



# WHITEOUT

February 9-11, 2018

## INFORMATION PACKET

### PARENTS:

We are excited that your child will be joining us for a high quality, high energy camp 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 \$125/person (Early Registration) or \$145/person (Standard Registration)

#### Beginning and Ending Times

Camp begins at 5:00 pm on Friday and ends at 5:00 pm on Sunday.

#### 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

#### 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 souvenir such as a cap or t-shirt. Most concession items are under \$1 and most souvenir items are under \$20.

#### Guest Meals

Camper may invite guests to any meal. Please notify the camp office or kitchen the day before the guests arrive and arrange for payment. Guest meals cost \$8.00 each.

#### Medical Treatment

A nurse or qualified first aid person will be in residence at camp. **All children and adults must leave all medications and vitamins with the nurse at registration for the safety of all campers.**

#### Phone

Call the camp office at (970) 385-4389 to contact someone 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 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 (or sign the attached exemption form).

Each of these items **MUST** be completed and turned in to your church leader. All of this information is due at Hesperus Camp on or before **February 2**.

**CAMPER:**

We are excited that you will be joining us for a high quality, high energy camp 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 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'. Even during the summer time nights are cool and stormy weather can occur on short notice. Please 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 Hat                                |
| <input type="checkbox"/> Snow Pants/Jeans   | <input type="checkbox"/> Swim Suit                               |
| <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"/> Warm Gloves  | <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**

**Activities:**      **Tubing at Hesperus Ski Area**  
                         **Durango Recreation Center (swimming, climbing wall, basketball, racquetball, game room)**  
                         **Tandem Zip Lines**  
                         **Snowshoe Disc Golf**





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FOR OFFICE USE ONLY

- Information
Release Signature
Conduct Signature
Immunization
Physical (if >3 days)

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 (current or completed)
Physical (NOT Mailing) Address
City State Zip Code
Mailing Address
City State Zip Code
T-Shirt Size: 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**

**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:

- Asthma
- Headaches
- Nosebleeds
- Frequent Colds
- Health Concerns over Altitudes of 8000'
- Surgeries & Dates \_\_\_\_\_
- Dietary Restrictions \_\_\_\_\_
- Other \_\_\_\_\_
- Diabetes
- Seizures
- Heart Trouble
- Menstrual Cramps
- Mumps
- Measles
- Chicken Pox
- Tuberculosis
- Sleepwalking
- Bedwetting
- ADHD
- Frequent Ear Infections

Date of last tetanus shot \_\_\_\_\_

**Medications:**

All Medications, prescribed, over-the-counter, and vitamins must be turned in to the camp medical staff 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 First Aid and administered by the medical staff.

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

**1<sup>st</sup> Medication** \_\_\_\_\_ Dosage \_\_\_\_\_ Hours to be given \_\_\_\_\_  
Reason for Medication \_\_\_\_\_

**2<sup>nd</sup> Medication** \_\_\_\_\_ Dosage \_\_\_\_\_ Hours to be given \_\_\_\_\_  
Reason for Medication \_\_\_\_\_

**3<sup>rd</sup> Medication** \_\_\_\_\_ Dosage \_\_\_\_\_ Hours to be given \_\_\_\_\_  
Reason for Medication \_\_\_\_\_

**Over-the-counter medications** are distributed by the medical staff according to standing orders of HBC's supervising physician. Please **initial** next to each medication your child is **NOT allowed** to receive.

- Tylenol
- Ibuprofen
- Allergy Medication
- Cough Syrup
- Imodium
- Hydrocortisone
- Saline Eye Wash
- 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 \_\_\_\_\_

**Additional Information:** Anything we need to be aware of about your child to help us make their time at camp safe and enjoyable. (ex: sleep walking, drug mood changes, etc.) \_\_\_\_\_

### 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 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 (such as whitewater rafting). In those instances where third party contractors are used, I agree to hold harmless the third party contractor and HBC for the action of these third party contractors with respect to injury, disability, death, or loss or damage to person or property. 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 (including whitewater rafting and zip lines) 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. **I understand that my child may not participate in camp without a current immunization record/waiver and a current health physical (physical is only required for events lasting more than 3 days).**

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 exciting 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 \_\_\_\_\_



# Immunization Form

Records or Exemption

According to Colorado Laws governing residential camps this form (or other qualifying immunization form) must accompany the registration form of the camper/sponsor.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

## COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine	Enter the month, day and year each immunization was given						
Hep B	Hepatitis B						
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)						
DT	Diphtheria, Tetanus (pediatric)						
Tdap	Tetanus, Diphtheria, Pertussis						
Td	Tetanus, Diphtheria						
Hib	<i>Haemophilus influenzae</i> type b						
IPV/OPV	Polio						
PCV	Pneumococcal Conjugate						
MMR	Measles, Mumps, Rubella						
Varicella	Chickenpox						
<small>Healthcare Provider Documentation Date _____ Lab Verification Date _____</small>							
Vaccines recorded below this line are recommended. Recording of dates is encouraged.							
HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/MPSV4	Meningococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza						
Other							

### STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

\_\_\_\_\_

**MEDICAL EXEMPTION:** The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

Signed \_\_\_\_\_ Date \_\_\_\_\_ *Medical exemption to the following vaccine(s):*

Physician

Hep B   DTaP   Tdap   Hib   IPV   PCV   MMR   VAR

**RELIGIOUS EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

Signed \_\_\_\_\_ Date \_\_\_\_\_ *Religious exemption to the following vaccine(s):*

Parent, guardian, emancipated student/consenting minor

Hep B   DTaP   Tdap   Hib   IPV   PCV   MMR   VAR

**PERSONAL EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

Signed \_\_\_\_\_ Date \_\_\_\_\_ *Personal exemption to the following vaccine(s):*

Parent, guardian, emancipated student/consenting minor

Hep B   DTaP   Tdap   Hib   IPV   PCV   MMR   VAR