



Camp Group Leaders Packet

Leaders Checklist:

Contract & Deposit

- Return the **contract** along with a deposit of \$50 per camp spot (campers and adult counselors are the same fee) before March 1 for June camps, or April 1 for July and August camps.

Applications

- Make sure parents receive the camper application, health form, policies and what to bring page. Please print application and health form front and back.
- Return your camper applications (**with parent's signature**) and counselor applications along with background checks at least **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 (info@camphisway.com) at least **two weeks 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. Texas law requires the vaccination record to be complete or attached, the Health Department has told us we are to send home any camper that does not bring a completed record or avffidavit. Writing "up to date" is no longer valid. However vaccinations are not required to attend camp, if a campers does not vaccinate please have the parent attach an affidavit declaring such.
- According to Texas law – prescription medication must be sent to camp in an original prescription container.
- Bring final payment amount of \$155* x number of spaces (less deposit) on registration day.
- Gluten free menu option +\$20
 - * *If deposits were not received by due date, late registration price will be \$170*
- Pre-screen your campers for lice and illness. (www.camphisway.com/lice)

We will be happy to send you extra brochures and promotional 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 www.camphisway.com

SUMMER CAMP CONTRACT

Between

CAMP HIS WAY, INC.

And

GROUP:

Camp dates: _____ **Number to Attend:** __ **Cost per Person \$ 155***
Time of Arrival at Camp: Monday from 1:30-3pm **Time of Departure: Friday at 3pm**

DEPOSIT: We agree to pay Camp His Way for a guaranteed minimum deposit of __ guests at \$50 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 __ guests at \$ 155* per person, totaling \$ ____ . *price will be \$170 if deposits are not paid before **March 1**.

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 **1:30-3 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, upon arrival and registration.

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: March 1, 2018

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



Camp His Way Camper Application Summer 2018

561 McGilberry Rd
Zavalla, TX 75980
info@camphisway.com 936-897-9974

Camper Information

Name: _____
First *Last* *Goes By*
 Attending Group: _____ Reserved Dates: _____
 Age at time of Birthdate: _____
 Gender: M / F camp: _____ Birthdate: _____
Month/Day/Year *Siblings Attending with Camper:* _____

Parent Information

Parents Info: _____
First *Last*

Address: _____
Street

City *State* *ZIP Code*

Phone 1: _____ Phone 2: _____

Phone 3: _____ Phone 4: _____

Email: _____

Other Emergency

Contacts: _____
First *Last*

Address: _____
Street

City *State* *ZIP Code*

Phone 1: _____ Phone 2: _____

Phone 3: _____ Email: _____

Release

- I am the parent or legal guardian of the herein-named child (camper) named above and have legal custody of the child during the above stated dates.
- I hereby apply for registration for the camper for the camping services indicated in this application.
- I agree to the price and terms as stated in this application for admission.
- I give my child permission to participate in all camp activities and programs.
- 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 understand that I will be held responsible for any medical expenses incurred.
- 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.
- I will be held responsible for any damages my child may cause to the camp, facilities or any other property.
- Unless otherwise noted on this form, my camper can be picked up from camp by the parents and contacts listed above.
- I consent to the use by CHW our camper's image in camp photographs, videos, social network and new media and forfeit any monetary claim for any usage.

I have read this material carefully and I agree to the legal release, camp policies, and back page.

Printed Name

Signature

Date

Camp Fees

Week of camp: \$155*

Includes everything- lodging, activities, meals, & snacks

\$50 deposit required before March 1 for May/June camp dates; April 1 for July/August camp dates

**camp price is \$170 if deposit is not received before due date.*

Gluten free menu option +\$20

Departure and Arrival Times	Health Form
All campers arrive at camp from 1:30-3PM on Monday. Gates will not open before 1:30PM. Dorms are pre-assigned, no need to rush. Parents are invited to the closing ceremony at 2PM on Friday. Gates open after 1PM. Campers leave at 3PM.	You must send a <u>current</u> camper Health Form for your child. State law requires a current vaccinations record to be on file at camp (or affidavit if you do not vaccinate). A physician's signature is required if your child will be taking prescribed medication while at camp.
Other Available Items	Medication
You may send money with your camper for the camp giftshop for Friday after lunch: DVD of your week at camp: \$12 / USB \$15 Several T-Shirt designs: \$15 Several hat designs: \$15 Parental permission is required to purchase any marksmanship equipment.	If medication is needed bring only the amount needed for that week at camp in the original pharmacy container (required by state law). You will also need a doctor's signature on the health form . All medication, vitamins, etc, of any kind will be given to the camp nurse at camp registration.
Lice Information	Contact
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	Phones are not available to campers - if you have an emergency you may contact the camp office @ 936-897-9974; info@camphisway.com You may email your camper from the camp website @ www.camphisway.com

Visitors, Early Departures & Late Arrivals	What Not to Bring
For safety reasons and compliance with Texas Youth camp codes, we must ask that the time parents visit is for closing ceremonies at 2pm on Fridays. All campers arrive and depart ONLY on the scheduled times. NO late arrivals or early departures.	Campers are not allowed to bring cell phones, tablets, radios, media players, expensive cameras, computers, video games, chemicals, fireworks, lighters, matches, prank material (like silly string etc.) or weapons. Snacks will be confiscated upon arrival to keep our dorms critter free.

What to Bring	Standards and Responsibility
Bedding – Twin size sheets or sleeping bag Closed toe shoes for activities Swim shoes (not flip-flops or crocs) for swimming Swim suit – (girls- one piece works best on waterslide) Towel, toiletries, play clothes, etc. Bible Flashlight (optional) Anything you might want for Thursday's Talent show Write your camper's name on everything	CHW strives for the highest physical, mental and spiritual standards possible. No smoking or 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 is 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

american **CAMP** association®

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 by the requested date.
- 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) After it has been **completed and signed** by your child's health-care provider, return **FORM 2** to camp by the requested date.

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

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: (____) _____ (____) _____
 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: (____) _____ (____) _____
 Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:
 Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____

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 is lactose intolerant. This camper is gluten intolerant.
 Other, **please explain in space.**

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: _____

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 include date to meet ACA Standard. 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: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
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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: _____		
			<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 | Guaifenesin 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 Elimate) | 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)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?.....
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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 form is completed when the camper arrives at camp. Keep a copy for your records.



Camp His Way Confidential Counselor Application

This application is being 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. Camp His Way and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security number and date of birth.

Print Name: First _____ Middle _____ Last _____ Maiden _____

Birthdate (mm/dd/yyyy) ___/___/____ Social Security Number _____ - _____ - _____ Race _____

Sex ___ Cell Phone (____) _____ Home Phone (____) _____ E-mail _____

Marital Status _____ Number of children ___ Ages _____ Drivers License _____ Type _____

Address _____ City _____ State ___ Zip _____ County _____

If you have moved recently please include your previous address:

Address _____ City _____ State ___ Zip _____ County _____

Present Employer _____ How Long? _____

What Church do you attend? _____ How Long? _____ Have membership? _____

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

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

I authorize you to release my 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 or 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 CHW from any claims, liability and/or 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 of CHW any photographs, videos and new media.

Signature _____ Date _____

What to bring

Bedding
Closed toe shoes
Swimming suits
(girls, one piece works best on the waterslide)
Towel, washcloth
Toiletries,
Dirty Clothes Bag
**Old shoes or water shoes
(not flip-flops)**
Flashlight, Bible
Shirts and Shorts
Underclothes and socks
Anything you need for
Thursday's Talent Show

*Write you name
on everything*

Remember to bring your
health form with you!

Contact

Mail can be sent to
campers at
561 McGilberry Rd
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 video
= \$12; Flash Drive \$15

T-Shirts = \$15
Several Hat types = \$15

What not to bring

No tablets, phones MP3
or media players, video
games. No fireworks,
lighters, matches,
knives or weapons 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
Closed toe shoes
Swimming suits
(girls, one piece works best on the waterslide)
Towel, washcloth
Toiletries,
Dirty Clothes Bag
**Old shoes or water shoes
(not flip-flops)**
Flashlight, Bible
Shirts and Shorts
Underclothes and socks
Anything you need for
Thursday's Talent Show

*Write you name
on everything*

Remember to bring your
health form with you!

Contact

Mail can be sent to
campers at
561 McGilberry Rd
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.
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with your camper for a
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camp, with hundreds of
pictures and video
= \$12; Flash Drive \$15

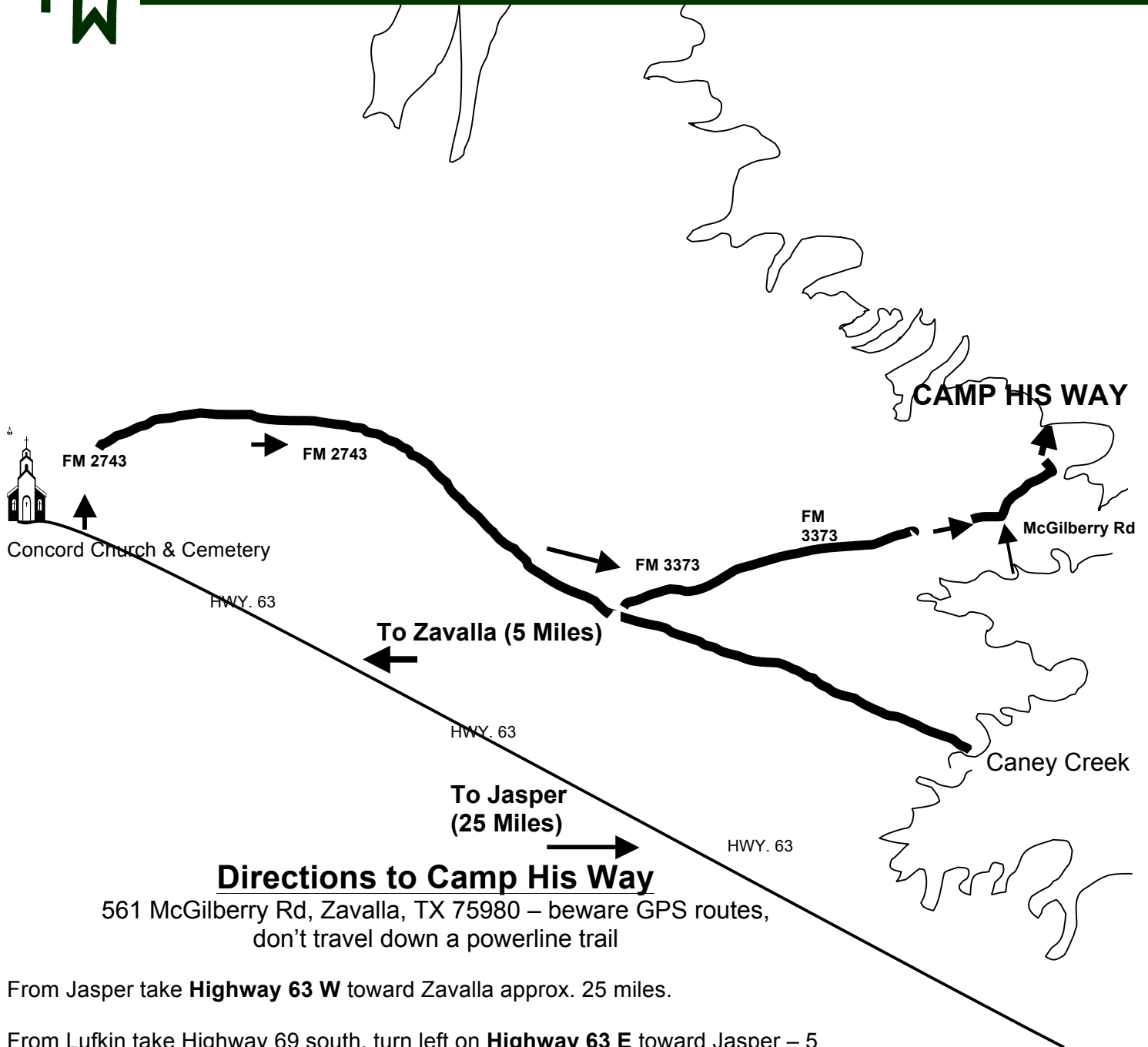
T-Shirts = \$15
Several Hat types = \$15

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or media players, video
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any type are allowed.
Snacks will be confis-
cated upon arrival to
keep dorms critter free.

Contact number _____
Arrive at Church _____ Pickup from Church _____

Directions to Camp His Way



Directions to Camp His Way

561 McGilberry Rd, Zavalla, TX 75980 – beware GPS routes,
don't travel down a powerline trail

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

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

From Beaumont take Highway 69 N, turn right on **Highway 63 E** 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"



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 payment and retreat waiver forms ready for turn in on arrival.

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 upon arrival. Any damages must be paid for before departure.

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 must be present at the waterfront when any minors are at water activities.
- 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.

Security: Camp gates are locked after group's arrival to keep a secure campground and monitor in and out traffic. If a guest needs to leave early please notify camp staff.

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 and approved through the Director. 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: Groups are to leave upon times stated on the camp/retreat contract.

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 but must be kept out of reach of children.
- Because of the health and fire hazard, smoking is NOT permitted on camp property.
- 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.
- No Pranks of any sort.
- 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 & Internet: Landline phones are only available for emergency use. It is a business and we ask that calls be limited. We have slow rural password protected Wi-Fi available to share with only with group leaders.

Head Lice Policy

Each camper will be examined for head lice and illness (fever) upon arrival. If nits or lice are present, **campers will be turned away** with no refunds issued. If a camper is sent home, the camp is not responsible for expenses incurred in picking up the camper.

We want your time at camp to be a pleasant and enjoyable experience, so please take the following precautionary measures to see that your camper is ready for the total camp experience:

1. Parents should do a head lice check on their children two weeks before camp.
2. Group Leaders should do a head lice check of the group on the day of departure to make sure no one in the group is infested.

We have provided the following information to help you in your head lice checks and to provide you with materials for informing parents of our policy concerning head lice.

What are they?

Head lice are small grayish-white insects, which are found in the hair, behind the ears, and on the nape of the neck. They live on human blood and their bites cause itching and scratching. These bites can lead to infection.

How can they be recognized?

The adult louse is about the size of a sesame seed. They attach their eggs (called nits) to strands of hair close to the scalp. Nits are tiny, pearl gray, oval shaped specks that are attached firmly to the hair. These may hatch in 1 week, but have been known to survive for 10 days. Frequent scratching of the head is usually the first clue of infestation.

How long does it take from exposure to infestation?

One to two weeks.

When are they contagious?

As long as there are live lice and eggs.

How are they spread?

They are spread from direct contact with an infested person or from personal items of the infested person such as combs, brushes, pillows, bedding, clothing, head coverings, or furniture. Since they need a human scalp for food and warmth, the louse dies when away from the human body for 48 hours.

LICE TREATMENT:

(Not recommended for use on infants under two months without consulting a health care provider.)

1. Examine the heads of all family members and other close contacts, and treat everyone with any signs of lice at the same time.
2. Shampoo the hair first with your regular shampoo (make sure shampoo **DOES NOT** contain cream rinse), then use one of the following medications:
Nix Cream Rinse is available without a prescription.
 - a. A sufficient amount should be applied to saturate hair and scalp (especially behind the ears and the nape of the neck).
 - b. Leave on hair for 10 minutes, no longer.
 - c. Rinse with water.
 - d. A single treatment appears adequate because this product stays in the hair for at least two weeks.**RID** (comes with a fine tooth comb), **A-200 Pyrinate** (liquid or gel) or **R & C** all are available without a prescription. **DO NOT USE IF ALLERGIC TO RAGWEED.**
 - a. Apply 2 ounces of liquid OR a 1-ounce tube of gel to **dry** hair and scalp, being careful to avoid contact with eyes, nose and mouth. If product should get into the eyes, immediately flush with plenty of clean water.
 - b. Rub the hair vigorously in all directions for 2-3 minutes to insure contact with the lice and nits (eggs). Allow medication to remain on the hair no longer than 10 minutes.
 - c. Wash hair thoroughly with warm water and a good shampoo and dry with a clean towel.
 - d. Remove nits (eggs) with a fine toothed comb. (You may loosen nits by using a cream rinse or by applying ½ vinegar to ½ water solution before combing.)
 - e. One application will kill the lice and most nits. Use regular shampoo to wash your hair as needed after 24 hours. **IMPORTANT: Repeat medication application in 7-10 days.**
3. It is **extremely important** that clothing, caps, hats, combs, bedding, stuffed toys, and other articles in contact with the person's head are thoroughly laundered or cleaned. Eggs and adult lice are killed after **5-10 minutes** at **125 degrees**.
 - a. Soak combs and brushes for 1 hour in Lysol solution.
 - b. If wash water is not very hot, add boiling water to the washer before adding clothes.
 - c. Tumble clothes for **5-10 minutes** in a commercial dryer.
 - d. Articles of clothing that require professional cleaning should be dry cleaned.
 - e. Items such as stuffed toys can be placed in a plastic bag and sealed for **10 days**.

If these procedures are not done, treated persons may become reinfested when they use these articles again. Fumigation of the home is not recommended. Cleaning of the house and furniture inhabited by infested individuals should be limited to thorough vacuuming.

TO PREVENT INFESTATION WITH LICE:

1. **DO NOT** share combs, hairbrushes, hats, coats, scarves, and other such items.
2. Coats and wraps should be hung where they do not touch items of other people.
3. When one family member is found infested, all family members should be examined. If condition continues after treatments, contact your doctor or nurse practitioner.