



WINTER CAMP 2019

JAN. 2 - 5

ASPENDALE BAPTIST

ENCAMPMENT

CLOUDCROFT, NEW MEXICO

Camp

- Worship & Bible Study, Small Groups
- Recreation – Snow Tubing, White Sands Dunes & MORE!
- Hanging out with each other!

Costs

- Total Cost of Camp Registration - \$140
- Covers transportation, food, recreation, lodging, SWAG
- If money is an issue, talk to Ryan. Money **WILL NOT** prevent anyone from attending camp.

Church Attendance

- Students need to be consistently attending SMBS & Worship
- Why Church attendance?
 - We must be ready spiritually to hear from God at camp

Deadlines

- \$25 Deposit & Forms are due **ON or BEFORE Sunday, November 25**
- Full Payment Due **Sunday, December 30**
 - Student Registration/Medical Liability Release Form
 - Medication Information Sheet
 - Aspendale Participation of Risk Forms
 - Make checks out to FBC STEPHENVILLE, with your name on the memo line

Packing List for Campers

BRING

- Appropriate clothing (it will be cold so pack warm clothes! Dress in layers). You may want to spray your clothes with water retardant spray (when snow melts on your clothes you will be cold AND wet)
- WARM Clothes (jacket, shoes for snow, etc.)
- Under clothes, Socks
- Tennis shoes, snow boots, etc.
- Hats, scarves, gloves
- Sleep wear
- A bag for dirty/wet clothes & towels
- Toiletries - Soap (it is a good idea to bring a container for soap after use), Toothbrush & Toothpaste
- Brush, Comb, and any other hair necessities, Shampoo, Deodorant, etc.
- Towels and wash cloths
- Bedding (Sleeping Bag, Pillow, etc.)
- **BIBLE**, Pen and/or Pencil
- Flashlight
- Money for 3 meals on the road (dinner going & breakfast and lunch on the return)

DO NOT BRING

- Immodest clothing (Biker shorts, Mesh shirts, Short Shorts or halter tops, shirts with secular slogans)
- iPods, Mp3 Players, Radios, Cell Phones, etc. will NOT be allowed while on the campgrounds, but can be use while traveling
- Computers, iPads/Tablets, Portable Game Systems
- Illegal Drugs, Alcohol or Any form of tobacco
- Weapons of any kind
- Fireworks, Matches or Prank Supplies (body paint, shaving cream, water balloons, water guns)
- Any material inconsistent with Christian testimony
- No Food or Drinks are allowed in the Cabins

Medication

- Medications to be taken while at camp should be brought in the original bottle or container and placed in a clearly labeled zip-lock bag with the camper's name and information.

Tips

- Bring newspaper to stick in your shoes at night to dry them out. Because of the cold air, shoes and clothing may not dry
- Layers are better than a big coat and thick pants. This helps keep warmth in and as it warms during the day, you can take layers off
- Boots are not necessary. You can apply water resistant spray to your shoes.
- Hand and foot warmers are useful.

****PLEASE NOTE:** Cell phone service is EXTREMELY LIMITED. You will NOT be able to call, text or update any online status while at camp – even if you go to the top of the hill in the camp!

Emergency Contact Info

There is NO CELL Service at the camp. Please make sure you receive an Emergency Contact Slip when you drop off your student to leave for camp.

2019 Winter Camp Health Form - First Baptist Church Stephenville

Participant Name _____ Age _____ Shirt Size _____

Grade Completed: _____ Address: _____ City: _____

State _____ ZIP _____ Student Cell Phone # _____ Date of Birth: ____/____/____

In case of an emergency notify: _____ Relationship: _____

Phone Numbers-Home:(____) _____ Work(____) _____ Mobile:(____) _____ Other:(____) _____

Medical Profile

Generally, the participant's Health is: (Check One) Excellent Good Fair Poor

If Fair or Poor, please explain the condition: _____

List any medical difficulties which are currently being treated: _____

Check any of the following that cause you problems & explain:

Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble Diabetes Dizziness Stomach Upset Hay Fever

List any food allergies you have: _____

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other: _____

Date of Tetanus Immunization: ____/____/____

Family Physician _____ Phone:(____) _____

Insurance Co. _____ Policy #: _____

Subscriber Name: _____ Subscriber Number: _____ Employment: _____

Subscriber Occupation: _____ Work Phone: (____) _____

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the event director, church official, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to myself. Also, I understand that as a Participant, I may be photographed or videotaped during normal activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge First Baptist Church of Stephenville, Texas, and their employees ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my participation in any 2018 events. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself while participating in 2018 events or while on property leased or owned by any of the Released Parties.

Assumption of Risk. I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect.

Complete & Sign Below (*participants who are minors per your state statute require Parent/Legal Guardian signature*).

Signature: _____ Date: _____



PARTICIPANT ASSUMPTION OF RISK, RELEASE AND AGREEMENT FOR HIGH RISK RECREATION ACTIVITIES

In consideration of the services of Aspendale Baptist Encampment, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as ABE), I hereby agree to release, indemnify and discharge ABE on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in "High Risk Recreation Activities" including ropes course, paint ball, the archery/pellet ranges, and snow tubing, entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

ABE programs are based on the "challenge by choice" principle. At any time, you and/or your group are free to withdraw from participation in the high risk activities. The risks include, among other things, the potential for:

- a) slips, falls and falling;
- b) rope burns;
- c) inches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life-threatening hazards;
- d) potential contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases.

Furthermore, ABE instructors have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities, they might misjudge the weather.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless ABE from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of ABE equipment or facilities, including any such claims which allege negligent acts of omissions or ABE.

4. Should ABE or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against ABE, I agree to do so solely in the state of New Mexico, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of the law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against ABE on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address _____ Phone _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)

In consideration of _____ ("Minor") being permitted by ABE to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless ABE from any and all claims which are brought by or on behalf of Minor, and which are in any way connected with such use or participation by Minor. I further give my permission for said minor to participate in this activity.

Parent or Guardian _____ Date _____

Print Name _____



Aspendale Baptist Encampment
dba
Aspendale Mountain Retreat Center

**PARTICIPANT ASSUMPTION OF RISK, RELEASE AND AGREEMENT
APPENDIX B**

This form is intended to remind staff and participants of the seriousness of attempting adventure activities with a pre-existing medication condition. This information is to be confidential.

Question: Response: circle one

1. Any pre-existing medical conditions? Yes No

If yes, please explain: _____

2. Are you currently taking any prescription or non-prescription medication? Yes No

If yes, please explain: _____

3. Do you have a heart condition? Yes No

4. Do you have high blood pressure? Yes No

5. Do you have any allergies (food, bees, insects or medicines)? Yes No

6. Do you foresee any problems participating in the ropes activity due to a lack of physical exercise back home? Yes No

If yes, please explain: _____

7. Do you feel any pressure or coercion from others to participate? Yes No

8. Do you have a disability? Yes No

If yes, please indicate the functional implications and any concerns about participation related to the disability:

9. Describe your current level of activity:

In case of emergency, contact _____ Phone _____

Medical Insurance (company and policy number)

Participant – please read and sign:

I have honestly disclosed to the staff any medical, psychological, or personal information relating to my health. I will remember that a Challenge by Choice© atmosphere exists at all times, and I should not feel pressured to participate.

Participant's Signature

Date

You may use the back of this form to continue your answers or additional information



Youth Camp Camper Medication Form

For the safety of each camper (adult and student), all medication, prescription or non-prescription drugs will be held and administered by camp personnel.

If you need to send medication to camp, please put it along with the completed form below in a zip-lock bag. Please DO NOT send any medication that is not absolutely necessary.

All medication must be in its original containers from the pharmacy. No blank pill bottles or daily medication boxes. Be sure to make the form visible in the bag.

PUT THIS FORM IN THE ZIP-LOCK BAG ALONG WITH THE MEDICINE

THIS MEDICATION BELONGS TO _____

DOSAGE _____

PARENT'S NAME _____

DAY PHONE _____ NIGHT PHONE _____

DOCTOR'S NAME _____

DOCTOR'S PHONE _____