### RECONCILATION HOUSE INC. "FUN IN THE SON" 2019 CAMPERPACKET

Welcome to "Fun In The Son" 2019 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

# Youth Leadership Enrichment Program Application

"Fun In The Son " 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	If yes name & Address		
School			
Nickname (for name tag)		Grade	
Hobbies			
Campers Email address:			
Have you every attend camp before? YES / NO 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)			
Which statement most accurately descri	bes you today check one)?		
<ul> <li>A. God is a part of my life right now.</li> <li>B. I am interested in learning more about God</li> <li>C. I believe in God sometimes pray to or think of Him</li> <li>D. Jesus is my Lord and Savior, the leader and forgiver of my life (i.e. born again).</li> <li>E. I consider myself a Christian.</li> </ul>			
Have you been baptized? YES/ NO If YES year/location Church or Camp?			
Applicant Signature:			
Parent/Guardian Signature:			

Youth Leadership Enrichment Program

Application

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	PARENTAL CONSENT AND PHOTO RELI	EASE
	Does the applicant have a condition that limits or prohibits his/her physical activity? Y	ES / NO
	If YES, explain below. If no response is given, Reconciliation House Inc. will conclude is able to participate in all camp-related activities.	that the applicant
	For Parents/Guardians of minor applicants (those 17 years of age and young I hereby give Reconciliation House Inc. Permission to have my child participate in all as specifically limited above.	
	For Parents/Guardians and applicant: Reconciliation House Inc. may use any photaken of the applicant at any camp event in their publications or those of its sponsors.	
	Applicant Signature Date	
	Parent/Guardian Signature Date	
PARE	NTAL/GUARDIAN RELEASE AND WAIVER	
Hereby ag their char represent known of GA. On Ju and the ca represent	ersigned as the parent or guardian of camper Print Name: rees to release and hold harmless, Reconciliation House Inc. Fun in the Son Camp, Mentors er bus line, agents, volunteers current of former directors, officers, employees, successors, atives for all claims, causes of action, damages, suits or demands of any kind of nature what unknown, contingent or liquidated arising out of the camper's participation in camping at Fully 26, 27, or 28, 2019 Further, the undersigned acknowledges that this release waives any learn may have against the Reconciliation House Inc., their agents volunteers, successors, atives for any injury or loss which the undersigned or camper may sustain in connection withing in this camp.	assigns and legal tsoever, in law or equity, n in the Son camp Yatesville gal rights the undersigned assigns and legal
Campers S	gnature	Date
Parent/Gua	rdian Signature (if camper is under 18 years of age)	Date

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Camper Application
Ages 12-18

Copy as needed

### 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.

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

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

> Copy as needed

## TO BE FILLED OUT BY THE PARENT/GUARDIAN MEDICAL HISTORY AND RELEASE FORM

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#### **MEDICATION BEING TAKEN**

- Bring enough medication to last the entire time at camp
- Keep all medication in <u>the original packaging/bottle</u> 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 mediations (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

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 through 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:

## **Youth Leadership Enrichment Program**

"Fun In The Son " **Camper Application** Ages 12-18

**Application** 

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<b>ALLERGIES</b> List all known allergies with specifics. <b>Attach additional sheet for more concerns</b> .
None
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) Attach additional sheet if needed
Activity Limitations
Additional Health Information: (Provide any additional information about the participants' behavior and physical, emotional or mental health about which the camp should be informed.) Attach additional sheet if needed.
Signature and Release Please Initial by each item below and sign:
<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.  Initials:
<b>RELEASE OF LIABILITY REGARDING SPECIAL HEATLH 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.  Initials:
I am stating that I am aware of and accept the risk inherent in the program activity. Initials:
I attest that all information on all three of these medical history and release forms are correct.  Initials:
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, elicit, 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
I have read and understand these behavioral expectations, furthermore I hand they have agreed to abide them at all times during their stay at camp.	nave discussed these expectations with my child
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 26- JULY 28, 2019

#### ARRIVAL AND DEPATURE DATES AND

**TIMES** Arrival Friday, July 26 3:00-6:00pm Departure Sunday, July 28 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 heave 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.