

# FINE PRINT

**WHO:** Boys & Girls Completed 3rd-6th Grade (9 by 9/1/16)

**WHEN:**

Monday, August 1 - Meet @ church 11:45 am

(please eat before you arrive)

Friday, August 5 - Return @ 11 am

**HOW MUCH:**

1st child \$250, each addl. child \$220,

IF PAID IN FULL by July 17

1st child \$280, each addl. child \$260,

if paying AFTER July 17

**TO REGISTER:**

[www.huntersglen.com](http://www.huntersglen.com)

DOWNLOAD and PRINT forms.

Turn in completed forms plus copy of insurance card (front & back) and payment at Event Desk on Sunday, or church office M-Th 8:30am-5pm, Fri 8:30 to noon.

Or you may mail to:

Hunters Glen Baptist Church

4001 Custer Rd

Plano TX 75023

Camp payments may be made by cash, check, or online with credit card

We accept payment plans.

**WHERE:**

Riverbend Retreat Center

1232 County Road - 411B

Glen Rose, Texas 76043

[www.riverbendretreat.org](http://www.riverbendretreat.org)

Emer. Ph: 888-269-2363

Some scholarship funds

are available. Contact

Teri Pittman for more

information at

[teri.pittman@huntersglen.org](mailto:teri.pittman@huntersglen.org).

PSALM 100:5

LIKE NO  
OTHER

CAMP 2016

AUGUST 1-5

COMPLETED 3<sup>rd</sup>-6<sup>th</sup> GRADES

COST: \$250 \*

[HuntersGlen.org](http://HuntersGlen.org)

# LAMPERS

Grab your friends, your bag and get ready for Camp 2016 that will be Like No Other this summer! This is a chance for you to unplug from the world and come back recharged and ready to be a Like No Other for Jesus! We will play wild & wacky games, hang out at the lake & pool, dig into God's Word, worship KidStyle and have an all out awesome adventure building life changing relationships!

# WHAT TO BRING

- \*Pillow & bedroll (sleeping bag or blankets, sheets)
- \*Towels & wash cloths
- \*Comb & brush--hair dryer
- \*Other personal grooming items (soap, toothbrush, toothpaste)
- \*Clothing for 5 days  
Please pack modest shorts  
Sleeveless shirts with 2" Strap (no racerback)
- \*Swimsuit  
Girls - wear dark T-shirt over 2 piece suits.
- \*Cap or hat for boys & girls
- \*Insect repellent
- \*Medications (All must be labeled, in original container and given to nurse.)
- \*Spending money  
for cokes, souvenirs, etc.
- \*Laundry bag
- \*Bible--NIV if possible
- \*Pencils
- \*Watch
- \*Beach towel
- \*Sunscreen lotion
- \*Tennis shoes

# LEAVE AT HOME

- \*Cell Phones
- \*iPods & MP3 Players
- \*Computer Games
- \*Excessive junk/snack foods
- \*Candy
- \*Rollerblades/Skateboards
- \*Spaghetti strap tank tops
- \*Shirts not covering midriff

# FOR PARENTS

For the health & safety of all campers, a nurse will be on campus and available at all times. Riverbend is a gated campground with the gate secured electronically and/or by an attendant. HGBC & Riverbend also require all adult & youth counselors to be pre-approved through background checks. No one will be admitted into the campground without pre-approval. In light of this, we encourage parents to contact children by mail or e-mail only.

Be sure to put child's full name, completed grade and HGBC on all mail.

# PARENT MEETINGS

Sneak Peak/Parent Meeting  
Sunday, June 12 at 12:15 pm in  
Fellowship Hall 1 - join us for light  
lunch, camp games & parent  
information.

# FOR COUNSELORS

We are looking for some highly energetic and kid-friendly counselors! If you are interested in taking a week of your summer to have an awesome time pouring God's love into the hearts of kids and seeing dramatic life-change that can only come from a personal relationship with Christ, contact Teri Pittman at [teri.pittman@huntersglen.org](mailto:teri.pittman@huntersglen.org) or 972-867-1610.

# COUNSELOR MEETINGS

Sunday, July 24, in room  
5-130 immediately following  
worship service (12:15 pm).  
Lunch provided.

Campers' Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
 Church: Hunters Glen Baptist Church Camp Name: Lake Arlington

## Camper Registration Form - 2016

(under 18 years of age)

**I promise to obey the rules and regulations of Riverbend and will cooperate with the leaders and campers**

Check if you do NOT want to be added to Riverbend's newsletter mail-outs.

I am attending with Hunters Glen Baptist Church, Plano TX Cabin #: \_\_\_\_\_

Camper's Name \_\_\_\_\_ Email Address: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade Completed \_\_\_\_\_ Gender: \_\_\_\_\_ SS# (ins. purposes only) \_\_\_\_\_

Parent's/Legal Guardian's Name: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

Dr.'s Name: \_\_\_\_\_ Ph #: \_\_\_\_\_

Please do not send your child/youth to camp if they have a fever or illness. The whole camp could be in danger of contracting the illness. **If your child has any significant health issues or newly developed concerns after turning in this form please bring a report on the day of departure for camp detailing care and/or limitations.**

**Are all immunizations current for your child:**  Yes or  No **If no please specify what is not:** \_\_\_\_\_

Health History-List any recent illnesses, injuries 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 go to [bendfoodallergy.org](http://bendfoodallergy.org) and fill out the Food Allergy and Special Dietary Needs form at least two weeks prior to camp dates.

\*All medications must be given to the Camp Health Officer. Place them in a large Ziploc bag with your child's name and church name.

Prescriptions must be in the original container with the camper's name and the current dosage. No medications will be given unless they are in original containers per Texas Department of State Health Services. 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 Health Officer. One (1) will be kept and closely guarded by camper and one (1) given to the Camp Health Officer. Similar special cases must be discussed with Camp Health Officer. 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 Riverbend's Notice of Privacy Practices uses and disclose health information about my child/youth to the Summer Camp Director, Executive 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 give my permission for the Camp Health Officer to give the following over-the-counter medications in accordance with standard label directions: Tylenol Ibuprofen Antihistamine Decongestant Cough Medicine Anti-Nausea Anti-Diarrhea

I would prefer my child **NOT** be administered the following from the above list: \_\_\_\_\_

I hereby authorize the Riverbend Retreat Center staff, Camp Health Officer or Summer Camp Directorship to make emergency medical decisions for my child/youth and I understand that my insurance coverage will be primary coverage. If the church your camper attends with has insurance they will be second and Riverbend's will be third and for accidents only – no illness coverage.

Insurance in Name of: \_\_\_\_\_ Company \_\_\_\_\_

Insurance Policy # \_\_\_\_\_ Phone # \_\_\_\_\_ **Please send a copy (front and back) of Insurance Card**

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

Name of Medication	Dosage	Frequency / Time(s)	Comments

**All medications should be listed whether Over the Counter or Prescriptions. If your child/youth takes it with food or after lunch or needs other special instructions, please note. If your child/youth has difficulty taking medication, please attach a note and tell the Camp Health Officer the best way to get the child/youth to take the medication. Attach separate sheet if additional space is needed.**

I, the undersigned parent or guardian, hereby consent to my child/youth participating in Summer Camp at Riverbend Retreat Center, an event sponsored by Hunters Glen Baptist Church on August 1-5, 2016. I certify that my child/youth is able to participate in all activities including but not limited to: Swimming pool activities including slides and diving board, waterfront activities including blobbing, iceberg, space mountain, water zip line, aqua swings, and Wet Willie slide, archery, Archery Tag, Ga-Ga Ball, challenge (ropes) course, zip line, climbing wall and structure, fishing, hiking, paintball, all field sports including, but not limited to softball, baseball, soccer and volleyball. I would prefer my child not participate in the following activities: \_\_\_\_\_ . **I understand that medical care is provided by the group my child/youth is attending with and not by Riverbend Retreat Center.**

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby indemnify and hold harmless Tarrant Baptist Association and Riverbend Retreat Center, and their officers, directors, agents, employees, volunteers and representatives (the "Indemnified Parties") from and against any and all liability, damages, actions, cause of action, claims, losses and/or expenses, including but not limited to attorneys fees, court costs and expenses, arising in connection with or based on injury to or death of any persons or property, including the loss of use thereof, caused in whole or in part by any member of the Group or the Summer Camp Directorship, regardless of whether or not caused in whole or in part by the negligence of the indemnified parties, or any one or more of them. However, this indemnification shall not apply to willful misconduct committed by the Indemnified Parties. I understand that part of the camping experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them. I further give permission and consent to Riverbend 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 Riverbend Retreat Center with the reproduction either wholly or in part. I agree that they can be used separately or together, either wholly or in part, in any way and in any medium. Provided my name is not mentioned in connection with any other statement or wording which may be attributed to me personally, I undertake not to prosecute or to institute proceedings, claims or demands against Riverbend Retreat Center or any of their employees related to any actions of Riverbend Retreat Center taken in accordance with this paragraph. I further agree that I or my child will not use a camera or camera phone to take pictures or videos of any individual including myself in any state of undress. I agree that venue for any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Somervell County, Texas, and such dispute or cause of action shall be governed by and construed in accordance with the laws of the State of Texas, exclusive of any provisions relating to conflict of laws. I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I agree that in any event that I take any legal action against Riverbend Retreat Center, which is decided in favor of Riverbend Retreat Center, I will be responsible for all legal fees, court costs and out-of-pocket expenses of Riverbend Retreat Center, its owners and employees. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read, understood, and accept.

**Signature of parent or legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Camper's Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT /GUARDIAN PERMISSION:**

I hereby give my permission for (please print) \_\_\_\_\_ to attend camp with **Hunters Glen Baptist Church of Plano, Texas**. I also give my permission for my child to be transported in vehicles used in conjunction with this event. Should it be necessary my child to return home due to medical reasons, disciplinary action or otherwise, I assume all transportation costs.

I have supplied, understood and agreed to all the information contained on this form.

**YOU MUST SIGN THIS IN THE PRESENCE OF A NOTARY.**

Parent/Guardian Signature \_\_\_\_\_

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

Signed before me \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_.