

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 11:00 am on Monday.

Medical Treatment

A nurse or qualified medical staff will be in residence at camp. **All children and adults must leave all medications and vitamins with the medical staff 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.
- 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 **10 days before the event starts**.

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/Jean | <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.) |
| | <input type="checkbox"/> Sled or tube (optional) |

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

PROGRAMMING INFORMATION

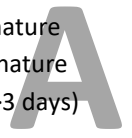
Activities: **Tubing / Sledding**
 Durango Recreation Center (swimming, climbing wall, basketball, racquetball, game room)
 Tandem Zip Lines
 Snowshoe
 Recreation Room

WHITE  UT
at Hesperus Camp



FOR OFFICE USE ONLY

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



ADULT REGISTRATION FORM

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

ADULT INFORMATION

Adult'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

Hesperus Camp operates under a Child Care License in the State of Colorado. To maintain that license, we must strictly adhere to a number of guiding laws pertaining to medical issues. Escalating regulations require us to operate in an increasingly restrictive manner, which we understand may cause unfortunate inconvenience and cost to you. As such we are striving to streamline the process and eliminate any confusion, with the ultimate goal of having an incredible camp experience. Please read and understand the following regulations and procedures. Please call us if you have questions or need clarification: (970) 385-4389.

These medical regulations fall into four primary categories, each of which affect our ability to serve an individual as a guest. Below are listed each category and an explanation of the laws pertaining to it.

HEALTH HISTORY

Each guest must furnish a health history which indicates communicable diseases and chronic illnesses or injuries the individual has had, any known drug reactions and allergies, medications being taken, and any prescribed dietary needs.

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

Check if you have or had the following:

- Asthma Diabetes Heart Trouble Seizures ADHD
 Mumps Measles Chicken Pox Headaches
 Other (such as Health Concerns over 8000' elevation) _____
 Surgeries & Dates _____

Date of last tetanus shot _____

Allergies: Check if you are allergic to: Insects Foods Drugs

Please describe _____

Dietary Needs:

We strive to offer standard menus that provide options for common personal dietary PREFERENCES. Regarding **medically prescribed dietary RESTRICTIONS**, or NEEDS, we can work to accommodate them in a specialized manner. Please let us know what NEEDS are present so that we can be prepared to meet them. Please remember that **the individual has responsibility to know, understand, and adhere to their restrictions.**

Medically Prescribed Dietary NEEDS: _____

MEDICATIONS

By law, a licensed physician must supervise our processes, train us, and then legally delegate to us the permission to provide any health service. In so doing, the physician is personally liable for our actions and their medical license is in jeopardy. The following regulations have no flexibility. Home remedies and homeopathic medications MAY NOT be administered at camp.

ALL MEDICATIONS, whether PRESCRIPTION or OVER-THE-COUNTER (OTC), whether topical or oral (including vitamins) must be checked in upon arrival at camp, and can only be administered by certified staff. The only exceptions are rescue inhalers and Epi-Pens, which the individual must carry with them always. ANY medication you may potentially need, such as Benadryl, Pepto Bismol, Tylenol, etc., **it is your responsibility to bring. The camp will not provide any OTC medication. If a need arises for medication for which we have no authorization, utilization of Urgent Care or the Emergency Room will be our only option.** To comply, each medication must be in **ORIGINAL PHARMACY LABELED CONTAINER** (including OTC medications).

MEDICATION 1: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

MEDICATION 2: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

MEDICATION 3: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____

MEDICATION 4: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

MEDICATION 5: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

PHYSICAL EXAM

Under our Child Care License, each guest is required to submit a physical exam that has been conducted within 24 months of the first day of camp. The completed form must indicate any physical conditions which could limit the camper's activity, and any special care which will be needed. The attached form can be used, or you can submit the physician's form.

GENERAL INFORMATION

Family Physician _____ Phone (_____) _____

Physician's Address _____

Insurance Provider _____ Phone (_____) _____

Policy Number _____ Group Number _____

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

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 health physical (only required for events lasting more than 3 days).

Adult Signature _____ Date _____

Adult 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.

Adult Signature _____ Date _____

ADULT CONDUCT AGREEMENT

I understand that I am voluntarily participating in guiding and supervising 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!

Adult Signature _____ Date _____



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



Challenge Course Consent Form

Participant Name: _____

Age: _____

Group Name: _____

City: _____

The Hesperus Challenge Course is a professionally constructed course that is regularly inspected and maintained according to industry standards. It is operated by certified facilitators and according to the "challenge by choice" principle whereby all participation is by personal choice of the participant.

I. RELEASE AND INFORMED CONSENT

I, the undersigned "Participant", hereby acknowledge that I have voluntarily applied to participate on the Hesperus Challenge Course.

I am aware that these activities will necessarily involve participation in exercises which by their nature may be considered inherently dangerous and physically demanding and may subject the Participant to stress, anxiety, and other hazards, not all of which can be foreseen. It is fully understood that the Participant may be climbing and walking on cables, logs, ladders, walls, and beams. The Participant will participate in activities, which may be at substantial heights above the ground. Additionally, the participant may be participating in activities that require hiking across undeveloped terrain.

Prior to my participation, I will be advised of the rules and requirements governing my participation. I agree to accept and abide by those rules and requirements.

I agree that if at any time I believe these activities are beyond the scope of my capabilities, I will immediately so notify the supervisory personnel and withdraw from participation.

In consideration of being allowed to participate on the Hesperus Challenge Course, I hereby release and covenant not to sue Hesperus Baptist Camp or any of its board of directors, officers, staff, employees, owners, agents and any individual or company assisting, instructing or conducting the challenge course activities from all liability of any nature for any and all injuries, loss, death, claim or damage I may suffer due to my own negligence. This release is binding on my heirs, personal representatives and assigns.

II. NOTICE REGARDING IMPACT OF MEDICAL OR PHYSICAL CONDITIONS

Please read and check your response to each question.

1. Do you weigh over 235 lbs.? Yes No
2. Do you have a healing fracture or joint injury? Yes No
3. Do you have any abdominal organ enlargement? Yes No
Enlarged spleen may occur as the result of mononucleosis or enlarged liver from a condition such as hepatitis.
4. Do you have insect allergies? Yes No
If YES, you should have an Epi-pen or other self treatment.
5. Are you pregnant? Yes No
6. Have you had an organ transplant? Yes No
7. Do you have asthma? Yes No
You should bring your medication with you to the program.

Be aware that, as in any physical activity, your heart rate can increase due to participation. If you are aware of a personal heart history, we request you self-monitor or withdraw from activity that may overstress you.

III. SELF-GUIDE FOR DETERMINING PARTICIPATION ON CHALLENGE COURSE ACTIVITIES

The following information is to be used to determine participation in challenge course activities. If you answered “Yes” to questions on the “Information to Assess Participation Level” questionnaire above, the following are appropriate actions.

Weight Over 235 lbs: The zip line is physically capable of 6000 lb. loads, however loads exceeding 235 lbs. have a safety risk as it relates to ground clearance at two points along the zip. Riders exceeding this limit could make contact with the ground and therefore are **NOT allowed to participate**.

Healing Fracture or Joint Injury: It is suggested that you check with your doctor if in doubt about the activity.

Organ Enlargement: You may not wear a harness, but may participate in all other activities.

Insect Allergies: Have the kit to administer appropriate medication with you on the course. You must have received instruction on how to administer the injection properly.

Pregnancy: You will be excluded from all activity where you might fall, or get a shock load to the body. You may not participate where a harness is required and must not be involved in heavy lifting.

Organ Transplant: You may not participate where a harness is required.

Asthma: Be aware of your own well being. Transportation is available to take you to an inside facility. If a severe attack occurs, a call to 911 can be made for transportation to a medical facility.

As in any physical activity, be alert to discomfort, light headedness or other indications of a possible cardiac incident. Make an intelligent decision early for yourself about your level of participation.

Limiting your participation in the physical group activities does not exclude you from being an active participant in the process. There are several other roles you can fulfill if you are unable to fully participate in the physical activities. Your facilitator can help you discover those opportunities.

By my signature below, I certify that

1. I do not weigh over 235 lbs.;
2. I have carefully read and fully understand the contents of this Informed Consent;
3. All information I have provided is accurate;
4. I have not taken any medication and have no known physical or medical condition that would impair my capability for full participation in the Hesperus Challenge Course;
5. I assume responsibility for any potential adverse impact any condition or medication may have upon my full participation in the Hesperus Challenge Course; and
6. I am aware that this is both a release of liability and an acknowledgment of notice, and I have signed it of my own free will.

Participant Name (PRINTED) _____

Participant Signature _____

Date _____

Witness/Parent Signature _____

Date _____

Parent signature required for participants under the age of 18 years old.