

## Things to Know

Medical: IF YOU HAVE PRESCRIPTION MEDICATION TO BE GIVEN DURING CAMP, YOU MUST HAVE **PART I** COMPLETED IN FULL, AND A DOCTOR'S SIGNATURE IS REQUIRED TO LEAVE MEDICATION AT THE CAMP. All medication for every camper should be properly labeled and in original containers and must be turned in to the camp medical staff at time of check in. Any significant changes regarding camper's physical, medical or emotional condition different from that stated on the registration form should be reported in writing to the camp prior to camp session.

Items to bring: Bedding: sheets, pillow, blanket or sleeping bag; Toiletries: towels, washcloth, toothbrush & toothpaste, soap, shampoo, shower shoes, bug spray; Personal items: Bible, notebook, pencils, flashlight, extra batteries.

Dress Code: All clothing must be modest: t-shirts, tank tops, shorts, jeans, jacket, sweatshirts, rain gear, swim suit (no two piece bikinis or bring a t-shirt to wear overtop), campers **need tennis shoes for recreation**, water shoes, boots, no midriff shirts, no mini skirts, no low riding pants or short shorts, no open toe shoes can be worn on the creek walks or for recreation.

Swimming and Boating: The utmost safety is required at all times. Swimming permitted only when a qualified individual is on duty. Boating is only permitted by permission of the dean and all persons in the boat must wear a life jacket and follow all boating rules.

Telephone: Campers are not permitted to make phone calls unless it is an emergency determined by the Dean.

**(Cell phones are not permitted in the bathrooms and no pictures are to be taken in the dorms.)**

Visitors: For the protection of the campers, and respect for the staff, each visitor is required to check in with the Dean upon their arrival at camp. Notice prior to arrival at camp is appreciated. Should you arrive at mealtime and extra food is available, payment of \$8.00 per person is expected. Camp rules apply to everyone. Please do not interfere with campers or camp schedule.

Baptisms: (immersion only) Invitations will be given during each camp week. If a camper desires to be baptized at camp, the Dean will phone the parents for permission.

Mission: Each camp week has a mission of the week, if you desire to give to the mission, monies will be collected at time of check in or you may send in monies when you submit your registration form.

Canteen: Canteen is offered at the three-week long camps. This is a time to get snacks. All monies are collected at check in or you may send in money when you submit your registration form. *Any money not used that is given for canteen will not be refunded, it will go to the mission that camp week is supporting.*

The following rules are established for the protection of both the campers and the property. All campers are expected to comply completely with these rules and any others announced by the Camp Dean.

1. **EVERY PERSON** is required to participate in the total camp schedule, unless excused by the Dean or camp medical staff.
2. No one is to leave the campgrounds without permission of the Dean.
3. Visitors must check in with the Dean and must follow the camp rules and schedule. They must leave at the appropriate time.
4. All campers must stay within "Youth Camp" boundaries, unless accompanied by faculty and having permission of the Dean.
5. Dorms are off-limits except during scheduled usage. Boy's dorms are **ALWAYS** off-limits for girls. Girl's dorms are **ALWAYS** off-limits for boys.
6. Absolutely no pictures are to be taken in or around the dorm and bathroom areas. This is cause for removal from the camp.
7. The kitchen and medical station is off-limits to campers and staff without permission. Do not borrow items from the kitchen or store food without the cook's permission.
8. No use of the camp phones except by permission of the Dean.
9. The maintenance building and all storage areas are off-limits to campers.
10. Absolutely no swimming without a qualified individual being present and no use of the lake without faculty supervision and permission of the Dean. Life jackets must be worn by everyone at all times while in boats on the lake.
11. Campers should not go out alone after dark.
12. Sickness or injury **MUST BE REPORTED** to the camp medical staff and the Dean immediately.
13. Footwear is to be worn at **ALL** times.
14. The use of tobacco in any form, alcoholic beverages, and drugs are strictly forbidden.
15. Campers who drive to camp **MUST** turn in their keys to the Dean for the duration of camp.
16. No pets of any kind are permitted.
17. Radios, or other electronic entertainment devices, and inappropriate literature are **NOT** permitted.
18. The Dean may dismiss or exclude anyone who does not obey Camp Rules.
19. Christian conduct is expected at all times.
20. The Dean is a representative of the Blue Rock Board of Directors and has sole authority over the camp.

**2019 Blue Rock Christian Camp Registration**

Mail a completed form for each camper and either a \$25 non-refundable deposit or full payment to receive discounted rate. Full remaining balance is expected at camp Registration if not made prior to camp. NO refunds for no shows. Make check to:

**Blue Rock Christian Camp\* PO Box 614\* Geneva, Oh 44041**

Please check camp week attending:

\_\_\_ First Chance Camp completed grades K-2 ~June 9-12

Dean: Anissa Preston

\_\_\_ Junior Camp completed grades 3-5 ~July 21-26

Dean: Brian Morgret

\_\_\_ Junior High Camp completed grades 6-8 ~July 7-12

Dean: Josh Peyton

\_\_\_ Senior High Camp completed grades 9-12 ~July 14-19

Dean: Len Udell

Camp Fee \$ \_\_\_\_\_

Mission \$ \_\_\_\_\_ (paid at check in if registering online)

Canteen \$ \_\_\_\_\_ (paid at check in if registering online)

Other \_\_\_\_\_ \$ \_\_\_\_\_

Church \_\_\_\_\_ \$ \_\_\_\_\_

Deposit or full payment \$ \_\_\_\_\_

Total due @ check in \$ \_\_\_\_\_

**ALL CAMPS CHECK IN: 4 PM TO 6 PM WITH CAMP PICTURE AT 6 PM**

Online registrations at [www.bluerockcamp.org](http://www.bluerockcamp.org) (by [www.active.com](http://www.active.com))

**\*\*Please Note: you will need to return this page along with registration page 2 with parent signature. Also Registration page 3 will need to be returned if camper brings any medication.\*\***

Checklist:

\_\_\_ Doctors signature (**required**) if completed **Part I** for prescription medication

\_\_\_ Medication packed in original container for medical staff

\_\_\_ Read "Things to Know" section

\_\_\_ Form completed in full & signed

\_\_\_ Deposit or full payment enclosed

\_\_\_ All electronics left at home

\_\_\_ Bible packed

Canteen (snacks)

No canteen for First Chance camp offered. (provided)

Junior Wk., Jr. High & Sr. High camp

max. \$3.00 per day (\$15.00 total)\*

Mission Each camp will support a mission of the week. \*

**See Things to Know page for more details.**

\*Mission and Canteen money must be paid by cash or check at check in time if doing online.

Pricing on or before June 5 After June 5

First Chance Camp	\$125	\$145
Junior Week	\$145	\$185
Junior High Camp	\$145	\$185
Senior High Camp	\$145	\$185

Camper's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Camper's Email address: \_\_\_\_\_

Parent's Email address: \_\_\_\_\_

(you will be added to our e-newsletter)

Birth date \_\_\_/\_\_\_/\_\_\_ School grade completed in 2019 \_\_\_\_\_ boy or girl

Is camper Immersed? YES or NO Home Church: \_\_\_\_\_

Church address: \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

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**Health Records and Risk of Injury-Waiver of liability**

List camper's allergies (food, drugs, environment, etc.): \_\_\_\_\_

List all medications, vitamins or herbs camper is taking: \_\_\_\_\_

Is camper allergic to stinging insects? \_\_\_\_\_

Is camper free of communicable disease? YES or NO If no please explain: \_\_\_\_\_

Is there any physical, medical or emotional condition the camp should be aware of? \_\_\_\_\_

I attest that camper \_\_\_\_\_ is in good physical condition and is able to participate in all camp activities.

1. I hereby give permission for my child to participate in recreational, swimming and learning activities and to be bound by camp policies in force.
2. I desire that my child participate in the full range of camp activities and acknowledge that the natural conditions of the camp and the interaction with other children of varied ages may subject my child to a risk of injury.
3. I, therefore, release the camp from any responsibility other than normal supervision and care. In case of accident, I will not hold Blue Rock Christian Camp, its staff, management, faculty, volunteers, board or its officers liable. Further, I waive any claim or cause of action against the foregoing parties, which may arise as a result of an accident or an injury to my child.
4. In case of emergency: I hereby give permission to the physician selected by the camp management or dean to secure proper treatment for my child as named on this form. Doctor calls, treatment, or hospitalization are to be charged to our family insurance or to me personally.
5. I understand that Blue Rock Christian Camp and its staff shall not be held responsible for any articles lost, stolen or left at the camp.
6. I understand that my child may be the subject of photographs/video taken by the camp for publicity purpose and authorize the use of these photographs.

**Signature (required):** \_\_\_\_\_

Custodial/Residential parent or legal guardian

**Date:** \_\_\_\_\_

All **medication(s)** sent to Blue Rock Christian Camp must be in original packaging and will be given to the medical staff at check in. Medical staff will oversee the administration of all medications as prescribed.

- **PART I** Medications sent to Blue Rock Christian Camp that are physician prescribed **MUST** have Part I completed and **signed** by prescribing physician.

Physician's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Physician's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of medications to be administered \_\_\_\_\_

Dosage and frequency of dosage \_\_\_\_\_

Any adverse reactions that should be reported to the Physician \_\_\_\_\_

\_\_\_\_\_

Special instructions for administration and/or storage of medicine \_\_\_\_\_

\_\_\_\_\_

\*\*\*YES or NO because inhaler is for emergencies, the camper is to have possession of it.

***Physician initials _____ (for inhaler) <b>REQUIRED</b>	
PHYSICIAN SIGNATURE _____	Date _____
<b>REQUIRED</b>	

- **For PART II** Medication sent to Blue Rock Christian Camp that is non-prescribed, Part II below **MUST** be completed, and medication must be turned in to the medical staff upon check in.

Medication to be administered (list all medicine(s), dosage, and time of day for each): \_\_\_\_\_

\_\_\_\_\_

Reason for medication \_\_\_\_\_

Possible reaction that should be reported to parent \_\_\_\_\_

Date medication started \_\_\_\_\_ Date medication is to cease \_\_\_\_\_

_____	_____
<b>Signature of custodial/residential parent or legal guardian</b>	<b>Date</b>