



# Camp Group Leaders Packet

## Leaders Checklist:

### **Contract & Deposit**

- Return the **contract** along with a deposit of \$35 per person before March 31 for June camps, April 30 for July and August camps.

### **Applications**

- Make sure parents receive the camper application, health form, policies and what to bring page. If you wish to modify your application for prices and church information you may download it at [www.camphisway.com/forms.htm](http://www.camphisway.com/forms.htm).
- Return your camper application (with parent's signature on back) one month before your camp dates.
- Return your counselor application and background checks to the camp one month before your camp dates (if you cannot provide a background check we will run them).

### **Final Roster**

- Send in a final roster list by e-mail/fax one week before camp dates indicating camper/counselor and male/female.

### **Health Forms and Payment**

- Bring health forms to camp with a parent's signature, doctor's signature if on prescribed medication, on registration day.
- Bring final payment amount of \$135\* x number of spaces (less deposit) on registration day.

\* - If deposits were not received by due date, late registration price will be \$150

If you need more forms/applications feel free to copy them, please try to do so front and back.

We will be happy to send you extra brochures and materials on request.

If there are any questions feel free to contact us.

We hope you have a great time Camping His Way!

561 McGilberry RD - Zavalla, TX 75980

936-897-9974 or 1-888-CAMP-HIS; Fax: 936-897-3274

[info@camphisway.com](mailto:info@camphisway.com)

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



# Camp His Way Policies

**Group Leader:** Please make a copy of these policies available to each member of your group.

**Check-in:** At arrival, our Host will check you in and confer with you regarding your schedule to verify meal and meeting times. Please have a copy of your schedule for the Host.

**Parking:** All vehicles must be parked in the designated parking area. Please do not drive vehicles through camp.

**Bedding:** Campers must furnish their own bedding, pillows and towels. Bunks are twin size.

**Leadership:** Sponsors must maintain supervision of all members of their group. There is a required ratio of 10:1 for minors. You are responsible for background checks.

**Payment:** Payment is due before the group departs from the Camp. Cash and checks are the only accepted methods of payment.

**Meals:** At check-in, you must report to the Host the number of people in your group at each meal and meal schedules.

After meals, please have campers take dishes to the designated area, scrape and stack neatly. No glasses, dishes, etc., are to be taken from the dining area.

## **Waterfront Activities:**

- Canoeing and boating are allowed only when Lifeguard is on duty. Camp is not responsible for any water activities off the camp property.
- Life jackets must be worn at all times for boating and canoeing.
- After each recreational time, remove all canoes from the water and place life jackets on the rack.
- Leaders should be present at the waterfront when children are fishing.
- Anyone failing to comply with rules of the Camp and applicable State laws shall be denied water activities.
- Inclement or approaching inclement weather conditions will result in the cancellation of water activities until weather conditions are deemed safe by the Camp Director.

## **Legal Waiver:**

All Guests must complete and sign the retreat release waiver and turn in at arrival to the Camp.

**Snacks:** Typically, personal snacks are not needed because our food is the best around. Yet, if still brought, there are no snacks allowed in the dorms.

**Activities:** All activities must be scheduled through the Director or Manager. Equipment will be made available. Camp His Way will provide supervision when necessary.

**Program:** A copy of your schedule (for weekend adult and youth retreats) should be submitted to the camp no later than two weeks prior to arrival.

**Departure:** Please sweep out all areas used by your group and pick up trash around the grounds upon departure.

## **Dress:**

### **SHOES MUST BE WORN AT ALL TIMES.**

For safety reasons water shoes must be worn in the lake while swimming.

All guests must dress in keeping with modesty and Christian ideals.

## **Restrictions:**

- No alcoholic beverages, tobacco in any form, narcotics or illegal drugs of any kind are permitted on the Campgrounds.
- Over-the-counter and prescription drugs in their original container are permitted.
- Because of the fire hazard, smoking is NOT permitted in or around any buildings or forest area.
- Guns of any sort and fireworks are not allowed on the Campgrounds.
- All profanity, immoral conduct of any nature, and immodest dress are forbidden at Camp His Way.
- Males and females must not visit each other's dorms.
- Pets are not allowed to visit. We have plenty available.

**First Aid:** First aid and emergency care will be available. The First Aid station is located by the Camp Office. Emergency procedures are posted. The Camp Director should be notified of any emergency.

**Phones:** Phones are only available for emergency use. It is a business and we ask that calls be limited. Please do not charge calls to the Camp.

# SUMMER CAMP CONTRACT

Between

**CAMP HIS WAY, INC.**

And

GROUP

DATE

Camp dates: \_\_\_\_\_ Number to Attend: \_\_\_\_\_ Cost per Person **\$ 135\***

Time of Arrival at Camp: Monday from 1-3pm Time of Departure: Friday at 3pm

**DEPOSIT:** We agree to pay Camp His Way for a guaranteed minimum deposit of \_\_ people at **\$35** per person, totaling \$\_\_\_\_\_, this will confirm our reserved dates. Once the deposit has been made and this contract has been signed by both parties, we are obligated to the terms and no other alterations can be made after 90 days prior to the beginning of this summer camp week.

**COST:** We agree to pay Camp His Way for a guaranteed minimum of \_\_\_\_\_people at **\$ 135\*** per person, totaling \$\_\_\_\_\_.  
\*will be \$150 if deposits are not paid before **March 31 for June camps, April 30 for July and August camps.**

**LINENS:** Linens are not provided. All beds are twin size. Guest must bring bedding and towels.

**CAMPERS and COUNSELORS:** Campers for day camps, summer camp, and weekend minicamps are children ages 6-12. Counselors are responsible adults over 18 years of age acting as chaperones for their group. Camp staff will run the activities and programs. Groups are responsible for running adequate background checks for their counselors before arriving at camp.

**PROGRAMMING:** For summer camp, all summer long, camp is run for children ages 6-12. Camp His Way will provide all programming, activities and scheduling.

**ARRIVAL AND DEPARTURE:** Campers and Counselors arrive from **1-3 pm on Mondays** and leave immediately after closing ceremonies on **Fridays at 3:00 pm**. Please try to attend camp fully without late arrivals and early departures.

**PAYMENT:** It is agreed that payment of any balance due, including any damages, shall be made before leaving Camp His Way.

**CANCELLATION:** It is agreed that this Agreement may be canceled at any time prior to 90 days before the beginning of this camp week. In doing so, the deposit will be refunded. If cancellation occurs within 90 days before the beginning of this camp week, we understand that our deposit will be forfeited.

**HOLD HARMLESS AGREEMENT:** We agree to indemnify and hold harmless Camp His Way, Inc., its officers, agents and employees from and against every expense, including attorney's fees, liability or payment by reason of any damages or injury to persons (including death), or property (including loss of use or theft thereof) arising out of or in connection with the conference, including use or occupancy of Camp His Way property, facilities or equipment, provided that such damages or injury are caused in whole or in part by the group, as above defined, its officers, agents, employees or participants.

**CONDUCT:** We have read the policies of Camp His Way and agree to abide by them while at Camp His Way.

**AGREEMENT:** I certify that I am authorized to sign this Agreement on behalf of the above-mentioned group or organization. I promise to abide by the Policies and Rules of Camp His Way. I understand that full payment of the fees is due and payable before we leave the Camp. I have read the Camp policies and understand that it is a part of the Agreement.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Church Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**SPECIAL NEEDS:** \_\_\_\_\_

**FACILITIES WILL BE RELEASED FOR BOOKING IF YOU DO NOT RESPOND BY: dates deposit due in "Cost"**

Camp His Way – 561 McGilberry Rd – Zavalla, Texas 75980 – (936) 897-9974 – [info@camphisway.com](mailto:info@camphisway.com)



# Camp His Way Application for Summer Camp 2012

Camp His Way · 561 McGilberry Rd· Zavalla, TX 75980  
936-897-9974 · 936-897-3274 fax  
info@camphisway.com · www.camphisway.com

Camper Information										
Camper's Name _____	Goes by _____						Boy	Girl		
Grade as of September 2012 _____	; Age when attending camp		6	7	8	9	10	11	12	
Birth date ____ / ____ / ____										
Camper attended CHW in:	2011	2010	2009	2008	2007	2006	2005	2004		

Parent's Information			
Father's Name _____	Home Phone _____	Work Phone _____	
Cell Phone _____	E-mail _____		
Street _____	City _____	State _____	ZIP _____
Mother's Name _____	Home Phone _____	Work Phone _____	
Cell Phone _____	E-mail _____		
Street _____	City _____	State _____	ZIP _____

Other Information	
Church _____	Attending Group _____
Siblings attending with camper _____	Physical Limitations _____

Circle Reserved 2012 Camp Dates		
May 29-June 2	June 25-29	July 23-27
June 4-8	July 2-6	July 30-August 3
June 11-15	July 9-13	August 6-10
June 18-22	July 16-20	

Release
<ul style="list-style-type: none"> <li>• I hereby apply for registration for the herein-named child (camper) for the camping services indicated in this application.</li> <li>• I agree to the price and terms as stated in this application for admission.</li> <li>• I give my child permission to participate in all camp activities and programs.</li> <li>• I have enclosed the deposit check in full for the child being registered.</li> <li>• I have read the camp policies and application and agree to abide by the conditions outlined.</li> <li>• I hereby give the camp officials permission to act on my/our behalf in case of an emergency.</li> <li>• I agree to release and indemnify CHW from any and all claims for damages arising as a result of any accident, injury, or otherwise sustained by the herein named child arising from participation in any camp activities.</li> <li>• I consent to the use by CHW our camper in camp photographs, videos and new media.</li> </ul>
<p><b>I HAVE READ THIS MATERIAL CAREFULLY AND I AGREE TO THE LEGAL RELEASE, CAMP POLICIES, AND THIS BACK PAGE.</b></p> <p><b>SIGNATURE</b> _____ <b>DATE</b> _____</p>

## Camp Fees

**One week of camp = \$135\***

(\*if deposit are received before due date, afterwards \$150) Includes all lodging, meals, snacks, and activities

**Deposit = \$35 to be returned with this application (remaining \$100 on arrival) (\$115 if late deposit)**

## Refund Policy

**Deposits are refundable 90 days prior to camp dates. After that it will be forfeited.**

### Arrival and Departure

All summer campers arrive at camp from 1-3 PM on Monday (Tuesday W1&6)  
Parents are invited to the closing ceremony at 2 PM on Friday (Sat W1&6)  
Campers leave at 3 PM  
Make sure they have a ride home

### Remember to bring your health form!

You must send a current health form for your child with them to camp. These are available from your group leader or on [www.camphisway.com](http://www.camphisway.com)

A **physician's signature** is required if a child will need a prescribed medication while at camp.

### Other Available Items

You may send money with your camper for:  
DVD of your week at camp that includes hundreds of pictures in a slideshow format along with select video footage = \$12  
Several T-shirt designs = \$12  
Several hat designs = \$12

### What Not to Bring

No radios, MP3 and CD players, cell phones, Video games or televisions.  
No fireworks, lighters, matches, knives, or guns of any type are allowed.  
Snacks will be confiscated upon arrival to keep our dorms critter free.

### Lice Information

For health reasons we screen all campers for lice upon arrival to camp. Please save your child embarrassment and hassle by prescreening them before they arrive. You can find more information on this @ [www.camphisway.com/lice](http://www.camphisway.com/lice)

### Contact

Phones are not available to campers - if you have an emergency you may call the camp office @ 936-897-9974; 936-897-3274 fax line.  
You may send mail to the campers @ 561 McGilberry Rd; Zavalla, TX 75980 or @ [www.camphisway.com/campermail](http://www.camphisway.com/campermail)

### Visitors, Early Departures & Late Arrivals

For safety reasons and compliance with Texas Youth camp codes, we must ask that the only visit parents make are for closing ceremonies at 2pm on Fridays.  
Further we ask that all campers arrive and depart on the scheduled times.  
NO late arrivals or early departures. Thank you.

### Medication

If medication is needed bring only the amount needed for that week at camp in the original pharmacy container. You will also need a doctors signature on the health form. All medication of any kind will be given to the camp nurse on arrival.

## Standards and Responsibility

CHW strives for the highest physical, mental and spiritual standards possible. No smoking or matches, lighters, fireworks, use of tobacco, alcohol, abusive language, drugs (except prescribed medicine which is kept by camp staff), or any other such items or behavior of questionable nature are allowed. We are happy to help parents with children who have difficulties in specific areas of their life and we appreciate parents' communication with us concerning these needs, however, we protect our campers from influences which we feel to be detrimental, degrading, destructive or not in keeping with Christian standards. We reserve the right to send any camper home who violates these standards. Every reasonable effort is made to protect each camper's health and safety through training of staff, constant inspection of equipment and instruction of campers, however, CHW assumes no responsibility for accidents, illness or loss of life, mental trauma, nor loss of personal equipment by fire, theft, natural disasters or camper's carelessness. CHW has implemented numerous safety policies for the protection of all campers. Please pray with us concerning these matters. Thank you for taking the time to help your child have the most wonderful camping experience possible. We have found all of the things listed here to be important to the camper and to us. Thank you for choosing CHW.

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

**If Child is to be administered Prescribed Medication FORM 2 must be completed and signed by a physician.**

Dates will attend camp: from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Camper Name: \_\_\_\_\_  
First Middle Last

Male  Female Birth Date \_\_\_\_\_ Age on arrival at camp: \_\_\_\_\_  
Month/Day/Year

**To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.**

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp with the camper.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) FORM 2 only needs to be completed by your child's health-care provider if you child is to be administered prescribed medication at camp.

Camper Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Relationship to Camper  
 Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Relationship to Camper  
 Email: \_\_\_\_\_

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Relationship to Camper

**Allergies:**  No known allergies.  This camper is allergic to:  Food  Medicine  The environment (insect stings, hay fever, etc.)  Other  
*(Please describe below what the camper is allergic to and the reaction seen.)*

**Diet, Nutrition:**  This camper eats a regular diet.  This camper eats a regular vegetarian diet.  
 This camper has special food needs. *(Please describe below.)*

**Restrictions:**  I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.  
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

**Medical Insurance Information:**

This camper is covered by family medical/hospital insurance  Yes  No

**Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_

**Parent/Guardian Authorization for Health Care:**

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.**

Camper Name \_\_\_\_\_  
 First \_\_\_\_\_  
 Middle \_\_\_\_\_  
 Last \_\_\_\_\_  
 (For Camp Use) Cabin or Group \_\_\_\_\_  
 (For Camp Use) Session Code(s): \_\_\_\_\_

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: \_\_\_\_\_  
 First Middle Last

Birth Date: \_\_\_\_\_  
 Month/Day/Year

**Immunization History:** Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis ★ (DTaP) or (TdaP)						
Tetanus booster ★ (dT) or (TdaP)						
Mumps, measles, rubella ★ (MMR)						
Polio ★ (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test      Date: \_\_\_\_\_       Negative       Positive

**If your camper has not been fully immunized, please sign the following statement:** I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**Medication:**     This camper will not take any daily medications while attending camp.  
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

- |   |   |
|---|---|
| Acetaminophen (Tylenol)                                   | Ibuprofen (Advil, Motrin)                                     |
| Phenylephrine decongestant (Sudafed PE)                   | Pseudoephedrine decongestant (Sudafed)                        |
| Antihistamine/allergy medicine                            | Guafenesin cough syrup (Robitussin)                           |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM)                  |
| Sore throat spray   | Generic cough drops   |
| Lice shampoo or cream (Nix or Elimite)                    | Antibiotic cream  |
| Calamine lotion   | Aloe  |
| Laxatives for constipation (Ex-Lax)                       | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_  
Month/Day/Year

## **General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.**

Has/does the camper:

- |   |   |
|---|---|
| 1. Ever been hospitalized? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                   | 11. Had fainting or dizziness? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| 2. Ever had surgery? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                         | 12. Passed out/had chest pain during exercise? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| 3. Have recurrent/chronic illnesses? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No         | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                      | 15. Have problems with falling asleep/sleepwalking? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No   | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| 7. Have diabetes? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                            | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| 8. Had seizures? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                             | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| 9. Had headaches? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                            | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No  |

**Please explain "Yes" answers in the space below,** noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

## **Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.**

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? .....  Yes  No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?.....  Yes  No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?.....  Yes  No
4. Had a significant life event that continues to affect the camper's life?.....  Yes  No  
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

**Please explain "Yes" answers in the space below,** noting the number of the questions. The camp may contact you for additional information.

## **Health-Care Providers:**

Name of camper's primary doctor(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Name of dentist(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Name of orthodontist(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**What Have We Forgotten to Ask? Please provide in the space below** any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

**Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.**

**CAMPER HEALTH-CARE RECOMMENDATIONS  
by LICENSED MEDICAL PERSONNEL FORM 2**

Developed and reviewed by: American Camp Association,  
American Academy of Pediatrics Council on School Health, &  
Association of Camp Nurses

**This FORM 2 must be signed by a physician if the camper is to be administered prescribed medication while he/she is attending camp.**

**To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.**

Dates will attend camp: from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Camper Name: \_\_\_\_\_  
First Middle Last

Male  Female Birth Date \_\_\_\_\_ Age on arrival at camp \_\_\_\_\_  
Month/Day/Year

Camper home address: \_\_\_\_\_  
City State Zip Code

Custodial parent(s)/guardian(s) phone: (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
**Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.**

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimate)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

**Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.**

**Physical exam done today:**  Yes  No (If "No," date of last physical: \_\_\_\_\_)  
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: \_\_\_\_\_ lbs Height: \_\_\_\_\_ ft \_\_\_\_\_ in Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

**Allergies:**  No Known Allergies

To foods (**list**):

To medications: (**list**):

To the environment (**insect stings, hay fever, etc.—list**):

Other allergies: (**list**):

**Describe previous reactions:**

**Diet, Nutrition:**  Eats a regular diet.  Has a medically prescribed meal plan or dietary restrictions: (**describe below**)

**The camper is undergoing treatment at this time for the following conditions: (describe below)**  None.

**Medication:**  No daily medications.  Will take the following prescribed medication(s) while at camp: (**name, dose, frequency—describe below**)

**Other treatments/therapies to be continued at camp: (describe below)**  None needed.

**Do you feel that the camper will require limitations or restrictions to activity while at camp?**  No  Yes

**If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)**

**"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"**

Name of licensed provider (please print): \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Office Address \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

# **CAMP HIS WAY "CAMP COUNSELOR" APPLICATION**

(CONFIDENTIAL)

This application is to be completed by all applicants for any position involving the supervision, contact or custody of minors. It is being used to help the camp provide a safe and secure environment for those children and youth who participate in our program and the use of our facilities.

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Sex \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Birthday (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Marital Status \_\_\_\_\_ No. Children \_\_\_\_\_ Ages \_\_\_\_\_

Present Employer \_\_\_\_\_ How Long? \_\_\_\_\_

What Church are you a member of? \_\_\_\_\_ How Long? \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor? Yes No

Have you been accused of child abuse or a  
crime involving actual or attempted sexual molestation of a minor? Yes No

## **APPLICANTS STATEMENT**

The information contained in this application is correct to the best of my knowledge. I authorize any reference or church listed in this application to give you any information they may have regarding my character and fitness for children's work. I release all such references from the liability for any damage that may result from the furnishing such evaluations to you and I waive any right that I have to inspect the references provided on my behalf. Should my application be accepted, I agree to be loyal to the camp director and camp policies of Camp His Way. I agree to refrain from unscriptural conduct in the performance of my services on behalf of the Camp.

As a worker applicant for Camp His Way, I have been requested to furnish information for use in determining qualifications. In this connection, I do hereby authorize the release and full disclosure of any information that you may have concerning my volunteering with your organization.

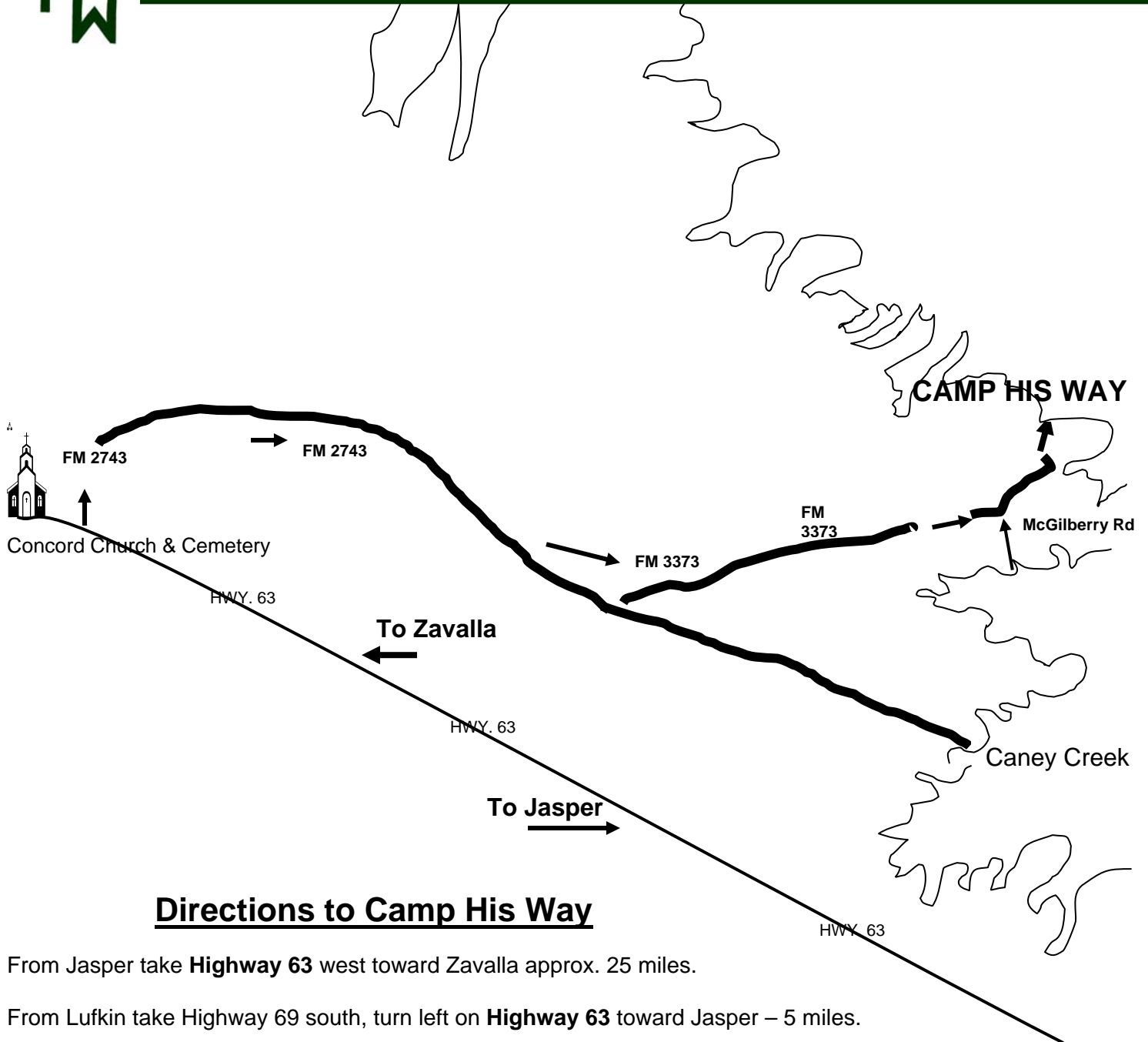
I authorize you to release information about my background including, but not limited to, information as to my employment, education, military service, driving record, criminal record and/or public records history to those employees and agents of Camp His Way who require such information in order to make a decision with respect to any matter pertaining to my status as a volunteer counselor. I hereby release Camp His Way, its employees and anyone acting on behalf of your organization from any and all claims, liability and/or damage of any nature which may result from furnishing the information requested, including, but not limited to, claims of negligence.

- I have read the camp policies and application and agree to abide by the conditions outlined.
- I hereby give the camp officials permission to act on my/our behalf in case of an emergency.
- I agree to release and indemnify CHW from any and all claims for damages arising as a result of any accident, injury, or otherwise sustained by participation in any camp activities.
- I consent to the use by CHW any photographs, videos and new media.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver's License Number \_\_\_\_\_ SS# \_\_\_\_\_  
(used for background check, remains confidential)

# Directions to Camp His Way



## Directions to Camp His Way

From Jasper take **Highway 63** west toward Zavalla approx. 25 miles.

From Lufkin take Highway 69 south, turn left on **Highway 63** toward Jasper – 5 miles.

From Beaumont take Highway 69 north, turn right on **Highway 63** toward Jasper – 5 miles.

1. Turn on **FM 2743** (Concord Baptist Church & Cemetery)
2. Stay on **FM 2743** for about 4 miles
3. Turn left on **FM 3373** (sign-Black Forest Community)
4. Go 1½ Miles
5. At “Y” stay to the right, follow curve for 0.3 miles
6. Turn left – **McGilberry Road** (Angelina Road 334) go ½ mile
7. Camp on left – wooden fence – Camp His Way Sign

For your GPS: Latitude N 31 09' 17"; Longitude W 94 15' 49"

## What to bring

Bedding  
(beds are twin size)  
Tennis shoes  
Swimming suits  
(girls, one piece works best  
on the waterslide)  
Towel, washcloth  
Toiletries  
Old shoes or water  
shoes (not flip-flops)  
Flashlight, Bible  
Offering for CHW India  
Offering for New Chapel  
Shirts and Shorts  
Underclothes, socks  
Anything you need for  
Thursday's Talent Show  
\*Put your name  
on everything

Remember to bring your  
health form with you!

## Contact

Mail can be sent to  
campers at  
561 McGilberry  
Zavalla, TX 75980  
or e-mail at  
[www.camphisway.com/  
campermail](http://www.camphisway.com/campermail)  
All summer campers arrive  
from 1-3 pm Monday. Parents  
are invited to the closing  
ceremonies 2pm Friday

## Medication

If Medication is needed, bring  
only the amount needed for  
the week at camp, in the  
original pharmacy container.  
All medication will be given to  
nurse on arrival. Health form  
must be signed by doctor for  
meds to be given.

## Available Items

You may send money  
with your camper for a  
DVD of your week at  
camp, with hundreds of  
pictures and some  
video = \$12  
5 different styles of  
T-Shirts = \$12  
Several Hat types = \$12

## What not to bring

No radios, MP3 or Cd  
players, video games,  
televisions or cell  
phones. No fireworks,  
lighters, matches,  
knives or guns of any  
type are allowed.  
Snacks will be confis-  
cated upon arrival to  
keep dorms critter free

Contact number \_\_\_\_\_  
Arrive at Church \_\_\_\_\_ Pickup from Church \_\_\_\_\_

## What to bring

Bedding  
(beds are twin size)  
Tennis shoes  
Swimming suits  
(girls, one piece works best  
on the waterslide)  
Towel, washcloth  
Toiletries  
Old shoes or water  
shoes (not flip-flops)  
Flashlight, Bible  
Offering for CHW India  
Offering for New Chapel  
Shirts and Shorts  
Underclothes, socks  
Anything you need for  
Thursday's Talent Show  
\*Put your name  
on everything

Remember to bring your  
health form with you!

## Contact

Mail can be sent to  
campers at  
561 McGilberry  
Zavalla, TX 75980  
or e-mail at  
[www.camphisway.com/  
campermail](http://www.camphisway.com/campermail)  
All summer campers arrive  
from 1-3 pm Monday. Parents  
are invited to the closing  
ceremonies 2pm Friday

## Medication

If Medication is needed, bring  
only the amount needed for  
the week at camp, in the  
original pharmacy container.  
All medication will be given to  
nurse on arrival. Health form  
must be signed by doctor for  
meds to be given.

## Available Items

You may send money  
with your camper for a  
DVD of your week at  
camp, with hundreds of  
pictures and some  
video = \$12  
5 different styles of  
T-Shirts = \$12  
Several Hat types = \$12

## What not to bring

No radios, MP3 or Cd  
players, video games,  
televisions or cell  
phones. No fireworks,  
lighters, matches,  
knives or guns of any  
type are allowed.  
Snacks will be confis-  
cated upon arrival to  
keep dorms critter free

Contact number \_\_\_\_\_  
Arrive at Church \_\_\_\_\_ Pickup from Church \_\_\_\_\_