

CampLongridge

Important Summer Camp Info

PO Box 220, Ridgeway, SC 29130 * Office (866) 966-9805 * Fax (240) 352-6491 * office@camplongridge.com

Registration Info:

1. A \$50 non-refundable deposit per camper is required to officially reserve spot. Early bird registration ends February 1st.
2. Final balance is due by or before the first day of your registered camp week. To pay final balance, mail check payable to Camp Longridge, PO Box 220, Ridgeway, SC 29130 or call (866) 966-9805 to pay by phone. A full refund less the deposit will be given if any cancellation occurs. In the case of a cancellation, the \$50 deposit cannot be applied to another camper(s) remaining balance, but can be transferred if that spot is filled by a new camper.
3. No refund will be granted for a camper sent home for misbehavior, homesickness, or other reasons beyond the camp's control. No prorated fee is available for late arrival or early departure.
4. **All camper forms and group Camper Attendance forms must be turned in 3 weeks prior to your registered camp week.** You may fax them to (240) 352-6491, mail them to PO Box 220, Ridgeway, SC 29130 or email them to office@camplongridge.com.

Camper/Parent Info:

1. **Camp gates open on Monday at 11:30am. Check-in will be from 11:30am to 12:00pm. Camp gates will re-open on Friday at 11am for check-out.** The physical camp address is 10 Longridge Rd., Ridgeway, SC 29130.
2. **First meal served will be lunch on Monday at 12:30pm. Last meal served will be breakfast on Friday at 8am.**
3. In keeping with our closed campus policy, no visitation is allowed while camp is in session unless approved by Camp Longridge administration. In case of an emergency, please call (866) 966-9805.
4. Campers are not allowed to use cell phones or any other media/gamming device while here at camp. Cell service is also very limited here. Incoming and outgoing phone calls from our office landline are reserved primarily for medical and/or emergency reasons.
5. In case of an emergency, we will have first aid and CPR certified staff on-site and an EMS station is 2 miles from camp.
6. Campers love receiving mail! If you would like to send your camper a letter, please mail it to 10 Longridge Rd., Ridgeway, SC 29130. Camper mail will be handed out on Tuesday – Thursday of each camp week so plan accordingly.
7. Camp Longridge staff and/or your camper's church leader(s) will routinely administer **PRESCRIPTION MEDICATIONS ONLY**. Please keep medication in original package that identifies the prescribing doctor. Place medication & additional instructions (if any) inside a clear, ziplock bag along with camper name and church group (if applicable) written on it.
8. Dress is casual but modest. Campers will be doing experiential learning activities outdoor and will need to have closed-toe/closed-heel shoes. The campers will also have lake time so please pack modest, one piece bathing suits.
9. The campers will be sleeping in cabins on bunk beds (single sized mattress). We do not provide linens. Please pack appropriate bedding such as a sleeping bag and pillow along with bath towels. Also, pack appropriate toiletries.
10. Our canteen and gift shop will be opened during camp so please do **NOT** pack additional snacks or candy. \$40 is the suggested amount. Please put money in an envelope with camper name on it and turn money in upon camper check-in.
11. Please have camper(s) bring a Bible, pen, and notebook for our worship sessions.

If you have any additional questions, please call the office at (866) 966-9805. Thank you in advance for helping us with finalizing registration paperwork 3 weeks prior to your camp week.

Excited for Summer Camp!
Camp Longridge Staff

*** IMPORTANT: Please save this document on your computer FIRST before typing in any information. ***

CampLongridge

Camper Registration Form (pg. 1)

Camper Information

Camper Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Church: _____ Camp Week: _____ Roommate Request: _____

1. Gender? Male OR Female 1a. Camper Date of Birth (month, date, year)? _____

2. Is this camper an Adult Leader or Youth/Child? Adult Leader OR Youth/Child

3. T-Shirt Size? Youth Sm Youth Med Youth Lg/Adult Sm Adult Med Adult Lg Adult XL Adult XXL

4. Camper has permission to participate in our High Ropes Course & Climbing Wall (must be age 10 or older by the time of camp). Yes No

5. Camper has permission to participate in Paintball (only offered during TEEN CAMP). Yes No N/A

Parent/Guardian Information

Parent/Guardian Name(s): _____

Address (if different from campers): _____ City: _____ State: _____ Zip: _____

Home or Cell Phone: (____) _____ Work Phone: (____) _____ Email Address: _____

Emergency Contact Information

Emergency Contact (Someone other than name above): _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home or Cell Phone: (____) _____ Work Phone: (____) _____ Email Address: _____

Release Authorization

Camp Longridge Inc. is committed to the safety of our campers. No camper is allowed to leave camp at any time without the proper authorization. Whenever a camper leaves camp, whether during the session or early on closing day, camp staff will require the identification of any one authorized to pick up your child from camp. If you need to change your authorized person, you must notify the camp office 24 hrs prior to pick-up.

These persons including the designated church bus driver may pick up my camper from camp: (List all persons including parents/guardian, relative, etc.)

1. _____ 2. _____ 3. _____

Physician/Insurance Information

Camp Longridge does not offer insurance coverage for campers. Please fill out the information below regarding your family's insurance coverage.

Is this person covered by family medical/hospital insurance? Yes No

If NO, you do not need to complete the remainder of this form. Please note that in the event that this person requires medical attention during his/her time at camp, the health care provider may require full payment immediately or bill you directly if their services are needed.

If YES, please complete the below information in its entirety.

1. Insurance Provider: _____ Group/Policy # _____

2. Name of Policy Holder: _____

3. Insurance Company's Phone Number: _____

4. Family Physician Name & Phone Number: _____

CampLongridge

Camper Health & Medication Form (pg. 2)

Camper Name: _____

List any pre-existing or present medical conditions: _____

List all known allergies. Describe reaction and management of the reaction: _____

Please check any conditions that apply:

- Asthma Epilepsy/Nervous Disorders Frequent Stomach Upset Heart Condition Skin Problems (rashes, etc)
- Diabetes Frequent Headaches Hay Fever Physical Disability Other _____

Any activity restrictions or limitations (swimming, etc)? _____

Date of last Tetanus shot: _____

Use this space to provide additional information with regards to behavior and physical, emotional, or mental health about which the camp should be aware.

Medications:

Camp Longridge staff and/or the Camper's church leader(s) will routinely administer prescription medications ONLY. Please keep medication in original package that identifies the prescribing doctor. Place medication & additional instructions (if any) inside a clear, ziplock bag along with camper name and church group (if applicable) written on it.

- This person takes NO medications on a routine basis This person takes the following medications:

Med #1 _____	Dosage _____	Time to Administer: <input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Night
Reason for taking _____		
Med #2 _____	Dosage _____	Time to Administer: <input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Night
Reason for taking _____		
Med #3 _____	Dosage _____	Time to Administer: <input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Night
Reason for taking _____		

Camp Longridge staff or this person's church leader(s) **HAS PERMISSION** to administer the following over-the-counter medications to this person during camp as needed: **(Check All that Apply)**

- Advil / Ibuprofen Aspirin Cold Medicine Eye Drops Insect Bite Antiseptic Tylenol
- Aleve Benadryl Dramamine Glucose Tablets Pepto Bismol / other antacid

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. It is my intention that the camp be treated as guardian if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information. I hereby agree to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Parent/Guardian or Camper Signature (must be 18 or older) _____

Printed Name _____

Date ____/____/____

CampLongridge

Camper Liability Release Form (pg. 3)

I, the Camper identified below (and signing if I am age 18 or older) will attend a camp offered by Camp Longridge Inc., and I, the undersigned Parent, am the parent or legal guardian of Camper. Camper, if age 18 or older, is signing this Permission, Waiver, Release and Covenant Not to Sue on his/her own behalf and on behalf of his/her personal representatives, executors, heirs, next of kin and anyone else who might now or in the future claim by or through Camper. Parent is signing this Agreement on his/her own behalf, on behalf of Camper, and on behalf of Camper's and Parent's personal representatives, executors, heirs, next of kin and anyone else who might now or in the future claim by or through Parent and/or Camper.

Camper and Parent acknowledge that, as part of the Camp, Camper will participate in recreational and physical activities at Camp Longridge Inc.'s facilities. Camper and Parent further acknowledge that the recreational and physical activities of the Camp may include, without limitation to archery, paintball, climbing wall, high and low ropes, swinging, ziplining, water sliding, swimming, canoeing, fishing, basketball, soccer, football, Frisbee, volleyball, putt putt, gaga ball, water games, softball, kickball, crafts, among other activities, as well as activities incidental or related to the above.

In consideration of and as a condition to Camper being allowed to participate in the Camp and Camp Activities and use the Camp Facilities, Camper and Parent further agree as follows:

1. Camper's participation in the Camp and Camp Activities and use of the Camp Facilities is entirely voluntary.
2. Camper and parent will be solely responsible for the actions, conduct, and safety of Camper, including following all rules, regulations, and instructions. Camper and Parent confirm that Camper has no medical conditions or physical limits which could affect Camper's ability to participate in the Camp or Camp Activities or use the Camp Facilities.
3. There are certain risks inherent in participation in the Camp and Camp Activities and use of the Camp Facilities, including, but not limited to, risk of illness, bodily injury, death, property damage and loss, and other harm. Being fully aware of those inherent risks, Camper and Parent expressly, knowingly, and voluntarily assume the risk of illness, bodily injury, death, property damage and loss, and other harm due to any act, event, or omission, including but not limited to negligent acts or omissions (but not including gross negligence or willful misconduct) by Camp Longridge Inc., and their respective affiliates, directors, officers, employees, agents, owners, volunteers, contractors, subcontractors, representatives, directly or indirectly, from or in any manner related to Camper's participation in the Camp and/or Camp Activities and/or use of the Camp Facilities.
4. Camper and Parent hereby grant Camp Longridge Inc. and their respective affiliates, directors, officers, employees, agents, owners, volunteers, contractors, subcontractors, representatives an irrevocable, perpetual, royalty-free license to use camper's name, photograph, image, voice, likeness and any identifiable attributes, in whole or in part, in any media for advertising, trade and any other lawful purposes now and in the future without further notification, inspection or approval and at no cost to the Permitted Parties and with no compensation to Camper or Parent (provided, however, that neither Camp Longridge Inc. nor any other Permitted Party shall be obligated to use the Images in any way) and further agree that Camp Longridge Inc. shall be the exclusive owner of any and all rights, including copyrights in the Images.
5. Camper and Parent forever release, discharge, covenant not to sue, indemnify, hold harmless, and absolve Camp Longridge Inc. and all other Released Parties from and against any and all injuries, damages, claims, actions, rights, liabilities, causes of action, demands or otherwise, whether for personal injuries, property damage, illness, death or any other loss, damages or expenses by or on behalf of Camper and/or Parent which Camper and/or Parent have or may have including those arising from the partial or sole negligence of and/or arising from or in any manner related to Camper's participation in the Camp and/or Camp Activities and/or use of the Camp Facilities and/or Camp Longridge Inc.'s and/or any other any Permitted Party's use of the Images; provided, however, that this release shall not apply to any claims of gross negligence or willful misconduct against Camp Longridge Inc. and/or any other Released Party.
6. If signing on my own behalf, I, Camper hereby certify that I am at least 18 years old, have fully read and understood this Agreement, have the full legal capacity to execute this Agreement and will not seek to disaffirm this Agreement.
7. If signing on behalf of Camper, I, Parent, certify that I am the father, mother or legal guardian of Camper, have fully read and understand this Agreement, have the full legal right and capacity to execute this Agreement and will not seek to disaffirm this Agreement. I understand that I am waiving and releasing any right of myself, minor camper and any other parent or guardian or minor camper to sue or make claim against Camp Longridge Inc. and/or any other released party for any personal injuries, property damage, illness, death or any other loss, damages or expenses, including those arising from the partial or sole negligence of Camp Longridge Inc. and/or any other Released Party and/or arising from or in any manner related to minor Camper's participation in the Camp and/or Camp Activities and/or use of the Camp Facilities and/or Camp Longridge Inc.'s and/or any other Permitted Party's use of the Images; provided, however, that such release shall not apply to any claims of gross negligence or willful misconduct against Camp Longridge Inc. and/or any other Released Party.
8. If any court of competent jurisdiction shall declare any provisions of this Agreement to be unenforceable in any respect, such unenforceability shall not affect any other provision of this Agreement, and this Agreement shall be construed as if such unenforceable provision or provisions had never been contained herein. This Agreement shall be governed in accordance with the laws of the State of South Carolina and construed broadly and to the maximum extent allowed by law.

The parties signing below signs this agreement of his/her own free will and has carefully read this agreement and fully understands its contents and that it includes a waiver of liability and release, an assumption of risk, and an agreement to indemnify Camp Longridge Inc. and the other released parties.

Please Print & Sign Below:

Camper Name _____

Parent/Guardian Name _____

Signature (Only if 18 or older) _____

Parent/Guardian Signature _____

Date _____

Date _____

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Group Camper Attendance Form (pg. 4)
Please Turn This Form in 3 Weeks Prior to Camp

PO Box 220, Ridgeway, SC 29130 * Office (866) 966-9805 * Fax (240) 352-6491 * office@camplongridge.com

Church Name _____ Camp Week Attending _____

Contact Name _____ Contact Number (_____) _____

Names of Campers	M or F	*Sibling Yes/No	Leader Yes/No	Full Time (Paid) Church Staff Yes/No	** Roommate Request (1 Request Per Camper)
1.					
2.					
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16.					
17.					
18.					
19.					
20.					

* Sibling Discount applies to all siblings attending camp *

** Roommate requests: Each camper may request to be with 1 friend. We will strive to honor the requests, but cannot guarantee that we will be able to accommodate them. **