary spending money. This money would be needed if your child wants to purchase items from the concession stand in the afternoon or evening or if they want to purchase a t-shirt. Most concession items are under \$1 and t-shirts are under \$20.

Phone

Call the HBC office, (970) 385-4389, to contact anyone at camp in an emergency.

REGISTRATION CHECKLIST

This is your child's registration checklist and any items not completed will mean that they won't be able to participate in camp. Please be sure you have started the process early so that you do not miss critical deadlines.

- Register** - Fill out your Camper Registration Form.
- Parent Signature** - Have your Camper Registration Form signed by your parents/guardians.
- Camper Signature** - Sign the CAMPER CONDUCT AGREEMENT at the end of the Camper Registration Form.
- Immunization** - Attach a copy of your Immunization Certificate to the registration form.

Each of these items **MUST** be completed and turned in to your church leader. All of this information is due at Hesperus Baptist Camp **8 DAYS BEFORE the retreat STARTS (February 10, 2012)**.

CAMPER:

We are excited that you will be joining us for a high quality, high energy youth event that will be like none you have ever experienced at Hesperus. There are a lot of changes taking place and all of them will make your experience much richer. Take some time to read through the information to help prepare you for a fantastic camp experience.

You will have an incredible opportunity to meet new people, make new friends, participate in worship, study the Bible, have crazy fun recreation, enjoy campfires, and just have a good time with other campers your age. This week can be one of the most memorable times of your life if you will plan to engage the opportunities offered you.

We can't wait to be a part of your experience and look forward to your arrival. See you soon!

WHAT TO BRING TO CAMP

Hesperus is a camp set high in the Rocky Mountains at over 8000'. During the winter the weather can be brutally cold, but it can also be very pleasant and chilly. Please check weather forecasts and make sure everything about your packing takes this into consideration. You will also want to make sure all of your items are labeled with your name.

- | | |
|--|--|
| <input type="checkbox"/> Bedding/Pillow for a twin size bed (sleeping bags work great) | <input type="checkbox"/> Warm Gloves |
| <input type="checkbox"/> Snow Pants/Jean | <input type="checkbox"/> Warm Hat |
| <input type="checkbox"/> Socks/Underwear (bring extra socks) | <input type="checkbox"/> Towel & Wash Cloth |
| <input type="checkbox"/> Snow Boots/Shoes (insulated boots for outside, shoes for inside) | <input type="checkbox"/> Bible, Pencil, and Paper |
| <input type="checkbox"/> Toiletries (toothbrush, toothpaste, soap, shampoo, contact solution, etc) | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Warm Coat | <input type="checkbox"/> Flashlight |
| | <input type="checkbox"/> Spending Money (snacks, t-shirts, etc.) |

Items to leave at home: Drugs (unless prescribed by a doctor), alcohol, tobacco, fireworks, firearms, all electronic devices.

PROGRAMMING INFORMATION**Theme:****Activities:**

Tubing at Hesperus Ski Area
Skating at Chapman Hill
Tandem Zip Lines
Disc Golf – 9 Holes
Game Room



WHITEOUT
February 18-20, 2012

FOR OFFICE USE ONLY

- Information
- Immunization
- Release Signature
- Conduct Signature

CAMPER REGISTRATION FORM

Please complete each page of this form and give it to your group leader.
Campers without a completed registration form will not be allowed to participate in camp.

CAMPER INFORMATION

Camper's Name (first) _____ (last) _____
 Birth Date (mm/dd/yyyy) _____ Age _____ Gender _____ Grade just completed _____
 Physical (NOT Mailing) Address _____
 City _____ State _____ Zip Code _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 T-Shirt Size: **Child** S M L **Adult** S M L XL 2XL
 What Church Group are you coming to camp with? _____

Parent/Guardian

Name (first) _____ (last) _____ Relationship _____
 Physical Address (if not camper's address) _____
 City _____ State _____ Zip Code _____
 Home Phone (_____) _____ Cell Phone (_____) _____
 Work Phone (_____) _____ E-Mail _____
 Place of Employment _____ Employer Address _____

Emergency Contact

Name (first) _____ (last) _____ Relationship _____
 Physical Address _____ City _____ State _____ Zip Code _____
 Home Phone (_____) _____ Cell Phone (_____) _____

Persons authorized to take camper from camp

Name _____ Relationship _____
 Physical Address _____ City _____ State _____ Zip Code _____
 Home Phone (_____) _____ Cell Phone (_____) _____
Name _____ Relationship _____
 Physical Address _____ City _____ State _____ Zip Code _____
 Home Phone (_____) _____ Cell Phone (_____) _____

Persons NOT authorized to take camper from camp.

Name _____ Relationship _____
 Name _____ Relationship _____

Activities Restriction: Camper may not participate in _____

HEALTH INFORMATION

A copy of the camper's IMMUNIZATION RECORDS MUST be attached or the camper may not attend camp!!!!

Health History:

Please list all communicable diseases that your child has had contact with in the last two weeks. (common cold, strep throat, pink eye, etc.) _____

Check if your child has or had the following:

- | | | | |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mumps | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Seizures | <input type="checkbox"/> Measles | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Menstrual Cramps | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Frequent Ear Infections |
| <input type="checkbox"/> Health Concerns over Altitudes of 8000' | | | |
| <input type="checkbox"/> Surgeries & Dates _____ | | | |
| <input type="checkbox"/> Dietary Restrictions _____ | | | |
| <input type="checkbox"/> Other _____ | | | |

Date of last tetanus shot _____

Medications:

All Medications, prescribed, over-the-counter, and vitamins must be turned in to the camp nurse in the original container upon arrival at camp. Prescription medicines **MUST** have a pharmacy label with the camper's name, pharmacy, prescribing doctor's name, name of medication, dosage, and frequency of use. By state regulations all medications must be kept in the nurse's facility and administered by the nurse.

Please list all medications camper is currently taking, including vitamins.

- 1st Medication** _____ Dosage _____ Hours to be given _____
Reason for Medication _____
- 2nd Medication** _____ Dosage _____ Hours to be given _____
Reason for Medication _____
- 3rd Medication** _____ Dosage _____ Hours to be given _____
Reason for Medication _____

Over-the-counter medications are distributed by the nurse according to standing orders of HBC's supervising physician. Please **initial** next to each medication your child is allowed to receive.

- | | | | |
|----------------------------------|---|---|--------------------------------------|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Allergy Medication | <input type="checkbox"/> Cough Syrup |
| <input type="checkbox"/> Imodium | <input type="checkbox"/> Hydrocortisone | <input type="checkbox"/> Saline Eye Wash | <input type="checkbox"/> Midol |

Allergies: Check if camper is allergic to: Insects Foods Penicillin other drugs

Please describe _____

Family Physician _____ Phone (_____) _____

Physician's Address _____

Insurance Provider _____ Phone (_____) _____

Policy Number _____ Group Number _____

RELEASE AND WAIVER OF CLAIMS

In the event that my child should need emergency medical care or attention, Hesperus Baptist Camp (HBC) or any one of its agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon or other health care professional.

If such emergency care is provided to my child, I understand that my child's health insurance information will be given to the health care professional and that any expenses not covered by my child's insurance shall be my responsibility. I understand that HBC will not be obligated to pay either the health care professional or me for any medical expenses incurred on behalf of my child.

There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, I agree that HBC is not responsible for the action of these third party contractors. I further agree that HBC is also not liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

I give authority and permission for my child to be transported from, or otherwise leave, HBC property as needed for the purposes of participation in supervised off-site program/recreational activities as described in the Parent Information Sheet.

I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation and observing of such recreational activity.

Furthermore, in consideration of my child being allowed to attend HBC, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless HBC, its agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against HBC, its agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities at HBC, and (2) injuries arising from the decision of HBC or its agents or employees to consent to the provision of emergency medical care to my child.

I give authority and permission to HBC, its staff or its agents to inspect my child's belongings while at HBC.

I understand that HBC is a place where many students seek counsel and advice from adult leaders, staff, sponsors and others. I hereby consent to my child receiving spiritual counsel during their time at HBC.

I have received and read the Parent Information Sheet about HBC including the list of the recreational options and I have received satisfactory answers to all my questions about such information.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Printed) _____ Relationship to Child _____

PHOTO RELEASE AUTHORIZATION

I understand that my child's image may be included in a video or in photographs that may be made at HBC. I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.

Parent/Guardian Signature _____ Date _____

CAMPER CONDUCT AGREEMENT

I understand that I am voluntarily participating in one cool camp and that my actions and attitude affect others around me. I understand that there are rules and policies in place to protect me and my fellow campers, and I agree to follow those rules and policies. I commit to have a blast, be an encourager to others, respect my fellow campers and leaders, and to make this the most memorable time of my life!

Camper Signature _____ Date _____