

INFORMATION PACKET**SPONSOR:**

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 guide kids in personal, spiritual, and relational discovery as you participate with them in worship, Bible study, crazy fun recreation, campfires, and just simple down time. This event can be one of the most memorable times of your life if you will plan to engage the opportunities offered you.

THE BASICSCost

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.

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.

SPONSOR DUTIES

1. Spend time in personal preparation for your stay at Hesperus. Remember that you are a participant in the camp program, not an observer. This time will be intense and active. It will not be a time of relaxing vacation, but will be very rewarding. Work to identify the unique needs of each child or youth in your group. Commit yourself to carry out these sponsor duties.
2. Encourage and monitor proper dress among your own campers and set a good example with your clothing.
3. Campers in your care should be well-behaved and respectful of others. Help campers be present and on time for all classes, activities and worship services. Participation is not optional for you or the campers in your care. Encourage participation and promptness by example.
4. Help ensure a spiritual environment during worship. Explain expectations (for example, no picture taking, no hats, *etc.*) during worship to campers at the beginning of the stay. Before worship services counselors should spread throughout the auditorium and pay close attention to members of the group likely to cause disruption; model active participation in worship. Be prepared for worship by having pen, paper and Bible.
5. Look for counseling opportunities throughout the day. Offer spiritual guidance to members of your group when appropriate. Especially be on the lookout for loners or members of your group with special needs.
6. Enforce the curfew for being in the cabins and time for lights out/no noise. Campers get more out of camp when they are rested. Please abide by this strictly. Noisy or late groups disturb other groups. Sponsors who have difficulty enforcing this guideline cause trouble for other sponsors. You are responsible for keeping the cabins clean; this includes all buildings used for camp. Encourage campers to pick up trash, *etc.*
7. Your group leader will assign you no more than 10 youth (or 6 kids for Kids Camp) for whom you should pray and with whom you should develop relationships as you prepare to attend camp. Sponsor/camper groups should remain together at camp. You may be assigned additional children or youth from other churches upon registering at camp.

REGISTRATION CHECKLIST

This is your 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 Sponsor Registration Form.
- Sponsor Signature** - Sign the RELEASE AGREEMENT at the end of the Sponsor Registration Form.
- Sponsor Signature** - Sign the SPONSOR CONDUCT AGREEMENT at the end of the Sponsor Registration Form.
- Immunization** - Attach a copy of your Immunization Certificate (or sign the attached exemption form).
- References** – You are required to have three references submitted with your Sponsor Registration Form.
- Child Protection Policy** – Sign the **CHILD PROTECTION POLICY**.

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**.

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 (for Durango Rec. Center) |
| <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





FOR OFFICE USE ONLY

- Information
- Release Signature
- Conduct Signature
- Immunization
- Physical (if >3 days)
- References
- Child Protection Pol.



SPONSOR REGISTRATION FORM

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

SPONSOR INFORMATION

Sponsor's Name (first) _____ (last) _____

Birth Date (mm/dd/yyyy) _____ Age _____ Gender _____

Physical (NOT Mailing) Address _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-Mail _____ T-Shirt Size: **Adult** S M L XL 2XL

What Church/Group are you coming to camp with? _____

Spouse/Emergency Contact

Name (first) _____ (last) _____ Relationship _____

Physical Address (if not sponsor's address) _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____ E-Mail _____

Place of Employment _____ Employer Address _____

Additional Emergency Contact

Name (first) _____ (last) _____ Relationship _____

Physical Address _____ City _____ State _____ Zip Code _____

Home Phone (_____) _____ Cell Phone (_____) _____

HEALTH INFORMATION

Health History:

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

Check if you have 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 _____ | | | |

Dietary Restrictions _____
 Other _____

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 sponsor'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 sponsor 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 medical staff according to standing orders of HBC's supervising physician. Please **initial** next to each medication you are **NOT allowed** to receive.

Tylenol Ibuprofen Allergy Medication Cough Syrup
 Imodium Hydrocortisone Saline Eye Wash Midol

Allergies: Check if you are 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 I should need emergency medical care or attention, Hesperus Baptist Camp (HBC) or any one of its agents or employees is hereby authorized to provide such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to me as is recommended or suggested by a health care professional.

If such emergency care is provided, I understand that my health insurance information will be given to the health care professional and that any expenses not covered by my 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.

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 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 participation and observing of such recreational activity.

Furthermore, in consideration of being allowed to attend HBC, I hereby waive any and all causes of action, rights, claims or suits which I may have against HBC, its agents or employees as a result of injury to me, including, but not limited to: (1) injuries arising from 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 me.

I give authority and permission to HBC, its employees or its agents to inspect my belongings while at HBC.

I understand that I 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).

Sponsor Signature _____ Date _____

Sponsor Name (Printed) _____

PHOTO RELEASE AUTHORIZATION

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

Sponsor Signature _____ Date _____

SPONSOR CONDUCT AGREEMENT

I understand that I am voluntarily participating in guiding children in the experience of an 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 sponsors/campers, and I agree to follow those rules and policies. I understand that this will be an intense, tiring, and rewarding week as I seek to have a positive impact in the life of others. I commit to have a blast, be an encourager to others, lovingly engage all campers and leaders, and to make this the most memorable week of my life and of the campers I guide!

Sponsor 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



Adult Sponsor/Leaders Reference Form

Hesperus Policy and Colorado Law require all Sponsors/Leaders at camp to provide three personal references. Please provide us with references from three individuals **not related to you**. Please have them complete their information **and remarks** on this form, or simply attach their information and remarks to this form. These references must accompany your Sponsor Registration Form at registration or you will not be allowed to participate in camp.

This Sponsor Reference is for: _____

Reference #1

Name: _____

Date of Reference: _____ Relationship: _____

Comments of Reference (**must be completed**): _____

Reference #2

Name: _____

Date of Reference: _____ Relationship: _____

Comments of Reference (**must be completed**): _____

Reference #3

Name: _____

Date of Reference: _____ Relationship: _____

Comments of Reference (**must be completed**): _____



Child Protection Policies

Discipline Guidelines & Abuse Reporting

Under Colorado Statutes, Hesperus Camp is responsible for the safety and welfare of all of our campers/guests. Under our Residential Camp Childcare License all sponsors/leaders of our groups share in that responsibility as an extension of our camp staff. As such it is mandatory that the following policies be understood and agreed to.

GENERAL CONDUCT

- Possession or use of beverage alcohol in any form is prohibited. Possession or use of any drugs, other than by prescription or obtainable "over the counter" is prohibited. Possession or use of any lethal weapon is prohibited on camp. **Unless you are staying in a locked private room, all medications are required to be turned in to the first aid staff at registration.**
- Leaders will respond to children and youth with respect, consideration and equal treatment, regardless of sex, race, religion, sexual orientation, culture or socio-economic status. Leaders will portray a positive role model for children and youth by maintaining an attitude of respect, patience, and maturity. They will avoid even the appearance of favoritism.
- One-to-one conversations with children or youth will be done in an open or public or other place where private conversations are possible but occur in full view of others.
- Leaders are prohibited from dating, becoming romantically involved with, or having sexual contact with a child or youth.

CHILD DISCIPLINE

Discipline shall be constructive or educational in nature and may include such measures as diversion, separation from problem situations, talking with the child about the situation or praise for appropriate behavior.

1. Campers shall not be subjected to physical harm, fear or humiliation.
2. Campers shall not be punched, shaken, bitten, roughly handled, pinched or subjected to any physical punishment.
3. Separation, when used as discipline, shall be brief and appropriate to the camper's age and circumstances and the camper shall be within hearing range of an adult in a safe, lighted, well ventilated place (not a locked room or closet).
4. No camper shall be punished for toileting accidents.
5. Verbal abuse or derogatory remarks about the camper, their family, race, religion or cultural background are not allowed.
6. Meals may not be denied to the camper as a disciplinary measure.
7. Authority to punish shall not be delegated to another camper.
8. If a camper needs to be sent home the Executive Director of Hesperus Camp must be involved.

CHILD ABUSE REPORTING

Under the "Child Protection Act of 1987" (C.R.S. 19-3-301) in the Colorado Children's Code, child care center workers are required to report suspected child abuse or neglect. The law at 19-3-304 states that if a child care worker has "reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect shall immediately report or cause a report to be made of such fact to the county department or local law enforcement agency."

"Abuse" or "child abuse or neglect" means an act or omission in one of the following categories which threatens the health or welfare of a child: skin bruising, bleeding, tissue swelling, or death; any case in which a child *is* subjected to sexual assault or molestation, sexual exploitation, or prostitution; any case in which a child *is* in need of services because the child's parents, legal guardian, or custodian fails to take the same actions to provide adequate food, clothing, shelter, medical care, or supervision that a prudent parent would take.

If at any time a staff member reasonably suspects child abuse, it *is* the responsibility of that staff member to report or to cause a report to be made of this suspicion to the **La Plata County Department of Human Services at 970-382-6150** or the **Sheriff's Office at 970-385-2900**. It *is* not staff's role to investigate suspected abuse--only to report it. Persons who make a good faith report are immune from civil and criminal liability. Additionally, the law provides for the protection of the identity of the reporting party.

A child care worker who fails to report suspected child abuse or neglect commits a class 3 misdemeanor and will be punished as provided in section 19-3-304(4)(a)(b), C.R.S. The staff person could also be liable for damages "proximately caused thereby."

I have read and understand the above requirements concerning my responsibility regarding child protection.

Printed Name

Signature

Date