

RA SUMMER CAMP 2017

JUNE 17th-21st

It's that time again!

Calling all Boys! RA Camp 2017 will be based on the theme Dive In! All week we will be learning about how to grow in our love for God and others.



RA Summer Camp 2017

Overview

- Who:** 1st - 6th grade boys
- When:** June 17-21
- Where:** Lake Lavon Camp & Christian Conference Center
Princeton, TX
- Depart:** From HGBC @ 2:00 pm on Sat, Jun 17th
- Return:** To HGBC @ 11:30 am on Wed, Jun 21st
- Price:** \$195 Total Per Camper
- Deposit:** \$45 due by May 24th
Remaining \$150 due by Jun 11th



Dear RA Parents,

This year we will be experiencing camp in a new way as we support our own Collin Association camp at Lake Lavon. The camp has changed significantly over the last few years with improvements such as a freshwater lake with a blob and tube slide. Camp is June 17-21 which is a Saturday to Wednesday. We truly look forward to seeing all that God will do in the lives of the boys during an exciting week at camp. In this packet you will find important registration information including:

- What to bring to camp List
- Registration form
- Lake Lavon Rules /Dress Code
- Food allergies & dietary restrictions form (Complete only if your child requires a restricted diet.)

Our registration deadline is May 24th. Please have all registration forms and your deposit into HGBC Children's Ministry - Alana O'Brien - by this day to ensure your RA will have a place at camp this year. The cost to go to RA camp with HGBC is \$195 which covers all fees including a camp t-shirt, lodging, 11 meals and a carnival. A \$45 deposit must be paid by May 24th with the remaining balance of \$150 due on June 11th. Checks should be made payable to HGBC. Please indicate to Alana your RA's t-shirt size in the upper right hand corner of the registration form.

Finally, please pray for all who are involved in making our RA Camp a success this year. Pray that RA camp will be safe and fun for everyone! See you there!

Blessings,
Todd Kropp
RA Director-HGBC

What **NOT** to bring to RA Camp 2017

Cell Phones
Radio
Electronic toys
iPods
CD Players
Expensive toys
Anything of great value
Crocs or slip-on shoes

What to bring to camp:

- Sleeping bag or bedding (twin size)
- Pillow
- Personal items (toothbrush, toothpaste, etc.)
- Pajamas/Sleep Clothes
- Clothes for 5 days
- Closed-toe/closed-heel shoes
- Swimsuit
- Money for gift shop (optional)
- Towels & washcloths
- Flashlight
- Insect repellent
- Bible
- Paper
- Pencil
- Hat or visor
- Flip-flops (for pool only)
- Sunscreen

Lake Lavon Camp and Conference Center Guidelines

DRESS CODE

1. Everyone on the campgrounds must dress in keeping with the highest Christian ideals.
2. Shorts are to be modest.
3. Shirts (girls and boys) are to be worn outside cabins.
4. Shoes are to be worn while outdoors and in Dining Hall.
5. Girls are to wear one-piece swimsuits or if a two-piece is worn a cover-up must be worn at all times.
6. All are to wear a "cover-up" over swimsuit to and from the pool.

PERSONAL CONDUCT AND COURTESY

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

1. Each church sponsor will be responsible for the conduct of his or her campers.
2. NO ONE is EVER to be in the pond or Lake without LLCCC Waterfront Personnel.
3. 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.
4. 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.
5. No one is allowed to remain in the cabins during regular scheduled activities.



CAMPER REGISTRATION / MEDICAL & RISK RELEASE FORM

FOR CAMPERS UNDER 18 YEARS OF AGE

Name of Church/Group _____	Group Leader Name _____
Date of Camp Session _____	Last Grade Completed (by camp session date) _____
T-Shirt Size _____	

Camper's Name _____	Gender	Male	Female
Address _____	City, State, Zip _____		Birth Date ____/____/____
Parent/Legal Guardian Name _____	Relation _____		
Daytime Phone _____	Alternate Phone _____	E-Mail _____	
Family Physician's Name _____	Doctor's Phone _____		
Insurance Provider _____	Policy # _____	ID # _____	

MEDICAL CONDITIONS AND HEALTH HISTORY *(use reverse side, if necessary)*

Age ____ Height ____ Weight ____ Allergies _____

Immunizations Up to Date? Yes No Allergic to Tetanus Booster? Yes No Date of Last Tetanus Shot _____

List recent illnesses, injuries, and hospitalizations relevant to above physician _____

Current Medications	Dosage	Frequency / Times	Comments

_____ I hereby authorize Lake Lavon Camp & Conference Center Staff, Camp Nurse, or Group Leadership to make emergency medical decisions for my child/youth. I understand that my personal insurance coverage will be Primary Coverage.

ALL MEDICATIONS must be given to the Camp Nurse. Place medications in a large Ziploc bag labeled with your child's name and church name. Prescriptions must be in the original container with the camper's name and current dosage clearly marked. 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), please bring at least two (2) to camp. The medication must be registered with the Camp Nurse. One (1) will be kept and closely guarded by camper, and one (1) will be given to the Camp Nurse. Similar special cases must be discussed with the Camp Nurse.

By signing this document, you give permission for your child/youth to be inspected for head lice/eggs, if the need arises. You understand that any such check would be conducted sensitively. You understand Lake Lavon Camp's Notice of Privacy Practices will use and disclose health information about your child/youth to group leaders, the child's sponsor, director and designees, and any medical staff, when in its sole discretion believes such communication to be in the best interest of your child for treatment, to obtain payment for treatment, to evaluate the quality of care that he/she receives, and for administrative purposes. You agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

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

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

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 those listed below.

Name of Authorized Person	Frequency / Times	Comments

**** Parent & Camper Must Sign on Page 2 ****

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

Definitions:

"CAMP" means LAKE LAVON CAMP & CONFERENCE CENTER or LAKE LAVON BAPTIST ENCAMPMENT, a Texas non-profit 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 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 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 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 Lake Lavon Camp & Conference Center, and will cooperate with leaders and fellow campers and with the camp staff at Lake Lavon Camp.

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 Lake Lavon Camp management). I/We understand 24-hour first aid care is available on the campgrounds, and I authorize transportation of my child at Camp discretion in case of emergency. I/We further understand that no accident insurance is provided by Lake Lavon Camp. I further give permission and consent to Lake Lavon Camp & Conference Center for any photographs, videos 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 websites and social media, promoting or reporting on the camp. I hereby assign full copyright of these photographs to Lake Lavon Camp & Conference Center with reproduction either wholly or in part.

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

PRINTED NAME of CAMPER

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.

DATE of Signature



FOOD ALLERGIES AND SPECIAL DIETARY NEEDS

Use separate form for each camper. Return completed form at least two weeks prior to arrival at Camp.

Email to office@lakelavoncamp.com or mail to **Lake Lavon Camp & Conference Center, 8050 CR 735, Princeton TX 75407**

Name of Church/Group _____		
Camper's Name _____	Age _____	Date of Camp Session _____

Parent/Guardian Name _____ Parent/Guardian Phone Number _____

Is Parent/Guardian attending camp with child? *Yes No* If not, list name of Adult Sponsor: _____

List camper's food allergies or explain special dietary needs: _____

Is camper aware of his/her allergies and needs? *Yes No* Comments: _____

Is camper able to monitor own food requirements? *Yes No* Comments: _____

Is camper bringing any of his/her own food? *Yes No* If so, please list: _____

A special place will be designated for camper to keep his/her own food.

Lake Lavon Camp understands about cross-contamination and will make every effort to prevent any problems. We will strive to work with campers and parents to ensure a great dining experience. Please feel free to email office@lakelavoncamp.com or call the Lake Lavon Camp Office at 972-736-2273 to discuss any needs or questions you may have.