

**RECONCILIATION HOUSE INC.**  
**“FUN IN THE SON”**  
**2017CAMPER PACKET**

Welcome to “Fun In The Son” 2017 Camp at Reconciliation House Inc.

We would like to welcome campers and parents to our weekend camp. We hope that your camper will enjoy their stay with us this summer. I would like to tell you a little about what we hope to accomplish.

Camp strives to help children improve self-esteem develop a sense of community and caring for the environment. Camp is a special place where children can make new friends, try new things and learn more about themselves and the outdoors.

We have a unique opportunity to combine a great Christian program with a nature program. Our location allows us a wide range of program opportunities from bible lessons in nature, swimming, fishing, music, movies and lots of fun.

This packet is full of information that will help you and your camper prepare for a successful camp experience. Use this packet as a guide when preparing them for camp. Please feel free to contact Angela Johnson if you have any questions regarding summer camp.

See Ya at Camp this summer.

**Contact Information:**

Yatesville Camp Facility  
(478) 787-4215

# Reconciliation House Inc.

## Youth Leadership Enrichment Program

### Application

"Fun In The Sun "  
Camper Application  
Ages 12-18

Copy as  
needed

APPLICANT INFORMATION		
Name:		
Date of birth:	Age at camp	Phone:
Current address:		
City:	State:	ZIP Code:
Do you attend church Yes/no <i>(Please circle)</i>	If yes name & Address	
School		
Nickname (for name tag)	Grade	
Hobbies		
Campers Email address:		
Have you every attend camp before? YES / NO (circle one ) If YES Name/Years and Location		
Parent/Guardian Name		
Address:	Phone:	
Parent/Guardian E-mail address:		
Why would you like to be a camper? (To be completed by applicant)		
<b>Which statement most accurately describes you today (circle one)?</b>		
A. God is a part of my life right now. B. I am interested in learning more about God C. I believe in God sometimes pray to or think of Him D. Jesus is my Lord and Savior, the leader and forgiver of my life (i.e. born again). E. I consider myself a Christian.		
Have you been baptized? (Circle): YES/ NO If YES year/location Church or Camp?		
Applicant Signature:		
Parent/Guardian Signature:		

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## PARENTAL CONSENT AND PHOTO RELEASE

Does the applicant have a condition that limits or prohibits his/her physical activity? (circle): **YES / NO**

If YES, explain below. If no response is given, Reconciliation House Inc. will conclude that the applicant is able to participate in all camp-related activities.

**For Parents/Guardians of minor applicants (those 17 years of age and younger):**

I hereby give Reconciliation House Inc. Permission to have my child participate in all activities, unless specifically limited above.

**For Parents/Guardians and applicant:** Reconciliation House Inc. may use any photos and videos taken of the applicant at any camp event in their publications or those of its sponsors.

Applicant Signature

Date

Parent/Guardian Signature

Date

## PARENTAL/GUARDIAN RELEASE AND WAIVER

The undersigned as the parent or guardian of camper Print Name:

Hereby agrees to release and hold harmless, Reconciliation House Inc. Fun in the Son Camp, Mentors Project of Bibb County, Inc., their charter bus line, agents, volunteers current of former directors, officers, employees, successors, assigns and legal representatives for all claims, causes of action, damages, suits or demands of any kind of nature whatsoever, in law or equity, known or unknown, contingent or liquidated arising out of the camper's participation in camping at Fun in the Son camp Yatesville GA. On July 28, 29, or 30 2017. Further, the undersigned acknowledges that this release waives any legal rights the undersigned and the camper may have against the Reconciliation House Inc., their agents volunteers, successors, assigns and legal representatives for any injury or loss which the undersigned or camper may sustain in connection with or as a result of the camper participating in this camp.

Campers Signature

Date

Parent/Guardian Signature (if camper is under 18 years of age)

Date

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**TO BE FILLED OUT BY THE PARENT/GUARDIAN**

#### MEDICAL HISTORY AND RELEASE FORM

Reconciliation House Inc. requires that this form be completed and signed by the participants and/or parent/guardian (if a minor) before he or she may participate in any activities at Reconciliation House Inc. All information will be kept confidential and will only be shared with camp directors, nurse and other persons when deemed necessary.

<b>Participant Information</b>		
Name		
Address:		
City:	State:	ZIP Code:
Home Phone :	Cell Phone:	Work Phone :
Date of Birth	Age at camp	MALE / FEMALE (circle one)
Parent /Guardian Name		Grade
Address:		
Home Phone :	Cell Phone:	Work Phone :
<b>EMERGENCY CONTACTS</b> List two contacts (Not parents/guardians)		
If a parent/guardian cannot be reached during the event the following two individuals may be contact in the event of an emergency and they have permission to make medical care or emergency decisions:		
Name		
Relationship		
Address		
Home Phone	Work Phone	Cell Phone
Name		
Relationship		
Address		
Home Phone	Work Phone	Cell Phone
<b>INSURANCE INFORAMATION</b> (please attach a copy of insurance card or form)		
Is participant covered by medical Insurance: <b>YES / NO</b> (circle one)		
If <b>YES</b> , name of policyholder:		
Name of Insurance Company		
Policy Number		
Group Number		

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**MEDICATION BEING TAKEN**

- **Bring enough medication to last the entire time at camp**
- Keep all medication in **the original packaging/bottle** that identifies the prescribing physicians, the name of the medication, the dosage, etc.
- Please list ALL medications including over the counter or non prescription drugs, take routinely.
- No medications should be brought to camp except prescription or allergy medications (i.e. no aspirin, Tylenol, etc.)
- All medication, including vitamins, must be turned in and dispensed by health care personnel.

Will the participant take medication at camp? **YES / NO** (Circle one )

If **YES**, please list and describe medications below. **Attach additional sheet for more medications.**

Name of Medication	Dosage	Specific times taken each day	Reason for taking
Med #1			
Med #2			
Med #3			
Med #4			
Med #5			

**General Health Questions:** Check all that pertain to the participant and provide information about supportive health care. This information is used to educate counseling staff about participant need and provide camp healthcare personnel the background to provide appropriate care. Please be as thorough as possible.

Participant has **NO** chronic health concerns and is capable of full participation in this program.

Participant has the following chronic health concerns (circle all that apply) **attach additional sheet for more concerns.**

Asthma	Diabetes	Headaches	Menstrual cramps
Sleep walking	Bed wetting	Frequent ear infections	Heart disease
Seizures/Epilepsy	Skeletal Disease/Injury	Behavior disorder	Other (describe below)

**Provide information about supportive health care needed for each circled item:**


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<b>ALLERGIES</b> List all known allergies with specifics. <b>Attach additional sheet for more concerns.</b>
<b>None</b>
Insect stings
Food(s)
Medications
Other
<b>Special Considerations</b> (note: It is not the responsibility of the participant to manage dietary restrictions and activity limitations and /or adaptations)
Dietary Restrictions (Provide information if it applies) <b>Attach additional sheet if needed</b>
Activity Limitations
<b>Additional Health Information:</b> (Provide any additional information about the participants' behavior and physical, emotional or mental health about which the camp should be informed.) <b>Attach additional sheet if needed.</b>
<b>Signature and Release</b> Please <u>Initial</u> by each item below and <u>sign</u> :
<b>PERMISSION TO SECURE EMERGENCY SERVICES:</b> I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury. I will be responsible for the cost of such services if not covered by my insurance. <b>Initials:</b>
<b>RELEASE OF LIABILITY REGARDING SPECIAL HEALTH CONDITIONS:</b> I agree to hold harmless and indemnify Reconciliation House Inc., the Johnson's, their staff, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of the participant in the course of the camp/event. <b>Initials:</b>
<b>I am stating that I am aware of and accept the risk inherent in the program activity.</b> <b>Initials:</b>
<b>I attest that all information on all three of these medical history and release forms are correct.</b> <b>Initials:</b>
Applicant Signature
Parents/Guardian Signature

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## CAMPER BEHAVIOR AGREEMENT

We have set forth specific behavioral guidelines that campers will be expected to follow during their camp program. Campers and their parents/guardians must sign this agreement prior to camp attendance and submit on opening day.

Below is a list of our behavioral expectations:

- Campers will treat everyone in the camp community with respect at all times, including showing respect for others personal belongings privacy and feelings.
- Campers will respect the camp's facilities and equipment and not take or destroy camp property.
- Campers will remain in the presence of camp staff at all times unless given permission to travel in the main camp area with a camper buddy.
- Campers will not use obscene or foul language or gestures.
- Campers agree to abide by the rules and regulations of the camp and are expected to follow directions and guidance provided by the camp staff.
- Campers will not engage in any activity which may put themselves, other campers or staff at risk.

If the camper fails to abide by the behavioral expectations the parent/guardian will be notified by phone and ask for assistance in helping their camper make more positive choices. If camper behavior does not improve, the camper will be asked to leave camp. Parents are responsible for their campers travel from camp. **Campers asked to leave camp early for behavioral reasons may not attend a campout with us for 1 year. If the camper wishes to return to one of our campouts after that year, they must set up an interview with the director or the camp to discuss behavioral expectations.**

The following behaviors are considered very serious and may result in immediate expulsion from camp:

- Possession or use of weapons, illicit, illegal drugs or other controlled substances, tobacco products of any kind and alcoholic beverages.
- Physical abuse of any kind including hitting, kicking, biting, or pushing another camper or chaperone.
- Failure to follow staff instructions thereby resulting in situations that put themselves, other campers, or staff in physical danger.
- Leaving camp property or immediate program area without the permission of the staff member supervising the area or activity.
- Verbal abuse of other campers or staff.
- Behavior that is constantly interfering with the quality of the program other campers are receiving.
- Camper threatening to harm themselves or others.

I have read and understand these behavioral expectations and I agree to abide by them at all times during my stay at camp.

Signature of camper

Date

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I have read and understand these behavioral expectations, furthermore I have discussed these expectations with my child and they have agreed to abide them at all times during their stay at camp.

Signature of Parent/Guardian

Date

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## **CAMPER PACKING LIST**

Have these things where you can get to them easily: Cheerful disposition, ALL CAMP FORMS, Medications

On a typical day, you will be dressed in Jeans or shorts, a T Shirt, Socks and Athletic shoes  
**Please bring only one suitcase as storage is limited.**

### **Clothing List (Please bring modest clothing-we do not want to see your stomach or underwear)**

T -shirts one for each day plus extra  
Shorts one pair per day plus an extra  
2 pairs of athletic shoes or hiking boots (one that can get dirty and/or wet)  
Water shoes (optional)  
Shower shoes  
1 pair of long pants  
Swimsuits:  
**Guys: No Speedo-type shorts**  
**Girls: modest** one-piece or tankini style two piece suits **No bikinis or cotton shorts**  
Sleepwear/Pajamas  
1Light Jacket, sweatshirt or sweater  
1Raincoat/poncho (We keep going in the rain be prepared!!)  
Underwear one for each day plus extra  
Athletic socks one for each day plus extra  
1 Hat, Visor or Baseball cap (no dew rags, bandanas, etc.)

### **Bedding /Linens**

Sleeping bag, sheet or blanket and a pillow  
Towel and washcloth  
Beach towel for use at pool  
Bag for dirty clothes one for wet and one for dry

### **Personal Items to Bring**

Toiletries: Soap, deodorant, toothpaste/toothbrush sanitary items (If appropriate)  
Comb/brush  
Stadium cushion or something for sitting on the ground  
Water Bottle (no glass bottles)  
Flashlight and new batteries  
Insect repellent no spray  
Sunscreen  
Sunglasses  
Back pack or Fanny Pack  
White T Shirt for Craft  
Bible, Notebook and pen for Rest period and bible study  
Disposable Camera  
Medications (**All Meds including vitamins must be turned in upon arrival and dispensed by camp personnel.**)

### **THINGS NOT TO PACK**

Valuables such as: Cash, Jewelry, Digital cameras, iPods/mp3/4 players, portable games, cell phones, (if these items are brought they must be turned in at arrival, they will be kept in the office until departure).  
Food, Soda, Candy, Cigarettes, lighters, matches, guns, knives, weapons, tobacco products, Illegal or illicit drugs etc.



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**INFORMATION SHEET**  
**CAMP DATES JULY 28- JULY 30, 2017**

**ARRIVAL AND DEPARTURE DATES AND TIMES**

Arrival            Friday, July 28 3:00-6:00pm  
Departure        Sunday, July 30 3:00pm

**Parents/Guardians are invited to the final "Fun in the Son" event** on Sunday afternoon at 1:00pm before campers depart at 3:00pm.

**Lost & Found Policy:** All lost and found items not claimed by contacting Angela Johnson **within one week** following the end of camp will be donated to charity.

**Telephone Usage:** Camp is equipped with a single line, therefore it is not possible for camper to make or receive phone calls, except for emergencies. If you need to contact the camp while your child is at camp please direct all calls to Angela at (478) 787- 4215.

**Camper Needs:** Campers who have special medical, dietary or mobility restrictions must complete a letter stating these needs prior to arrival to camp. This includes campers that have diabetes, are on a special diet, have food allergies, take medication at special times, receive injections of any type or have any health problems you would like us to know about ahead of time. Campers who have behavior problems at school or home must also have a letter.

These letters are given to the chaperones to help make sure your camper's participation may be limited if we are unable to meet the health and safety requirements of your camper.

Our chaperone camper ratio does not support campers who need one-one attention during activities or in the living unit. If you are concerned that your camper may not be successful in our camp community, please contact us.

**Health Care at Camp:** A person trained in First Aid is always on duty to provide care to campers whose needs are more immediate. They're also available after meals to give campers their medications and to see any campers who may have a minor illness or injury that did not require immediate care.

**Appearance:** Campers should dress for an active lifestyle. Light colored loose fitting, cotton clothing is recommended. Please leave any clothing advertising alcohol, tobacco or clothing with offensive tomes at home. Please do not come to camp with new shoes as we will be walking and playing every day. New shoes or ill fitting shoes can cause painful blisters. Wet shoes or sandal can also cause blisters so carrying an extra pair shoes or sandals is always a good idea. **Please note that flip-flops or sandals with no back straps cannot be worn outside the unit for any reason.**

**Reminders:** At camp we have 2 highly preventable problems which are common **dehydration and sunburn**. Please talk with your camper about drinking at least 3 bottles of water each day and applying sunscreen. We will remind them daily. **Ticks** are not uncommon at camp talk with your camper about checking their body once a day for ticks. Especially check hair and anywhere their clothing is tight, where skin folds over, armpits, behind knees etc. If they find any they should tell an adult. If you have a concern about mosquitoes send your camper with non aerosol insect repellent. Be sure to instruct the camper when and how to apply it. An adult will remind them but please remind your camper it is their responsibility to remember.