



Day Camp Vacation Bible School June 17-21, 2024

There's nothing like going to Camp! A great adventure awaits as we ramp up for a full week of Vacation Bible School at Camp Bethel! We are so excited to be open again and available to the community for events like this. Here are the details:

- Who:** 2nd to upcoming 8th graders
When: June 17-21, 2024
Time: 9am – 5pm each day
What: We provide classes, snacks, lunch, swimming and fun!
Cost: Only \$100 for the entire week. (some scholarships available up to \$50 and will be distributed on a first request basis so don't delay!)

How Do I Sign Up?

Please print and fill out the registration form/waiver at the end of this document. (If you do not have a printer, feel free to stop by Camp Bethel for a printed copy) Once you have filled out the paperwork, please return it to the Camp Office with your payment to become officially registered. We cannot register anyone over the phone and must have the signed paperwork in hand. We have room for 75 kids so don't wait long to register!

Details:

Camp Bethel, with the help of many in the community and our own staff, look forward to providing your youth with a week full of eternal lessons of hope and fun all over camp. This is for all kids in our community 2nd-8th grade!

Each day, students will participate in a variety of entertaining classes from outdoor learning to crafts. Mid-morning we will provide snacks for all. At noon we will serve your youth a great lunch in our dining hall. Then in the afternoons we will enjoy lake time together with swimming, diving, water slides, and more! Also at the lake are volleyball, basketball and our new gaga pit. Please send your child with sunscreen and we will remind them to reapply; we will also provide water to stay hydrated!

Towards the end of the day, we will head to the gym for some indoor fun as we wait for pick up.

Daily arrival/departure times:

Check-in each day begins at **9am** at the Dining Hall. (No early arrivals please)
Campers need to be picked up by **5pm** at the Gymnasium each day.

What to bring/wear:

- * Sunscreen, bug repellent, hat/cap, sunglasses
- * Tennis shoes or well-fitting sandals
- * Water bottle
- * Towel
- * Dry clothes and swimming gear (to change after)
- * A great attitude!

What NOT to bring:

Please do NOT bring **CELL PHONES**, handheld games, toys, valuables, food, gum, alcoholic beverages, tobacco products, firearms/knives, fireworks, or anything that would deface Camp Bethel property. Thank you!

***** Camp Bethel is not responsible for lost or stolen items. *****

Prescription and Over-The-Counter Medication(s):

If your child will be taking prescription medication at camp, please send it in the **ORIGINAL prescription container** with the **CORRECT dispensing information!** If the dosage or times have changed, please have your physician or pharmacist correct the label. Medication will be dispensed according to the instructions. The chance for error is much too great if this is not done. Any and all medications, including vitamins, are to be checked in with the nurse or Camp Bethel staff at registration.

Camp Bethel Health Care Center:

Our Health Care Center supplies limited over-the-counter (OTC) medications. If your child needs OTC medications while they are here such as Tylenol, Ibuprofen, Benadryl, anti-diarrhea medication, Sudafed, etc., the Camp Bethel staff will administer them. Please indicate on the Camp Bethel Information & Medical form if we have your permission to administer these medications as needed. If you have questions about your child's specific needs, please call the office in advance at 276-328-6876.

Waiver Form

Insurance and Medical: You are responsible for carrying your own insurance. Should injury occur on Camp Bethel grounds, seek your own desired choice of medical attention.

Risk Notification: Camp Bethel will make every effort to provide safe programs and facilities, but there is some risk involved in camp activities. These activities could include, but are not limited to: archery, target shooting, canoeing, hatchets, ropes course, team sports, lake elements, swimming, the Blob, paintball, etc. Risks include loss or damage to personal property, injury, or fatality due to inclement weather, slipping, falling, insect bites, falling objects, or suffering any type of accident or illness. While the staff will make every reasonable effort to provide safe programs, equipment, and facilities to minimize exposure to known risks, I acknowledge that all dangers associated with these activities cannot be foreseen.

Liability: You agree to release and discharge Camp Bethel Ministries, its officers, directors, staff, and agents from any claims, causes of injury, costs, obligations, or financial responsibility resulting from, or arising out of any incident, injury, or accident occurring while being on or using the Camp Bethel Ministries' facilities. If Camp Bethel Ministries is held financially responsible to or for any named participant from your group for any such incident, injury, or accident, you agree to indemnify and hold harmless Camp Bethel Ministries from any such responsibilities including costs, damages, and attorney fees incurred by Camp Bethel Ministries.

I have read this waiver in full, understand and agree to all rules, conditions, and policies. I also agree to convey rules and policies to all members of our group. I understand if not followed, our group or individual may be asked to leave the facilities.

Camper Name(s): _____

Guardian's Signature _____ **Date** _____

Print Name _____

(Please keep one copy for your own records and return the other with a signature and requested forms)

Drop-Off and Pick-Up Form

It can be tricky knowing what student is going home with which parent or family friend. We want to make sure your child is in the right vehicle at the end of the day and so do you! To help with this, please fill out this form for who is allowed to pick up your child.

***** Please have all pick-up persons bring a current driver's license for identification. *****

Camper Name(s): _____

Person Authorizing Pick-up List: _____ Relationship: _____

Signature: _____ Date: _____

List of authorized pick-up person(s) and their phone number

1. _____
2. _____
3. _____
4. _____
5. _____

***** We cannot send a child home with someone who is not on the list*****

Thank you for understanding and helping us be safe!

Registration Form

Please be as thorough and detailed as possible when filling out this form so we can best care for your child while at camp. All blanks must be completed.
(*Please fill out a separate registration form for each child.)

Participant Information (Please Print)

Child's Full Name: _____ Age: ____ Birth Date: _____

Parent/Guardian Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ Mobile Number: () _____

Email: _____

Special Dietary Needs: _____

-We are able to provide gluten-free and dairy-free lunch options. If your child has further restricted needs for snacks and/or meals, please pack and send with them each day.

Please note: we do our best to avoid, but cannot guarantee against risk of cross-contamination.

Emergency contact information

First person to call: _____ Phone: _____ Relationship: _____

Second Person to call: _____ Phone: _____ Relationship: _____

Health Information

Our Health Care Center supplies limited over-the-counter (OTC) medications. If your child needs OTC medications while they are here such as Tylenol, Ibuprofen, Benadryl, anti-diarrhea medication, Sudafed, etc., the Camp Bethel staff will administer them. Please indicate on the Camp Bethel Information & Medical form if we have your permission to administer these medications as needed. If you have questions about your child's specific needs, please call the office in advance at 276-328-6876.

Do we have permission to administer your child's prescribed medication(s)? [yes] [no]

Please list medication(s) and dosage info:

(Please note that all information must be listed on the prescription bottle or we cannot accept it)

Initial Here _____

Do we have permission to administer these OTC medications as potentially needed? [yes] [no]

Notes:

Health Insurance Carrier: _____

Name of Primary on Plan: _____

Plan Number: _____

In case of emergency, 911 will be dialed and then the listed emergency contacts will be contacted in order of priority. We cannot hesitate to call emergency services should an emergency arise.

Does your child attend a local church: [yes] [no]

If yes, which one? _____

Does your child know how to swim? [yes] [no]

Does your child have permission to swim in the lake? [yes] [no]

Does your child have permission to use the lake activities including but not limited to the water slides, rope swing, diving board, zip lines? [yes] [no]

A swim test will be administered to all campers.

Life vests and/or flotation devices will be used on all activities other than swimming.

Notes/concerns:

Camper Shirt Size YS YM YL YXL S M L XL XXL

Camper Name: _____

Guardian's Signature _____

Date _____

Print Name _____

Registration Forms Due no later than May 31st, 2024