



Central Area

2010

Camps &

CONFERENCES

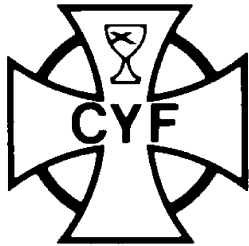
Camper Registration Packet

2010 Central Area Camps & Conferences



Grand Beginnings Camp (June 4-6)

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 6-12)

For youth who have completed grades 9, 10, 11, or 12
Check in time—4:00 pm Sunday
Camp ends—10:00 am Saturday
Registration fee: \$320



JYF Camp (July 11-15)

For youth who have completed grades 4 or 5
Check in time—4:00 pm Sunday
Camp ends—10:00 am Thursday
Registration fee: \$280



Chi Rho Camp (July 11-16)

For youth who have completed grades 6 or 7
Check in time—4:00 pm Sunday
Camp ends—10:00 am Friday
Registration fee: \$285



Eighth Grade Youth Conference (July 25-31)

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
Registration fee: \$330

The registration fees listed include a camp picture, snacks, meals, lodging, insurance, and programs costs. Campers will need to bring money for meals en route, cokes, offering, and camp store (if desired). This year, April 11 has been designated as Camp Registration Sunday for all Central Area churches. Any registration postmarked after May 6 will require an additional late fee of \$10.00. Then each camp will have a late-late fee of \$25.00 – please see the Registration Form for the date that applies to each individual camp. **Absolutely no registrations will be received during the week prior to each individual camp.**

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

REFUND POLICY

- 100% less \$25.00 for medical emergencies up to the beginning hour of the camp or with 7 days advance written requests
- 50% less \$25.00 after the beginning hour of camp if written request is received in the area office within 7 days and prior phone notice was received at the area office;
- **NO** refunds for non-emergency cancellations after the beginning hour of camp (i.e., no shows).
- No refunds or proration will be granted if a child/parent or adult decides to cut a camp short -whether the decision is made after or before camp starts.
- If the camp nurse decides that a child must go home due to illness or some other condition, up to the midpoint of camp, fees may be prorated with a cap of 50%. After the midpoint of camp, no refund will be granted.

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 lays 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



Camper Registration 2010

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY.
CURRENT RECORD OF CAMPER'S IMMUNIZATIONS REQUIRED.

Section I: Camper Information

Name: _____ Male ___ Female ___ Grade Completed ___
 Address: _____ City: _____ State: ___ Zip _____
 Home Phone (____) _____ Cell Phone (____) _____ Email: _____
 Date of Birth: _____ Social Security Number: _____
 Parent/Guardian Name: _____ Phone (____) _____
 Address: _____ City: _____ State: ___ Zip _____
 Home Phone (____) _____ Cell Phone (____) _____ Email: _____
 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 registering:

√	Event	Grade Level	Date	Fee*	Late**
<input type="checkbox"/>	CYF Conference	<i>Completed grades 9-12</i>	June 6-12	\$320	May 24
<input type="checkbox"/>	Eighth Grade Youth Conference (8ers)	<i>Completed grade 8 only</i>	July 25-31	\$330	July 12
<input type="checkbox"/>	Chi Rho Camp	<i>Completed grades 6-7</i>	July 11-16	\$285	June 28
<input type="checkbox"/>	JYF Camp	<i>Completed grades 4-5</i>	July 11-15	\$280	June 28
<input type="checkbox"/>	Grand Beginnings Camp	<i>Age 4-3rd grade</i>	July 16-18	\$90	May 24

*Regular fees apply to registration postmarked on or before May 6.
 A late fee of \$10 will apply to all registrations postmarked after May 6.
 **After this date, a late-late fee of \$25 will apply to all registrations.

No registrations will be accepted during the week prior to each camp.

Section III: Covenant of Conduct

I, _____, agree that I will honor and abide by all rules and regulations set forth by the Camp Director, counselors, and Lake Brownwood Christian Retreat. I will conduct myself in a disciplined, Christian manner in community with others, and will refrain language, jokes, clothing, and activities that do not reflect a Christ-like spirit. I understand that use of illegal drugs or alcohol and irresponsible behavior that places myself or another in danger will result in my immediate expulsion from the camp.

Camper's Signature _____ Date: _____

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 to Camper: _____	Relationship to Camper: _____

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.

I give permission so that my child may be given the following non-prescription medications, with exceptions noted below, in age appropriate doses as needed (generics may be used): Ibuprofen, Tylenol, Calamine lotion, Benedryl, Pepto Bismol, Immodium AD, Emetrol, triple antibiotic cream, Maalox, cough lozenges & syrup.

Please list any medications that **SHOULD NOT** be given to camper.

Section VI:**Parent / Guardian Release**

_____ has my permission to participate in the above named camp. I further submit that the information contained in the medical section of this form, along with all other information, is true and correct to the best of my knowledge. I agree and consent to the camp nurse or other staff and counselors securing such emergency medical care and treatment as may be necessary for my child en route to or from and during said camp. The camp nurse may administer all medications, with the exceptions noted above, in accordance with standing orders from the camp. I further release the camp director and counselors, the staff of Lake Brownwood Christian Retreat, and the Central Area of the Christian Church in the Southwest from responsibility and liability for any injury or illness occurring during this camp. I give permission, unless noted below, to the Central Area of the Christian Church in the Southwest and Lake Brownwood Christian Retreat to include my child's image, voice, or video footage in any and all promotional material.

Check this box if you **DO NOT** wish for your child to be included in camp promotions.

Parent / Guardian Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____ Notary: _____



Lake Brownwood Christian Retreat

RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

(Campers Under 18 Years of Age)



In consideration of Participant _____ (name of camper) being permitted to participate in activities and/or receive instruction in activities on and near property owned or maintained by Lake Brownwood Christian Retreat ("LBCR") (said activities and instruction to include without limitation, **unless stated below**, participation in the Ropes Challenge Course, participation in waterfront activities such as canoes and swimming with or without lifeguard on duty, and use of swimming pool with or without lifeguard on duty) the undersigned, for himself/herself and his/her estate, and any personal representatives, heirs, successors or assigns, including Participant and Participant's personal representatives, heirs, successors or assigns (collectively "Parent/Guardian"), hereby agrees and covenants with LBCR, its owners, representatives, officers, agents, employees, counselors and volunteers (collectively "LBCR Releasees") as follows:

1. PARENT/GUARDIAN AGREES THAT PARENT/GUARDIAN AND PARTICIPANT EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK AND RESPONSIBILITY FOR, AND RELEASE LBCR RELEASEES FROM ALL CLAIMS, DEMANDS, CAUSES OF ACTION, INJURIES AND/OR DAMAGES, ARISING FROM PARTICIPANT'S ACTIVITIES AND INSTRUCTION ON OR NEAR PROPERTY OWNED OR MAINTAINED BY LBCR (THE "PROPERTY"), INCLUDING WITHOUT LIMITATION WRONGFUL DEATH, PERSONAL INJURY, PROPERTY DAMAGE, AND ANY OTHER LOSS OR LIABILITY, EVEN IF THAT LOSS OR LIABILITY ARISES IN WHOLE OR IN PART FROM THE PASSIVE OR ACTIVE NEGLIGENCE OF THE LBCR RELEASEES, AS WELL AS HIDDEN, LATENT, OR OBVIOUS DEFECTS OR HAZARDS ON OR NEAR THE PROPERTY.
2. PARENT/GUARDIAN FOR HIMSELF/HERSELF AND PARTICIPANT PRESENTLY AND PROSPECTIVELY FOREVER RELEASES, WAIVES, AND DISCHARGES LBCR RELEASEES FROM, AND COVENANTS NOT TO SUE LBCR RELEASEES FOR, ALL CLAIMS, DEMANDS, CAUSES OF ACTION, INJURIES AND/OR DAMAGES THAT PARENT/GUARDIAN OR PARTICIPANT MAY PRESENTLY HAVE OR HAVE IN THE FUTURE FOR WRONGFUL DEATH, PERSONAL INJURY, PROPERTY DAMAGE, AND LOSS OR LIABILITY ARISING OUT OF ANY ACTIVITY OR INSTRUCTION ON OR NEAR THE PROPERTY, INCLUDING WITHOUT LIMITATION, THAT CAUSED IN WHOLE OR IN PART BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE LBCR RELEASEES, AS WELL AS HIDDEN, LATENT, OR OBVIOUS DEFECTS OR HAZARDS ON OR NEAR THE PROPERTY.
3. PARENT/GUARDIAN AGREES TO DEFEND, HOLD HARMLESS AND INDEMNIFY LBCR RELEASEES FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, LIABILITIES, CAUSES OF ACTION, INJURIES, FINES, COSTS, EXPENSES AND ANY OTHER LOSSES OR DAMAGES ARISING FROM PARTICIPANT'S ACTIVITIES AND INSTRUCTION ON OR NEAR THE PROPERTY, INCLUDING WITHOUT LIMITATION, PARTICIPANT'S DEATH, PERSONAL INJURY, PROPERTY DAMAGE, AND ANY OTHER LOSS OR LIABILITY, AS WELL AS INJURY TO ANY EMPLOYEES OF LBCR RELEASEES AND ANY DAMAGE TO THE PROPERTY.
4. Parent/Guardian for himself/herself and Participant agrees that this release, waiver of liability, assumption of risk and indemnity agreement extends to all acts of negligence by the LBCR Releasees and is intended to be as broad and inclusive as is permitted by the laws of the State of Texas and that if any portion herein is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
5. I have read this release, waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, understand that I released and granted substantial rights by signing it, and have signed it freely and voluntarily without any undue inducement, assurance, or guarantee being made to me **and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.** This agreement shall be governed by the laws of the State of Texas.

My child **DOES NOT** have permission to participate in the following activities:

High Ropes Course Blob Swimming Canoes Bicycles

Other: (Please specify) _____

Signature of Parent/Guardian of Participant: X _____ Today's Date: _____

Relationship to Participant: _____