



**Central Area**

**2011**

**Camps &**

**Conferences**

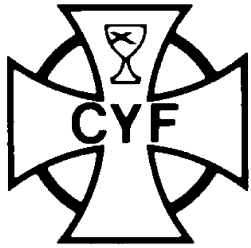
**COUNSELOR Registration Packet**

# 2011 Central Area Camps & Conferences



## **Grand Beginnings Camp (June 3-5)**

For youth ages 4 - 3rd grade  
Check in time—7:30 pm Friday  
Camp ends—10:00 am Sunday  
Registration fee: \$90 (youth and adults)



## **CYF Conference (June 5-11)**

For youth who have completed grades 9, 10, 11, or 12  
Check in time—4:00 pm Sunday  
Camp ends—10:00 am Saturday



## **JYF Camp (July 10-14)**

For youth who have completed grades 4 or 5  
Check in time—4:00 pm Sunday  
Camp ends—10:00 am Thursday



## **Chi Rho Camp (July 10-15)**

For youth who have completed grades 6 or 7  
Check in time—4:00 pm Sunday  
Camp ends—10:00 am Friday



## **Eighth Grade Youth Conference (July 24-30)**

For youth who have completed eighth grade  
This camp focuses on self-esteem, Christian human sexuality, and transitions to CYF.  
We combine with Tres Rios and Hi Plains Areas to provide this camp.  
Check in time—4:00 pm Sunday  
Camp ends—10:00 am Saturday

Adults wishing to apply to be counselors at any of the above camps should fill out and return the registration form included in this packet. Counselors for each camp are selected by the director and/or the appropriate age level council for that camp. Returning the registration form does not guarantee selection as a counselor for that camp. You will be contacted by the camp director regarding the status of your selection to serve as a counselor for that camp.

Please fill out one form for each camp for which you are applying to serve as a counselor.

Counselor registration fees are included in the campers' registration fee, with the exception of Grand Beginnings.

The directors and program team members of these camps have been recruited by the Central Area and the counselors of these camps have been recruited by the camp directors. All have been certified by their congregations as experienced and qualified camp program leaders and participants. Through the leadership of these adults the Central Area camps and conferences provide youth and adult participants opportunity to grow spiritually, mentally, socially, and to develop and practice leadership skills which can strengthen their participation in their home churches. These opportunities come through planned total camp and small group activities and the daily sharing that is a part of camp life.

All Central Area camps and conferences are held at Lake Brownwood Christian Retreat (LBCR). The camp is located on Lake Brownwood off State Park Road 15. This 33 acre camp facility is owned and operated by the LBCR Board of Directors. LBCR has air-conditioned dining, sleeping, and meeting facilities. Campers will swim in their pool under strictly controlled conditions. Indoor and outdoor recreational facilities are available for activities and drink machines are available at designated times. All camp participants are covered by camp health and accident insurance, and LBCR maintains an infirmary and first aid providers on-site as well as in Brownwood.

**Although suspended for school vacation time, ADD/ADHD/behavior control medications must be sent to camp with your child.**

**ALL MEDICATIONS MUST BE IN THEIR ORIGINAL PHARMACY LABELED BOTTLES.**

### **When you come to camp, you will want to bring:**

- Your most cooperative, creative, and pleasant self
- Your Bible
- Sleeping bag and/or bedding & pillow
- Toiletries (soap, shampoo, toothbrush, etc.)
- Towels (bath and beach)
- Cool, comfortable summer clothes
- Bag for dirty clothes
- Musical instruments (guitar, tuba, harmonica)
- Flashlight
- Swim suit, sandals
- Non-aerosol insect repellent
- Camera
- Stationery and stamps
- Notebook and pen/pencil
- Offering money
- Light jacket/sweater
- CD/MP3 players
- Handheld electronic games
- Enthusiasm!!!

### **Do not bring:**

- Alcohol or tobacco products or illegal substances
- Fireworks, firecrackers
- Guns or weapons of any kind
- Skateboards, roller blades
- Radios, TV's, jam boxes
- Valuable jewelry
- "Church" clothes
- Lots of money
- An attitude (language, behavior, clothing) that is inappropriate for a Christian camp

**Undesired items will be confiscated.**

**Campers exhibiting undesirable behavior may be sent home.**

The camp phone number is: (325) 784-5133 and this number is answered 24 hours per day during camp. However, this is not a public phone. Campers are not permitted to make or receive phone calls except in emergency situations as determined by the event director. Visitors are not permitted during the week except in emergency or special need situations.

**Campers may receive mail which should be addressed to:**

Camper's Name  
Camp Name (i.e. CYF Conference)  
LBCR  
9030 Retreat Road  
Brownwood, TX 76801

**LICE POLICY**

In accordance with CCI guidelines, a head check will be done of every camper upon arrival at camp and before check-in at a dorm. Drivers who bring children to camp must wait until every child has been checked before leaving camp grounds.

A child who is found to have evidence of infestation or any other infectious condition will be requested to return home. The refund policy states that only 50 % of the camp fee less \$25.00 administrative costs may be refunded when the area office receives a written request from the parent.

Due to the fact that treatment for lice involves a lengthy amount of intervention by the parent, it is suggested that the child not try to return to camp. The child must be gone at least 48 hours before attempting to return. In order to return for part of camp, all clothing and bedding will need to be washed in hot water and dried at a high heat. Articles that cannot be treated thus will need to be bagged air tight for 7-10 days. It is suggested that a new pillow be sent to camp. Combs, brushes and hair implements will need to be replaced with new ones also. A pesticide shampoo must be used such as RID or NIX. (The empty bottle should accompany the child back to the camp nurse.) All nits must be removed from the hair. And the child will be rechecked by the camp nurse to determine that the child is lice free and totally nit free. If the Olive Oil treatment suggested by the TDH is used, the child may not return. If there was evidence of multiple layers of nits, the child may not return to camp.

If a child is determined to have an infestation after camp has begun, every effort will be made to determine the source. Parents will be notified to pick up their child for appropriate treatment. A return to camp is not advisable.

Central Area  
1420 North Third Street  
Abilene, TX 79601  
Phone: (325)676-5796  
FAX: (325) 676-1705



# Central Area of the Christian Church in the Southwest



## Counselor Registration 2011

You must first complete a Counselor Interest Form to be considered as a counselor for summer camp. Counselors for each camp will be selected by the appropriate age level council. Please fill out one form for each camp to which you are applying.

**Section I: Counselor Information**

Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age on June 1 \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Drivers License No.: \_\_\_\_\_ State: \_\_\_\_\_

Registering Church: \_\_\_\_\_ Member? Yes \_\_\_ No \_\_\_  
 Home Church (if not member of registering church): \_\_\_\_\_  
 Previous Camp Experience (No of years): \_\_\_\_\_ Where? \_\_\_\_\_

T-Shirt Size: **Youth** S \_\_\_ M \_\_\_ L \_\_\_ **Adult** S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

**Section II: Event Summary**

Please select the camp for which you are applying / registering:

<input type="checkbox"/>	Event	Grade Level	Date
<input type="checkbox"/>	CYF Conference	Completed grades 9-12	June 5-11
<input type="checkbox"/>	Eighth Grade Youth Conference (8ers)	Completed grade 8 <i>only</i>	July 24-30
<input type="checkbox"/>	Chi Rho Camp	Completed grades 6-7	July 10-15
<input type="checkbox"/>	JYF Camp	Completed grades 4-5	July 10-14
<input type="checkbox"/>	Grand Beginnings Camp	Ages 4-3rd grade	June 3-6

Counselor fees are included in the camper fees.

**Section III: Local Church Recommendation / Certification**

The \_\_\_\_\_ Christian Church of \_\_\_\_\_ affirms that \_\_\_\_\_ is an active and participating member of this congregations and has the Christian maturity and background / experience desired as a camp counselor. We unconditionally recommend him / her for a Central Area camp, and we further certify that, to the best of our knowledge, he / she has never been accused or convicted of physically or sexually abusing a minor.

Minister's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Section IV: Emergency Contacts**

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Daytime Phone: _____	Daytime Phone: _____
Nighttime Phone: _____	Nighttime Phone: _____
Relationship: _____	Relationship: _____

**Section V: Medical Information**

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Please complete the following as it applies to your child/youth:

**ALLERGIES:**

Tetanus shots       Penicillin       Bee or insect stings       Dust/Mold  
 Hay Fever       Sulfa or other drugs       Poison Ivy/Oak       Nuts  
Others \_\_\_\_\_

**CONDITIONS YOU HAVE HAD OR ARE SUBJECT TO:**

Heart trouble       Tonsillitis       Skin disease       Stomach Ulcer  
 Asthma       Appendicitis       Nervous disorder       Diabetes  
 Bronchitis       Epilepsy       Athlete's foot       Hernia  
 Fainting       Convulsions       Chronic Infection       Sleep Walking  
 Bed Wetting       Cramps       Headaches / Migraines       Nose Bleeds  
 Toothaches       Exhaustion       Digestive Disorder       Home Sickness  
Others \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of last exam by physician: \_\_\_\_\_ Reason: \_\_\_\_\_

Please list any and all dietary restrictions, physical restrictions, or any other condition the Camp Director should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Please list any prescription or non-prescription medication camper will be taken during camp. If necessary, attach another sheet.

\_\_\_\_\_  
\_\_\_\_\_

**NB:** All medications, including prescription and non-prescription, are to be surrendered to the camp nurse upon the camper's arrival, and will be administered according to package directions, unless otherwise specified, in writing, by the camper's physician. Medications are to be clearly marked with the camper's name, and any necessary instructions for their administration.

**HEPATITIS B STATEMENT**

Choose the statement below that applies to your situation regarding Hepatitis B.

I understand that in the course of rendering first aid to a camper I may become exposed to blood and it will be my responsibility to start the Hepatitis B series within 24 hours in order to protect myself.

I have previously had the Hepatitis B series and am fully protected.

**Section VI: Application and Release**

The information contained in this application / registration is correct to the best of my knowledge. Should my application be accepted, I agree to abide by and enforce the rules and policies established by the Central Area Covenant Youth Committee, Lake Brownwood Christian Retreat, and the camp director. I agree to conduct myself in a responsible Christian manner. I further authorize the Central Area of the Christian Church in the Southwest to make inquiries regarding me and all statements contained in this form, and hereby give my permission for a criminal history / background check to be performed by its agents and / or officers. I also authorize all persons, entities, former employers, courts, law enforcement and other public agencies to respond to inquiries made concerning me, to supply verification of the information provided in this form, and to comment and state opinions regarding my background and character. I hereby release all such entities and individuals from all liability and responsibility arising from their doing so.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_