

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

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

Emer. Ph: 888-269-2363

Some scholarship funds

are available. Contact

Teri Pittman for more

information at

teri.pittman@huntersglen.org.

PSALM 100:5

LIKE NO
OTHER
CAMP 2016

AUGUST 1-5

COMPLETED 3rd-6th GRADES

COST: \$250 *

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 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: _____ Camp Name: _____

**Adult / Leader/Sponsor
 Registration Form - 2016**
 (18 years of age and over)

Name: _____ Birthdate: _____
 Address: _____ City _____ St _____ Zip _____
 Phone #: _____ Email Address: _____
 I am attending with _____ Church

Please check here _____ if you do not want to be added to Riverbend's newsletter, mail-outs, etc.

Medical conditions relevant to Camp Health Officer include _____

Dr.'s Name: _____ Ph #: _____

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

Allergies: _____

If you have food allergies or special nutritional needs, please go to 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 (Yes, even for adults). Place them in a large Ziploc bag with your name and church name. Prescriptions must be in the original container with your name and the current dosage. No medications will be given unless they are in original containers per Texas Department of State Health Services. If you require an asthma inhaler or antidote for insect bite or allergies (prescribed by doctor) 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 you and one (1) given to the Camp Health Officer. Similar special cases must be discussed with Camp Health Officer. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

I understand that medical care is provided by the group I am attending with and not by Riverbend Retreat Center.

In an emergency, please contact:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Insurance in Name of: _____ Company _____

Insurance Policy # _____ Phone # _____

Address _____ City _____ ST _____ Zip _____

Please send a copy (front and back) of Insurance Card

I understand that my insurance coverage will be the primary coverage. If church you are attending with carries coverage, it will be second and Riverbend third for accidents only – no illness coverage.

| Name of Medication | Dosage | Frequency / Time(s) | Comments |
|--------------------|--------|---------------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

All medications should be listed whether Over the Counter or Prescriptions. Attach separate sheet if additional space is needed.

If I am unable to make a decision on my own behalf regarding medical care, I authorize Riverbend Retreat Center Staff, Camp Health Officer or Summer Camp Director to make emergency medical decisions for me. Riverbend’s Notice of Privacy Practices uses and discloses health information about you for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that you receive.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED WHILE AT RIVERBEND RETREAT CENTER, 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 attorney’s 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 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 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: _____ **Date:** _____