

# CAMP Collide 2018

Camp 2018 Registration Packet  
Fri, June 22 – Tues, June 26, 2018  
Cost is \$200/student

Name \_\_\_\_\_  
Grade Completed \_\_\_\_\_ Gender \_\_\_\_\_ T-shirt Size \_\_\_\_\_  
(must have completed 6<sup>th</sup> or higher)  
Payment: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Online \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_  
Emergency Contact Phone \_\_\_\_\_

Please fill out this packet and return the following items by Sunday June 17<sup>th</sup>.

- \$200 payment (*checks made out to Firewheel Bible Fellowship*)/online payment option available
- Camper Registration/Medical Release Form
- Medical Treatment Authorization Form
- Camper Excused Release Form (*for students arriving late or leaving at any point during camp*)
- Food Allergy Form (*if applicable*)
- All Other Forms provided in this packet are for your benefit and do not need to be returned

**\*Check In at Firewheel 1:30pm on Friday/Return to Firewheel between noon and 12:30pm on Tuesday**



|   |                    |
|---|--------------------|
| Name of Church: <u>Firewheel Bible Fellowship</u>                               | T-shirt size _____ |
| Name of Camp Session: <u>Camp Collide</u> Date of Camp: <u>June 22-26, 2018</u> |                    |

## Camper Registration/Medical & Risk Release Form Latham Springs Camp & Retreat Center (Under 21 years of age)

|   |   |                         |   |             |
|---|---|-------------------------|---|-------------|
| Camper's Name _____   | Address _____   | City _____              | ST _____  | Zip _____   |
| Birthdate ____/____/____  | By the time I get to camp, I will have completed _____ grade! |                         | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |             |
| Are you a Christian? _____ Church member? _____ Church: _____   |   |                         |   |             |
| Parent's/Legal Guardian's Name: _____   |   |                         |   |             |
| Relation _____  |   |                         |   |             |
| Home Phone (____) _____   |   | Work Phone (____) _____ |   | Email _____ |
| Dr.'s Name: _____   |   | Ph. #: _____            |   |             |
| <b>IMMUNIZATIONS:</b> Date of last Tetanus shot (if known) _____ Allergic to a Tetanus booster? _____ Immunizations up to date? _____ |   |                         |   |             |

Health History-List any recent illnesses, injuries, any allergies, and/or hospitalizations relevant to a physician in case of an emergency (attach extra sheet if necessary) \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Allergies: \_\_\_\_\_

If your child has food allergies or special nutritional needs, please complete **FOOD ALLERGY & SPECIAL DIETARY NEED** form and fax to 254.694.4174, then contact the Food Service Director, Frankie Levings, 254.694.3689) at least two weeks prior to camp dates.

**\*ALL MEDICATIONS, whether prescription or over-the-counter, MUST be in the original container with the camper's name and the current dosage (Required by the Texas Department of State Health Services). All medications must be placed in a large Ziploc bag with your child's name and church name and MUST be given to the Camp Nurse during Registration. If your child/youth requires an asthma inhaler or antidote for insect bite or allergies (prescribed by doctor) have them bring at least two (2) to camp. The medication must be registered with Camp Nurse. One (1) will be kept and closely guarded by camper and one (1) given to the Camp Nurse. Similar special cases must be discussed with Camp Nurse. If the need arises, I give my permission for my child/youth to be inspected for head lice/eggs. I understand any such check would be conducted sensitively. I understand Latham Springs' Notice of Privacy Practices uses and disclose health information about my child/youth to the group leader, director, his designee, the child's sponsor and medical staff, when in its sole discretion, believes such communication to be in the best interest of my child for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that he/she receives. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.**

I hereby authorize the Latham Springs Camp & Retreat Center staff, Camp Nurse or Group Leadership to make emergency medical decisions for my child/youth and I understand that my insurance coverage will be primary coverage.

**Insurance provider** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **ID#** \_\_\_\_\_

If parent cannot be reached in an emergency, please contact:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

| Name of Medication | Dosage | Frequency / Time(s)   | Comments |
|--------------------|--------|---|----------|
|                    |        | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime |          |
|                    |        | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime |          |
|                    |        | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime |          |
|                    |        | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime |          |

I give my permission for the Camp Health Officer to give over the counter medications as needed and as directed on the medication label.

Except for (I.E. Allergic to): \_\_\_\_\_

**PLEASE SIGN** \_\_\_\_\_

**Camper Pick up Policy:** Remember that the continuity of the camp experience is used by the Holy Spirit to touch campers' hearts. Taking a camper out for even a brief period can reduce the spiritual effectiveness of camp. Please minimize absences.

Written permission *must* be provided to the camp before a child will be allowed to leave with any person other than listed below.

| Authorized Person's Name (please write legibly) | Relationship to Camper | Phone Number(s) |
|---|------------------------|-----------------|
|   |                        |                 |
|   |                        |                 |
|   |                        |                 |

List here any activities you or your parents do not want you to participate in. Parents, be sure to notify sponsors of this request.

\_\_\_\_\_

\_\_\_\_\_

**\*\* Parent & Camper Must Sign on This Page \*\***

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

**Definitions:**

"CAMP" means LATHAM SPRINGS BAPTIST CAMP, INC. or LATHAM SPRINGS CAMP & RETREAT CENTER, INC., a Texas nonprofit corporation, its Member Churches, Directors, Officers, Employees, Agents, Volunteers, or Associates.

"Applicant" means campers and all participants in CAMP activities, and the parent, legal guardian or conservator of any campers and all participants in CAMP activities, **who verifies by this signature that he or she has the legal right to sign on behalf of camper or participant less than 18 years of age (Minor)**, and Applicant's heirs, executors and administrators, successors and assigns, and members of Applicant's family, including any minors accompanying Applicant.

"Risks and Dangers" include, but are not limited to, the negligence or intentional acts of other people, including other campers, drowning or other water injury, falls or injury from heights (ground to 50 feet), accident or illness in remote places without medical facilities, the forces of nature, and travel by air, boat, automobile, or other conveyance, elements of nature, including temperature extremes, inclement weather, poisonous plants, biting or stinging insects, animals, rough outdoor terrain, and possibly high altitude, including the possibility of asthmatic or allergic attack.

**CONSIDERATION:**

Applicant is a camper at CAMP, or potential participant in CAMP Activities. This agreement is made in consideration of CAMP leaders allowing Applicant to participate in such activities: **All Applicants must sign this agreement before being allowed to participate in CAMP activities.**

**NOTICE:**

Applicant acknowledges that these Activities involve inherent Risks and Dangers and that Applicant will be exposed to these Risks and Dangers. Applicant recognizes that these Risks and Dangers may cause personal injury or death, loss or damage to personal property, emotional distress, and psychological damage due to accidents or intentional acts which may occur during these activities. Applicant understands that transportation for medical treatment may take an hour.

**APPLICANT'S HEALTH:**

Applicant certifies Applicant is completely physically, mentally, psychologically, and emotionally healthy, and capable of participating in all Activities, except for those listed below. Applicant has specified in detail any reasonable accommodation necessary for any disability that Applicant may have and has supplied equipment, medicine, or medical supplies that Applicant may need. Applicant understands that participation in this CAMP program is entirely VOLUNTARY. Applicant is solely responsible for determining whether there is any reason that Applicant should not participate in any Activities, including possible contact with any substances that may cause asthma or allergic reactions.

**RELEASE:**

In consideration of, and as part payment for the right to participate in Activities and the services and food arranged by CAMP, Applicant: (1) fully releases CAMP from current or future liability from negligence, gross negligence, or intentional tort by any person, (2) assumes all Risks and Dangers, whether or not that risk is foreseeable, and (3) will indemnify and hold CAMP harmless from any and all claims, liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, for personal injury, property damage or loss, psychological injury or emotional distress, or medical expenses of any kind and attorney's fees and costs of court filed by Applicant, or by other parties against CAMP, connected with Applicant's program or participation in any activities at CAMP or arranged by the CAMP.

**Applicant hereby agrees that Applicant will not sue CAMP for personal or property injury, and, if Applicant attempts to sue, Applicant will not collect any money. In addition, Applicant will indemnify CAMP for attorney's fees and costs of court fees associated with any litigation against CAMP connected with Applicant's program or participation in any activities at CAMP or arranged by the CAMP.**

**SAFETY:**

Applicant will wear shoes and socks and bring and apply sunscreen as necessary. Applicants who are minors or with youth groups will not leave the CAMP grounds, authorized areas, or vehicles transporting Applicant at any time without permission, and Applicant agrees that CAMP is not responsible if Applicant violates this rule. Applicant agrees to follow all safety instructions and to use caution to protect Applicant, other camper, CAMP personnel, and others. Applicant understands that failure to obey safety rules will cause expulsion from CAMP.

**Camper Statement:** I agree to obey all rules (rules having to do with safety and Christian behavior) and regulations of Latham Springs Camp & Retreat Center, and will cooperate with leaders and fellow campers and with the camp staff at Latham Springs.

**Family Authorization for camper:** In consideration for your agreeing to accept the above-named individual as a camper, I/we hereby assume all risk in connection with participation in the above-named Christian camp. I/We authorize medical and surgical treatment for my child as may be needed in the judgment of the treating physician (physician chosen by Latham Springs management). I/We understand twenty-four-hour first aid care is available on the campgrounds, and I authorize transportation of my child at their discretion in case of emergency. I/We further understand that only limited secondary accident coverage (\$2,500 maximum) is provided. I further give permission and consent to Latham Springs Camp & Retreat Center for any photographs, videotapes and interviews to be taken during the camping session to be published and used to illustrate, report, promote and advertise the camp including on Internet Web Sites promoting or reporting on the camp. I hereby assign full copyright of these photographs to Latham Springs Camp & Retreat Center with the reproduction either wholly or in part.

BY MY SIGNATURE BELOW, I VERIFY THAT I HAVE READ AND UNDERSTAND EVERY PROVISION OF THIS AGREEMENT.

\_\_\_\_\_  
Name of Camper *(Please Print)*

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
**SIGNATURE** of Camper

\_\_\_\_\_  
Date of Signature

**SIGNATURE** of PARENT, GUARDIAN or CONSERVATOR,  
Of minor CAMPER or PARTICIPANT, who verifies by this  
Signature the legal right to sign on behalf of minor.

## Medical Treatment Authorization Form

This form grants temporary authority to **Firewheel Bible Fellowship** to provide and arrange for medical care for a Minor in the event of an emergency, where the Minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

### Minor

Full Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

### Information for Medical Treatment

Physician's Name and Location of Practice: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Medical Insurer / Health Plan: \_\_\_\_\_ Policy No. \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Allergies (Other): \_\_\_\_\_

Please note **all** conditions for which the child is currently receiving treatment: \_\_\_\_\_

Note any other significant medical information: \_\_\_\_\_

### AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for Student Ministry of **Firewheel Bible Fellowship** to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize **Firewheel Bible Fellowship** to summon any and all professional emergency personnel to attend, transport and treat the Minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication or other medical diagnosis, treatment or hospital care deemed advisable by and to be rendered under the general supervision of any licensed physician, surgeon, dentist, hospital or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of **Firewheel Bible Fellowship** in the exercise of their best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: \_\_\_\_\_ Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Parent / Legal Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_



**Latham Springs Camp & Retreat Center  
Camper Excused Release Form**

**Notice:** Latham Springs must make a COLOR copy of the adult's driver's license to be attached to this form before camper may be released.  
*Thank you.*

Camp Session Name: \_\_\_\_\_

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

Camper Name: \_\_\_\_\_

Reason for being excused from Camp: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permission for camper excused absence:

From \_\_\_\_\_ at \_\_\_\_\_  
DATE TIME

To \_\_\_\_\_ at \_\_\_\_\_  
DATE TIME

Church Rep / Leader

Name (please write legibly): \_\_\_\_\_ Signature: \_\_\_\_\_

Parent's

Name (please write legibly): \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Camper's Signature: \_\_\_\_\_

**Notes...**

1. If camper cannot return before evening worship, they are encouraged to stay out until the following morning.
2. Remember that the continuity of the camp experience is used by the Holy Spirit to touch campers' hearts. Taking a camper out for even a brief period can reduce the spiritual effectiveness of camp. Please minimize absences.

Camp Director/Designee Signature: \_\_\_\_\_

Latham Springs Administrator/Designee Signature: \_\_\_\_\_

**Camper Returned...**

... by (name): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Camper Released back to (church rep/leader/camp director)

Name (please write legibly): \_\_\_\_\_ Signature: \_\_\_\_\_

Camper's Signature: \_\_\_\_\_





### FOOD ALLERGY & SPECIAL DIETARY NEED

Please Use Separate Page for Each Person

Fax Completed Form to 254.694.4174 Two Weeks Prior to Arrival

Name of Camp: \_\_\_\_\_ Dates: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Parents Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is parent attending camp with child? \_\_\_\_\_,

If not, please list name of adult sponsor \_\_\_\_\_

List allergies or explain special dietary needs:

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

Is camper aware of his/her allergies? \_\_\_\_\_

Is camper able to monitor his/her own food requirements? \_\_\_\_\_

Is child bringing some of his/her own food? \_\_\_\_\_ if so please list below:

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

A special place is designated in the kitchen for camper to keep his/her own food.

Latham Springs understands about cross contamination and will make every effort to prevent any problems. We will strive to work with child and parents to make their week a great dining experience. Please feel free to call Frankie Levings, Food Service Director, to discuss any needs or questions you may have. He can be reached 254.694.3689 ext. 25 or email [frankie@lathamsprings.com](mailto:frankie@lathamsprings.com)



# What should I Bring to CAMP???

## Personal Items

- bedding: sleeping bag/bedroll/twin size sheets, and pillow
- soap
- toothpaste, toothbrush, mouth wash
- deodorant
- grooming must-haves
- Q-tips
- towel, wash cloth (*Best to bring extra!*)

*If ya want... rubber ducky, AXE body spray, etc.*

## What to Wear

**\*\* Weather appropriate clothing \*\***

- extra clothes to get dirty - JUST in case!
- swimwear: if participating in water rec.
  - \*Ladies, one-piece swimsuits. *Cover-up must be worn over two-piece.*
  - \*Guys, swim SHORTS.
- pj's
- extra socks and under garments
- flip flops, comfortable tennis shoes
- hat, sunglasses

## Anything Else?

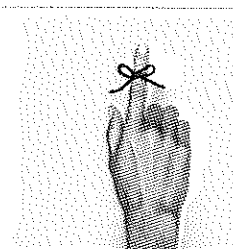
**\*\* Bible \*\***

- notebook/journal, pen, worship materials
  - alarm clock
  - flashlight, camera
  - ear plugs (*in case your neighbor snores*)
  - nose plugs (*for waterfront activities is encouraged*)
  - seasonal jacket
  - sunscreen, bug spray
  - medications (*and copy of insurance card for summer camp only*)
  - money (*for gift shop or concession stand*)
  - Don't forget your forms to participate in activities!
- If ya need 'em... teddy bear or G.I. Joes!*

## Discouraged

- cell phones (*not a good signal out here anyway*)
- expensive personal belongings
- iPod/MP3 player

## REMINDERS...



- At this time, Latham Springs is not equipped with a laundry room for the public.

**\*\* HOTEL ONLY...**

Linens are provided (towels and sheets) in the **Hotel only**. Guests in cabins must provide their own linens. Thank you.

No skateboards or rollerblades



## Stay in touch this summer with Online Photos & Camper Email!

We are excited to tell you about our partnership with Bunk1.com! Bunk1's secure, easy to use website services let you stay in touch with your camper all summer!

**Returning Parents:** If you had an account at this camp last summer, you can continue to use your old username and password. Simply sign in at the link below. The first time you visit the site, you will be prompted to update your contact information and re-activate your account.

### Let's Get Started!

To set up a new account and visit our Online Community:

1. Go to our website at [www.lathamsprings.com](http://www.lathamsprings.com)
2. Click the flashing "Camp Photos / Camper Email" button.\*
3. Click "Register Now"
4. Enter your Pre-Approved Registration Code  
*(This will be communicated to Camp Directors in the spring who will distribute the information to parents).*
5. Fill out all the required information
6. Purchase Bunk Note credits (you will need a credit card)
7. View camper pictures and send an email to your camper!

\*\* For your camper's safety, please do not share the Pre-Approved Registration code.

### FREQUENTLY ASKED QUESTIONS

#### How do I view pictures?

Follow the instructions above except, after registering, simply sign in and click on the Photo Gallery button. Photos are kept in folders found on the left side of the page below the words "Image Folders". Click on any folder to see the pictures within that folder. You can even purchase prints or other photo gifts (e.g., t-shirts, mugs) of your favorite pictures! **There is no cost to view pictures.**

#### How do I send a Bunk Note (one-way email) to my camper?

Follow the instructions above except, after registering, simply sign in and click on the Bunk Notes button. Enter your camper's name, select the correct cabin, type your message, and hit the "Send" button. \*\*Because there will be 400-900 campers in attendance each week, please type the name of the camp session AND the church name in the subject or in the beginning of your message. This will help ensure that your email makes it into the correct hands to be distributed.

#### When will my camper receive their email?

When you send an email, the message will appear in the camp office's email at midnight the day it was sent. The camp office will print the messages, and give them to the camp director to be distributed to the campers. PLEASE NOTE: If you send a message for your camper on their last day of camp before they depart, they will not receive it. Again, this is because the message does not appear for print until midnight the day the message is sent.

#### Can other relatives use these services?

Certainly. Once you have set up your account, you will be able to invite other people to access these services.

#### Why do I have to pay to send Bunk Notes (one-way email)?

Each morning, the Bunk Notes system bundles and sorts the messages for us to print out and distribute to campers. It also protects us from computer viruses and allows us to easily manage these emails. Your payment helps to cover the cost of the system, paper, ink, and labor and, more importantly, frees us to do what we do best – be with your kids! Bunk Note credits cost \$1 each and are purchased in packs of various sizes.

#### What do I do if I lost my username and password?

You can get it online by going to [www.Bunk1.com](http://www.Bunk1.com) and clicking on the link "Lost Your Password?" (to the left of the page below the sign in button). You will receive an email with your username and password within a few minutes.

#### QUESTIONS OR PROBLEMS?

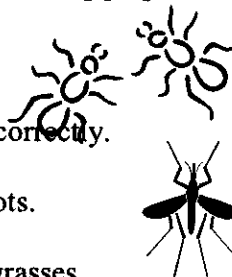
Please call Bunk1 at 1-800-216-9472 or go to [www.bunk1.com/contact.asp](http://www.bunk1.com/contact.asp)

# Raccoons & Bees & West Nile OH My!

In an outdoor environment you are going to encounter nature. Planning ahead and being prepared is your best defense against any animal or pest you may encounter.

## BE READY FOR THE OUTDOORS:

- Wear bug repellent. Make sure everyone knows how and when to use it correctly.
- Wear long-sleeved shirts, long pants and hiking boots.
- Tuck your shirt into your pants and your pants legs into your socks or boots.
- Wear light-colored clothing to make it easier to see tiny insects or ticks.
- When hiking in woods and fields, stay in the middle of trails. Avoid tall grasses.



## BEES, WASPS, ANTS, MOSQUITOS, TICKS AND OTHER BITING INSECTS.

How to avoid getting stung:

- If surrounded by a swarm of bees or wasps, move out of the way SLOWLY. Do not try to wave the insects away. Violent movements will only excite them and make them more aggressive and likely to attack.
- Never attempt to hit or throw any item at a wasps' or bees' nest because the insects will immediately attack.
- Stay away from things that attract insects, i.e. flowers, trees, bushes and piles of wood.
- Be extra careful if you are eating or drinking (especially sweet things) outside.
- Smells and bright colors attract insects. Avoid scented creams and strong perfumes if you are going to spend time outside.
- Long sleeves, long trousers, socks, shoes and gloves help protect you from stings.
- If you are outdoors for a long time, check yourself several times during the day. Especially check in hairy areas of the body like the back of the neck and scalp.
- Help prevent ants in your cabin by keeping floors dry and sweet food/drinks put away.



## SNAKES

- Avoid walking in areas known to be populated with snakes.
- If you encounter a snake, look around, there may be others. Back away slowly and walk away on the same path you came on.
- Notify camp office and sponsors if a snake is spotted.
- In case of snake bite, notify camp ofc. & sponsors immediately. Keep person calm & still.



## RACCOONS, FOXES AND OTHER ANIMALS

- Please do not attempt to feed or catch any wild animal.
- Make sure windows and doors on vehicles and buildings are closed and secured.
- All trash should be located in a trash receptacle. If trash receptacles need to be emptied, please notify Latham Springs staff.



## MOSQUITOS: West Nile Prevention

- Apply insect repellent containing DEET to exposed skin and when possible treat clothes with DEET.
- The hours between dusk to dawn are peak mosquito biting times.
- To find out about West Nile activity, check [www.cdc.gov/ncidod/dvbid/westnile](http://www.cdc.gov/ncidod/dvbid/westnile).



## **PERSONAL CONDUCT AND COURTESY**

LSCRC will require campers to return home at parent/guardian's expense and without refund of fees if campers fail to cooperate with camp regulations.

- A. Each church sponsor will be responsible for the conduct of his or her campers.
- B. NO ONE is EVER to be in the river or in the Lakes without LSCRC Waterfront Personnel.
- C. The following are not allowed on the campgrounds: fireworks, firearms or any illegal weapon, drugs or alcohol. Alcohol, tobacco, or illegal drug use is **NOT** permitted while participating in a Camp or Camp event. Any illegal substance will be confiscated and the authorities will be notified. Possession of fireworks, firearms, alcohol, illegal drugs, or any illegal substance will be a reason for disciplinary release from camp.
- D. Water guns, shaving cream (other than for shaving) and "silly string" or any similar items that could cause property damage are not allowed in any of the buildings.
- E. No one is allowed to remain in the cabins during regular scheduled activities.
- F. Illness or Injury – All illnesses/injuries must be referred to the CHO for treatment.
  - 1. Campers should be accompanied by their Sponsor when coming to First Aid Station.
  - 2. Our CHO is available 24 hours, but please limit late night calls to emergencies or severe illnesses only.
  - 3. Make sure all daily medications are taken prior to 10 pm.
  - 4. Camper is responsible for all accidents/illnesses. Camp has insurance for accidents up to \$2,500 after camper's insurance has paid. LSCRC is only a secondary insurance policy.
- G. Food or drinks are permitted in the Camp Buildings under the following guidelines:
  - 1. The Camp Director/Program Camp desires to allow this and agrees to follow LSCRC requirements for food in buildings.
  - 2. The Program Camp must clean up spills, crumbs, etc. after each event or before lights out in the cabins. A Cleaning team is to be assigned for this purpose, if food/drinks are allowed in the buildings.

3. Food is not permitted in the bunk rooms/beds. A charge will be assessed to the Program Camp for food crumbs, candy, etc. that is found in bedding or bed frames. This has become a rodent issue and a health hazard at LSCRC, so please help us enforce this.

H. Curfew is 12:00 midnight. Campers must stay in their cabins after “Lights Out”. Unauthorized absence from assigned building can result in disciplinary release from camp.

I. Dining Hall Etiquette – Campers are allowed to come to the dining hall during meal times only. The designated entry should be used (East or West entry). Please clean up your area and dispose of tray, cups, and return utensils to the designated area. Sponsors are allowed access to the dining hall for early morning coffee, devotion time, etc.

J. Camp Property –

1. The Program Camp will be held financially responsible for any damage or unauthorized removal of property or equipment.
2. Campers will be responsible to clean their cabin/lodge and surrounding area prior to departure, in accordance with Building Cleaning Instructions. (pg. 23)

K. Everyone on the campgrounds must dress in keeping with the highest Christian ideals.

1. Shorts are to be modest.
2. Boys are to wear shirts when they are outside their cabins.
3. Shoes are to be worn while outdoors and in Dining Hall.
4. Girls are to wear one-piece swimsuits or if a two-piece is worn a cover-up must be worn at all times.
5. All are to wear a “cover-up” over swimsuit to and from the pool.
6. The sponsor is responsible for carrying out dress policies.

L. Neither lewd speech, lewd gestures, nor overt public displays of affection will be acceptable, and can result in disciplinary release from camp.



**COLLIDE YOUTH CAMP 2018**  
**JUNE 22-26, 2018**

**Camp Schedule**

**Friday (6/22/17)**

4:00pm        Begin Registration  
6:00pm        Dinner and Sponsor meeting (Sponsor last name A-L)  
7:00pm        Prayer time (in family groups)  
7:15pm        Worship and Sponsor meeting (Sponsor last name M-Z)  
9:00pm        Church Group Time  
10:15pm      Late Night Event – The Maze  
11:30pm      Dorms

**Saturday (6/23/17)**

8:00am        Adult meeting  
8:00am        Breakfast  
8:45am        Quiet Time (in family groups)  
9:15am        The Start Your Day Thing with Sean McDowell  
10:45am      Bible study (in family groups)  
12:00pm      Lunch  
1:00pm        Free Time/Tournaments  
5:30pm        Clean Up  
6:00pm        Dinner  
7:00pm        Prayer time (in family groups)  
7:15pm        Worship  
9:00pm        Church Group Time  
10:15pm      Late Night Event – Fireworks Show  
11:30pm      Dorms

**Sunday (6/24/17)**

8:00am        Adult meeting  
8:00am        Breakfast  
8:45am        Quiet Time (in family groups)  
9:15am        The Start Your Day Thing with Sean McDowell  
10:45am      Bible study (in family groups)  
12:00pm      Lunch  
1:00pm        Free Time/Tournaments  
5:30pm        Clean Up  
6:00pm        Dinner  
7:00pm        Prayer time (in family groups)  
7:15pm        Worship  
9:00pm        Church Group Time  
10:15pm      Late Night – Dodgeball Tournament in the Cages  
11:30pm      Dorms

**Monday (6/25/17)**

8:00am Adult meeting  
8:00am Breakfast  
8:45am Quiet Time (in family groups)  
9:15am The Start Your Day Thing with A21  
10:45am Bible study (in family groups)  
12:00pm Lunch  
1:00pm Free Time/Tournaments  
5:30pm Clean Up  
6:00pm Dinner  
7:00pm Prayer time (in family groups)  
7:15pm Worship  
9:00pm Church Group Time  
10:15pm Late Night Event – Collideageddon V  
11:30pm Dorms

**Tuesday (6/26/17)**

8:00am Adult meeting  
8:45am Quiet Time (in family groups)  
9:00am The End Your Camp Thing  
10:15am Go Home