



2010 FAITH ADVENTURE CAMP

A ministry of Faith Church of the Valley
2125 E. Chandler Blvd.
Chandler AZ 85225

Please **KEEP** this sheet

Dear Parent:

Thank you for registering your child(ren) for camp! We realize that in sending your child to camp you are entrusting us with one of your most precious possessions. We are concerned with safety while having new and special adventures. All activities will be with safety in mind and with adult supervision. Please assist us in explaining to your camper the necessity of listening to and following instructions given by counselors and activity leaders so that his/her time can be safe and fun. Each activity will start with safety rules being given and the campers will be reminded of these each activity time.

To assist in maintaining health and safety, all medications will be turned in to the nurse upon arrival at camp. She will be responsible for dispensing these medications as per written instruction on the bottle or from the doctor. Please make sure that medication of any kind is in its own bottle (do not mix medications the same bottle), labeled with the camper's name and the proper instructions for dispensing. Permission is to be given for the dispensing of over-the-counter medications on standards of practice. Tylenol, Ibuprophen, Benadryl, Phenylephrine/Guaifenesin (cold/cough), Pepto-Bismol, Tums, and topical medications are available at camp.

Part of the activity program includes campcraft. The program may include learning the proper use of jackknives. These may be sent to camp with the campers. Please instruct your child that his/her knife will be used only at the times specified and in the presence of an adult. It is not a toy to be played with at other times.

Another part of campcraft includes the proper laying, lighting, and extinguishing of campfires. Campers who have been instructed at home not to play with or use matches may need to be given permission to use matches while in class with an adult.

There is a snack bar available with a spending limit of \$8.00 per child for the week. *This money has already been included in the camp fee.* Left over snack bar money is returned at the end of camp. Also, Mountain Meadow is a non-smoking facility and no pets are not allowed on the property.

Mail is an important part of camp. Campers will be encouraged to write home at least once. Please provide for that activity. Campers also love to receive mail. It is helpful if you send a word of encouragement saying that all is fine at home and that you hope he/she is learning new things and having a good time. Listing all the members of the family and the pets who are missing him/her, though, may lead to tears, so be wise in your choice of news to relate. PLEASE be sure to include the proper amount of postage (bulky, overweight, etc.), or the mail will not be delivered. Your camper can receive mail at:

Camper's Name
c/o Mountain Meadow Ranch
630 N. Mountain Meadow Drive
Payson, AZ 85541

Mail a letter before your camper leaves for camp so that one will be received early in the week. Do not mail after Wednesday so that your camper will receive all the mail sent to him/her.

The camp session begins at 4:00 pm on Sunday and ends at 10:00 am on Saturday. Campers will register between 2:00 and 4:00 on Sunday. To make registration proceed more smoothly, please complete the medical form and camper acquaintance sheet and return them with the remainder of your payment prior to camp.

A rest time is scheduled daily. Due to the altitude (6,000 feet) and the very busy schedule, please encourage your camper to use this time advantageously.

DAILY SCHEDULE

7:00 am	Campers up, showers
8:00 am	Breakfast and devotions
8:45 am	Bible Adventures
10-12am	Activities
12-2 pm	Lunch, cabin activities, rest
2-5 pm	Activities
5:30 pm	Dinner
6:30 pm	Evening activity—campfire
8:30-9 pm	Devotion and bed

Please **KEEP** this sheet

How to get there: From Phoenix/Mesa—Take S.R. 87 (Beeline Highway) north to Payson (74 miles from Jct. 87 and McDowell Road in Mesa). Turn right (east) at S.R. 260 (3rd traffic light in Payson, at McDonald’s). On 260 go east toward Christopher Creek and Heber, it is about 20 miles to Christopher Creek. Turn left at the Christopher Creek turn off. (The turn off for Christopher Creek is only 5 miles past KOHL’S RANCH.). Turn left just past the “Creskide Steak House” and follow the MMR Fish signs to the camp. (Bear left at each intersection.) From Mesa it is approximately a 2-hour drive. There are gas stations and several fast food restaurants in Payson. Note: Christopher Creek Campground and Christopher Creek (the town) are separate.

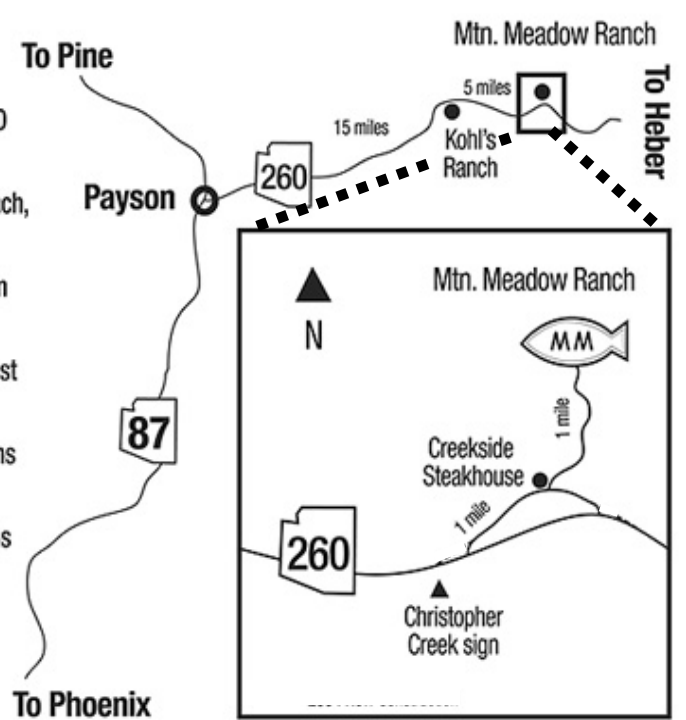
Because other churches will be using the campsite after us, it is necessary for the campers to be picked up by 10 am on Saturday. If your child will be returning home with someone other than his parents or guardians, you must include a parental permission slip.

ATTENTION:

Oct. 2009 - Oct. 2011, Hwy 260 will be under construction between Star Valley and Christopher Creek. Please allow additional time for your drive to camp so your kids can arrive on time. You can also dial 511 for road condition updates before you leave.

MOUNTAIN MEADOW RANCH DIRECTIONS

1. Take Highway 87, Beeline Hwy., to Payson.
2. Take Route 260 East to the Christopher Creek sign, approx. 20 miles from turn off in Payson and just under 5 miles from Kohl’s Ranch, and turn left.
3. Watch for turn sign carefully. It can be easily missed.
4. Drive about 1 mile and turn left, just past the Creskide Steakhouse.
5. Bear to the left at all Y-intersections on the main road.
6. Be sure to follow the MM fish signs and drive approx. 1 mile to camp entrance.



WHAT TO BRING:

DO NOT SEND ANY NEW CLOTHES. Camp is a place to be outdoors and to have adventures. Old clothes are best for this. Please mark all belongings with camper's name. Unclaimed and lost and found items will be given to a charitable organization. CAMPERS: Pack this list in the top of your suitcase so you can be sure you have everything when you repack at camp.

DO NOT SEND ANY IPODS, MP3s, CD PLAYERS or other electronic devices.

<u>Home Check</u>	<u>Camp Check</u>	<u>Home Check</u>	<u>Camp Check</u>
_____ prescription medication	_____	_____ underwear	_____
_____ water bottle	_____	_____ old swimsuit	_____
_____ Sunscreen (SPF 15+)	_____	_____ pajamas	_____
_____ soap	_____	_____ tennis shoes	_____
_____ toothbrush/paste/floss	_____	_____ tie shoes (NO open toed shoes or sandals!!!!)	_____
_____ brush/comb	_____	_____ Old tennies for creek (no pool shoes)	_____
_____ deodorant	_____	_____ Bible	_____
_____ chapstick (SPF 15+)	_____	_____ Notebook	_____
_____ Shampoo & Conditioner	_____	_____ pen or pencil	_____
_____ 2 towels (1 for creek, 1 for showering)	_____	_____ flashlight	_____
_____ washcloth	_____	_____ envelopes/stamps	_____
_____ sleeping bag or several blankets	_____	_____ plastic bag for wet clothes	_____
_____ pillow	_____	_____ plastic bag for dry laundry	_____
_____ shorts	_____	_____ umbrella/rain poncho	_____
_____ T-shirts	_____	<u>OPTIONAL</u>	
_____ hat	_____	_____ bug repellent	_____
_____ jeans/long pants	_____	_____ jackknife	_____
_____ long-sleeved shirts	_____	_____ camera/film	_____
_____ sweatshirt or jacket	_____	_____ fishing pole	_____
_____ socks (necessary)	_____	_____ waterproof watch	_____

Please **RETURN** this form

CAMPER ACQUAINTANCE SHEET

Please complete the following information to better acquaint us with your child:

Camper Name: _____ Date: _____

Who lives at home with the camper?

Brothers:

_____ Older Younger _____ Older Younger
_____ Older Younger _____ Older Younger

Sisters:

_____ Older Younger _____ Older Younger
_____ Older Younger _____ Older Younger

Other (grandparent, etc.) _____

Pets:

Responsibilities child has at home:

Personality characteristics displayed by your child:

Special needs, i.e., bedwetting, allergies, learning disabilities, hyperactive, etc.:

Reactions when tired:

Other things we should know:

For girls: Has she been told about menstruation? yes no
Has she menstruated? yes no

Medical Information

Please **RETURN** this form

This side to be filled in by parent/guardian of minors.

Name _____ Birthday _____ Sex ____ Age ____
Last First Initial

Today's Date: _____

Parent or Guardian _____ Phone (____) _____

Home address _____

Business address _____ Phone (____) _____

Second parent or guardian or emergency contact _____

Home address _____ Phone (____) _____

Business address _____ Phone (____) _____

If not available in an emergency, notify:

Name _____ Phone (____) _____

Address _____

Health history (check-giving approximate dates)

Frequent ear infections _____
Heart defect/disease _____
Convulsions _____
Diabetes _____
Bleeding/clotting disorders _____
Hypertension _____

Diseases:
Mononucleosis _____
Chicken Pox _____
Measles _____
German Measles _____
Mumps _____

Allergies:
Hay Fever _____
Asthma _____
Insect stings _____
Penicillin _____
Other drugs _____
Poison Ivy reactions, etc. _____

Operations or serious injuries: (dates) _____

Disability or chronic recurring illness _____

Dietary modifications _____

Current medications (*send with instructions*) _____

Other diseases or details of above _____

Name of dentist/orthodontist _____ Phone (____) _____

Name of family physician _____ Phone (____) _____

Date of last physical examination _____

Do you carry family/medical/hospital insurance ? _____ If so, indicate

Carrier _____ Policy or Group # _____

Suggestions or health related information for camp personnel _____

(For female) has this person menstruated ? _____ If not, has she been told about it? _____

If so, is her menstrual history normal? _____

Special consideration _____

Please **RETURN** this form

IMMUNIZATION HISTORY*

Required immunizations must be determined locally. Please record the date (month and year) of basic immunizations and most recent boosters.

Vaccines	Year of Basic immunization	Year of last booster
Diphtheria	1.	1.
Pertussis (Whooping Cough DPT	2.	2.
Tetanus or	3,	
Tetanus Diphtheria TD or		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubella)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given _____ (most recent)		

Important—This box must be completed for Attendance *

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

(Parent's Initials) Emergency Authorization: I hereby give permission to the medical personnel selected by the camp director to order X-rays, tests and treatment for my child or myself. In the event I cannot be reached to authorize treatment in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above or myself. This form may be photocopied for use out of camp.

(Parent's Initials) I also authorize permission to give over the counter medications on standards of practice: Tylenol, Ibuprophen, Benadryl, Phenylephrine/Guaifenesin (cold/cough), Pepto-Bismol, Tums, and topical medications.

Signature of parent or guardian: _____

Date: _____

* If for religious reasons you cannot sign this, then the church should be contacted for a legal waiver which must be signed for attendance.

Please **RETURN** this form
- If applicable

Medication Dosing Schedule

(For Children with Daily Medication Needs)

I, _____ (Parent's Name), give the Registered Nurse at Faith Adventure Camp permission to administer the following medication(s) to my child as instructed below. If needed, I also allow the Nurse to administer over the counter medications on standards of practice: Tylenol, Ibuprophen, Benadryl, Phenylephrine/Guaifenesin (cold/cough), Pepto-Bismol, Tums, and topical medications.

Child's Name: _____ Grade: _____

Parent's printed names: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Signed by Parent: _____ Date: _____

Medication Name:	Dosage Amount:	What TIME is it given?	Special Instructions:	Given For?
<u>EXAMPLE:</u> Topamax Sprinkles	75 mg, twice per day	8:00 am & 8:00 pm	Open capsules and pour into applesauce, then spoon out the meds with the applesauce.	Seizures

For Administration Use Only:
 Cabin #: _____ Counselor: _____
 Notes: _____

Please **RETURN** this form

Activity Release Form

My child has permission to attend camp, participate in all activities on or off campsite under the supervision of the camp staff, and receive emergency medical care if necessary. Photographs may be taken for camp publicity.

While there is trained staff supervision at all times, there are many inherent risks in activities and games that campers are involved in. Most activities are conducted outdoors where there is a possibility of risk of physical injury or harm.

I voluntarily choose to allow my child to participate in the camp experience and assume the risk of injury or harm that could result from participation. On my own behalf and that of my personal representative and heirs, I hereby release Faith Church of the Valley, Faith Adventure Camp and Mountain Meadows Ranch of all liability resulting from any injury or harm while my child participates in any activity with Faith Adventure Camp.

I have read, understand and agree to the above:

My child can participate in any activity except:

I _____ (child) also understand and agree to abide by the restrictions placed on my camp activities.

Child's Printed Name: _____

Signature of Child: _____

Parent's Printed Name: _____

Signature: _____ Date: ____/____/____

PERMISSION TO RIDE (if applicable)

My child (name): _____ has my permission to be released

to, and ride home with _____.

Signature: _____ Date: ____/____/____

Please **RETURN** this form
- If applicable

DIETARY RESTRICTION FORM

(This form is only intended for specific food allergies, not general food preferences). Please be as specific as possible.

While we can make slight adjustments to our current menu, we cannot substitute food items already on our menu. If your child requires special food, **it is the parent's responsibility to provide that food** and contact either Gigi Frazier @ 480-345-8544 or Shelly Miller @ 480-812-8220 **prior to July 2nd** to discuss their special circumstances.

CAMPER'S NAME _____ BOY ____ GIRL ____

PARENT NAME _____ PHONE # _____

EMAIL ADDRESS _____ CELL PHONE# _____

PARENT SIGNATURE _____ DATE _____

PLEASE LIST ANY MEDICAL DIETARY RESTRICTIONS YOUR CHILD HAS:
