



Hillcrest Baptist Church, Bryan, TX

Believe it or not, it is time for you to start making plans to be a part of our **2017 Preteen Camp!** Just for kids, Grades 3-6, summer camp is an amazing Monday-Friday experience at Mt. Lebanon Baptist Camp, in Cedar Hill, TX! Here is some important information about this year's camp:

WHEN: Monday, June 19 – Friday, June 23, 2017

COST: \$205 per camper

(Includes 4 nights lodging, 12 meals, materials/program, a T-shirt)

A \$50 non-refundable deposit is due by May 14th.

WHAT HAPPENS DURING CAMP:

Our daily schedule will include: meals, Bible study, worship celebrations, a recreation rotation (crafts, BB guns, archery, challenge course, zip tower, the Alpine tower, wet & wild games, & the adventure course), swimming, cabin activities, and various church-led activities.

The total camp program is conducted and planned by the Mt. Lebanon staff and the Dallas Baptist Association.

Sixth graders will have special privileges at Preteen Camp! All sixth graders will eat dinner first every evening, have opportunities to lead prayer and scripture reading in the Celebration Service, and attend a special 6th grade event during the week.

CAMP PERSONALITIES:

Taylor Hughes (camp pastor)

Dreds & Company (worship leaders)

READY TO GO?

All you need to do is complete the camp registration form/HBC release form and make a \$50 deposit by Sunday, May 14th. (If you would like, you can make payments for camp at any time between now and camp week. Checks are to be made to Hillcrest Baptist Church. Payments can be made at the Church Office or given to Scott Adams.)

QUESTIONS?

If you have any questions, contact Scott Adams at 776-5731 (church) or 324-6185 (cell). You can also email Scott at scott@hillcrestfamily.org. A CAMPER/PARENT MEETING will be held prior to camp week, on Wednesday, June 14th, at 7:30 pm, in the Church Fellowship Hall.

Looking forward to seeing YOU at Summer Camp!

MT. LEBANON ENCAMPMENT
PO Box 427 - Cedar Hill, Texas 75106-0427
972-291-7156 (Phone) 972-291-4958 (Fax)
www.mtlebanoncamp.com

<p>T-Shirt Sizes</p> <p>Youth L - (Preteen camp only)</p> <p>Adults Sizes - S M L XL XXL XXXL</p>
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2017 CAMPER REGISTRATION & HEALTH FORM

Name: _____ Date of Camp: _____ Sex: (M/F) _____

Birth Date: _____ Age: _____ Grade Completed by End of School Year 2016 _____

Street Address: _____ City _____ Zip _____

Name of Church Camper Is Attending Camp With: _____ City _____

Parent /Legal Guardian: _____ Relationship: _____

Phone Number: Daytime _____ Evening _____ Cell _____

Parent /Legal Guardian Email: _____
 Emergency Contact Information Other Than Parent/ Legal Guardian: _____

Name: _____ Cell _____ Relationship _____

PARENT/ LEGAL GUARDIAN'S STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY

1. ACKNOWLEDGMENT OF INHERENT RISKS

I certify that I am aware of the inherent risks associated with outdoor camp activities, as well as the inherent risks of being on camp property. Notwithstanding, I hereby give my child permission to participate in all camp activities. Further, in consideration for Mt. Lebanon agreeing to accept the above named child as a camper, I hereby personally assume all risks in connection with my child's attendance and participation in the events at Mt. Lebanon.

2. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

In the event that my child is injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/or dental services rendered to my child in response to said injury.

3. LIMITATIONS ON INSURANCE COVERAGE

I understand that my family/personal health and accident insurance will be the primary coverage.

4. RELEASE AND HOLD HARMLESS AGREEMENT

I agree to release and hold harmless the Dallas Baptist Association, Mt. Lebanon Encampment, it's trustees, employees, agents, and representatives for any injury, harm, or other damage by any occurrence in connection with my child's participation in camp activities in any form or fashion. I further agree to release and hold harmless Dallas Baptist Association, Mt. Lebanon Encampment, it's trustees, employees, agents, and representatives from any claim by me, or my family, estate, heirs or assigns out of my child's participation in activities at Mt. Lebanon.

5. PRE-AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize any medical and/ or surgical treatment, including but not limited to hospital care, to be rendered to my child, as needed in the judgment of the treating physician, who is chosen by the Camp Director or any employee working under him/her, as circumstances require. I further authorize the Mt. Lebanon health staff to render first-aid and to administer medications as prescribed and programmed on the *Dosage & Frequency Chart*, executed by the parent or guardian.

6. NON PRESCRIPTION MEDICATIONS

I give my permission to the camp's health supervisor, or other health center staff, to administer non-prescription, over-the-counter medications to my child based on symptoms (not a diagnosis). For example, but not limited to, Tylenol or ibuprofen, for mild fever or pain; Benadryl or Claritin, of allergy symptoms; Pepto-Bismol, for diarrhea; cortisone cream, for bug bites; calamine, for poison ivy; and so on.

7. ACKNOWLEDGMENT OF RESPONSIBILITY FOR DAMAGES

I agree that I am financially responsible for any damage to camp property caused by my child, including any acts of graffiti.

8. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS

The above named camper agrees to obey and observe all camp rules, and to fully cooperate with the adult leadership, camp staff, and other campers. I agree that, if in the judgment of the adult leadership and/ or camp staff, my child becomes a discipline problem, my child may be sent home, at my expense, and that I will forfeit all camp fees paid.

9. USE OF CHILD'S PHOTOGRAPH FOR PROMOTIONAL PURPOSES

I agree and consent that my child's photograph may be used for promotional purposes or publicity material by Mt. Lebanon.

I acknowledge that I am the parent or authorized guardian of the above named child. By my signature below, I acknowledge that I have read and understand the information set forth above, including the Release and Hold Harmless Agreement.

 PARENT/ GUARDIAN'S SIGNATURE

 DATE

Camper's Name: _____ Church _____

INSURANCE INFORMATION (You may attach a photocopy of your current Health/Accident Insurance Card.)

Insured Member's Name: _____ Member ID _____

Health Insurance Provider: _____ Group ID _____

Health Insurance Provider Phone Number(s): _____

Primary Care Physician: _____ Phone: _____

GENERAL HEALTH INFORMATION (If necessary, attach additional copies of information which address camper health concerns.)

List any health concern/issue that would be relevant to an attending physician in the case of an emergency: _____

List any chronic or recurring illnesses or diseases: _____

List any food, medicine, or other significant allergies: _____

List any pre-existing injuries which occurred **BEFORE** attending camp: _____

Date of last tetanus shot (you can write "current"): _____ (Attach current shot record - Optional)

CAMPER MEDICAL POLICY AND INSTRUCTIONS

1. All medications must be properly labeled and kept in original containers. Check expiration dates. No expired medications will be given.
2. All prescription and non-prescription medications must be presented to camp health center personnel upon arrival at Mt. Lebanon.
3. All medications must be stored and dispensed from the camp health center (except EpiPens or emergency inhalers). Campers are not allowed to keep or self-administer any medication in accordance with Texas Department of State Health Services regulations.
4. Diabetics must bring a copy of their Diabetes Management Plan.
5. Non-prescription medications such as vitamin supplements or pain relievers will be given only according to the age and dosage restrictions and instructions listed on the package unless a doctor's order is provided.
6. EpiPens or emergency inhalers may be kept with the camper. (Please send an extra one to be kept in the health center) Health center personnel must be notified immediately when a camper uses an EpiPen. If asthma symptoms are not completely relieved the camper must be brought to the health center for evaluation.
7. List any medical problem, medical alert, allergy, or other relevant health concern/issue under **General Health Information**.
8. List all medications, dosage and indicate after breakfast, lunch, dinner or bedtime on the **Medication Dosage and Frequency Chart**.
9. Place all medications and a copy of Page 2 of this form in a heavy-duty, quart sized zip-lock bag with the camper's name and name of church written with a permanent black marker on the outside of the bag.

MEDICATION DOSAGE & FREQUENCY CHART
 Place all medications and a copy of this page in a heavy-duty, quart sized zip-lock bag. Print the camper's name and name of church on the outside of the zip-lock bag using a permanent black marker. If necessary, make additional copies of the Dosage and Frequency Chart.

Medication	Dosage/Time	Monday	Tuesday	Wednesday	Thursday	Friday
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

Hillcrest Baptist Church
ACTIVITY RELEASE FORM

Name _____ Age _____ Grade _____
(last) (first) (middle)

Parent or Guardian _____ Email _____

Address _____ City _____ State _____ ZIP _____

Phone (home) _____ (Cell) _____ (business) _____

Insurance Co. _____ Policy # _____

Phone in case of Emergency _____

MEDICAL INFORMATION

Should you at any time during above stated dates require medical attention, list any special instructions which you might require, such as being allergic to penicillin, having rare blood type, diabetic condition, epileptic seizures, etc...

MEDICAL, SURGICAL, & LIABILITY WAIVER

- I. To be signed and dated by parents or guardian of young people under 18 years of age.

In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the Hillcrest staff, its representatives, or the sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon said minor (names above) which may in their sole discretion be necessary and proper under the circumstances.

I also release, acquit, discharge, and covenant to hold harmless Hillcrest Baptist Church or its representatives, or the sponsors, or any attending physician, from any and all actions, damages, or liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment provided during the attendance of any activity.

Signature _____ Date _____

- II. To be signed by persons 18 years of age and older.

I am 18 years of age or older and have listed physical or medical problems that may need attention. I have read the above Medical Surgical & Liability Waiver for minors and agree to the same terms. I hereby release Hillcrest Baptist Church, or its representatives or the sponsors, or any attending physician, from any and all actions, damages, liabilities arising out of treatment of any sickness or accident, and financial responsibility for all medical treatment provided during my attendance of any activity.

Signature _____ Date _____

MINORS OF/AND PARTICIPATING WITH HILLCREST BAPTIST CHILDREN/YOUTH MINISTRY ACTIVITIES.

I promise to obey the rules and regulations of the Hillcrest Baptist Church, its representatives, or the sponsors, and to conduct myself in a proper manner while with Hillcrest Baptist Church Children/Youth Ministry. I understand that failure to comply may forfeit future activities with Hillcrest Baptist Church Children/Youth Ministry and could cause me to be sent home at my or my parent's expense.

Signature _____ Date _____