



Central Area

2010

Camps &

Conferences

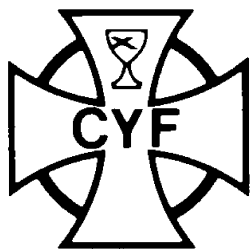
COUNSELOR Registration Packet

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



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



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



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

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 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



Counselor Registration 2010

This form serves as both application and registration for 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: _____ Work Phone: (____) _____
 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:

√	Event	Grade Level	Date
<input type="checkbox"/>	CYF Conference	Completed grades 9-12	June 6-12
<input type="checkbox"/>	Eighth Grade Youth Conference (8ers)	Completed grade 8 <i>only</i>	July 25-31
<input type="checkbox"/>	Chi Rho Camp	Completed grades 6-7	July 11-16
<input type="checkbox"/>	JYF Camp	Completed grades 4-5	July 11-15
<input type="checkbox"/>	Grand Beginnings Camp	Ages 4-3rd grade	June 4-6

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: _____



Lake Brownwood Christian Retreat
RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK
AND INDEMNITY AGREEMENT
(Adult)



In consideration of Participant 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 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 (collectively "Participant"), hereby agrees and covenants with LBCR, its owners, representatives, officers, agents, employees, counselors and volunteers (collectively "LBCR Releasees") as follows:

1. PARTICIPANT EXPRESSLY AND VOLUNTARILY ASSUMES 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. 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. PARTICIPANT 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. 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.

Signature of Participant: _____ Today's Date: _____

Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

IN CASE OF EMERGENCY PLEASE CALL:

Name: _____

Phone: (_____) _____