



225 Woodcrest Drive, Ephrata, PA 17522

Phone: 717.738.2233 Fax: 717.738.3128

www.WoodcrestRetreat.org info@WoodcrestRetreat.org

To: Parents/Guardians of campers registered for
Pioneer II - July 11 - 15, 2016

Thank you for registering your child for Woodcrest's overnight camp! We look forward to providing a fun, faith-filled and enriching summer experience for your camper.

MONDAY MORNING CHECK-IN: 9:00—9:30 AM, at Poplar View Pavilion. (* **No earlier please.**) Look for the Overnight Camp sign after you enter the property. Please drive slowly. Woodcrest Retreat T-shirts and camp photos will be available for purchase. **Camper spending money will be collected at check-in.**

The **boy's lodging** area is adjacent to the parking area for the pavilion. If you are bringing a boy to camp, please leave his luggage in your vehicle until after you check-in. **Girls should bring luggage into the pavilion.**

PARENTS PROGRAM: Friday at 6:00 PM promptly and will include the campers singing a few camp songs and a video of the week. This program will be held at the Poplar View pavilion and will last approx. 30 minutes. Campers will be dismissed following this program.

Some of our activities will include cooking meals over a fire, Bible lessons, sports, crafts, singing, nature activities, hiking, games, and water activities. Weather permitting, we will have an opportunity to use Woodcrest's water slide and swimming pool a few days. There will also be an informal talent night/variety show, late in the week called "Forest Follies."

PLEASE BRING TO MONDAY MORNING CHECK-IN:

1. Final payment (check or cash only; sorry no credit cards)
2. Health history / release form (*Indicate date of last Tetanus shot*)
(*If registered for multiple programs, only 1 form for the summer is needed.*)
3. Authorization for Medication Administration Form (if needed)
(*Any medications must be in original, labeled container*)
4. Child Pick-Up Authorization Form
5. Camp Memories Order Form (optional)

If you have any other questions, please call (717) 738-2233. Thank you and may God bless your summer. See you soon!

Annie Hoover
Summer Camp Director

Brandon Dasilva
Overnight Camp Director

Summer 2016

Things to Bring

Camper's gear list:

- Bible (if you have one)
- sleeping bag, pillow
- swimsuit (one piece)
- towel
- one can shaving cream (both boys and girls)
- set of clothes for getting muddy
- rain coat
- jacket / sweatshirt
- soap / shampoo
- toothbrush, toothpaste
- insect repellent (non aerosol)
- sunscreen
- water bottle
- flashlight
- closed-toed shoes
- old shoes for rainy days
- comfortable clothing for each day

- **OPTIONAL:** \$ for store/snack bar, will be collected at check-in

DRESS GUIDELINES:

- We encourage campers to choose modest clothing. Campers may be asked to change if their clothing does not adhere to the dress guidelines as listed on the enclosed Summer Camp Information Sheet.

Please do not bring:

- ✓ radios, iPods, MP3s, etc.
- ✓ electronic toys
- ✓ cell phones, tablets
- ✓ pocket knives
- ✓ food or candy

OVERNIGHT CAMP INFORMATION SHEET

ARRIVAL/DEPARTURES:

Please be prompt. **Check-in and camper drop off – 9:00 am – 9:30 am on the first day of camp.**

Pick-up & Parents Program: **6:00 pm on the last day of camp at the Poplar View Pavilion**

Please let us know if you will need arrangements for picking up your camper outside of the typical camp schedule. If your child needs to leave early during the week, please see the Overnight Camp Director to sign the early dismissal form.

PAYMENT OF CAMP:

The remaining payment must be paid on Monday morning at the registration table. All payments must be made by check or cash (sorry no credit cards).

REFUND POLICY:

All deposits are non-refundable & non-transferable. No refunds will be given except for medical emergencies. Children that are sent home for inappropriate behavior or homesickness are not eligible for a refund.

CHILD PICKUP AUTHORIZATION:

Children will be released only to the persons listed on the enclosed Child Pick-up Authorization Form. Please be sure to bring photo identification when picking up a camper.

CAMP VISITATION:

In order to provide a safe environment for all campers, visitors are discouraged and must be approved by the administration. If a child has forgotten an item, it may be dropped off at the office. All guests must register at office before proceeding into camp.

CAMPER COMMUNICATION:

Postal Mail: Campers enjoy getting letters from loved ones while they are at camp. To make that as easy as possible for you, we'll provide pre-addressed envelopes that you can pick up at check-in. Please note, it often takes 2-3 days for postal letters to arrive at camp from most local areas. We distribute camper mail every evening after dinner. (Letters for Explorer week campers should be left with the registrar at check-in because of the shortened camp week.)

E-Mail: If you wish to send your camper a *one-way* email, go to www.ParentCommunicator.com/WoodcrestRetreat and register to use the service. The "Registration Access Code" you will need is ACCESS. This is a pay-per-use service for one-way emails only, which helps cover the cost of material and time. We encourage you to send your camper a note during their week at camp. It will definitely bring a smile to their face.

SAFETY:

We strive to keep camp a safe place for your child. In addition to following up on references for the staff, we obtain all background checks and clearances according to state and federal laws. In addition, we have a person on staff to provide for the proper treatment of injuries.

Please avoid hoop earrings or other dangling jewelry which is a safety hazard.

POOL:

All campers must pass a swimming test before entering the deep end. In addition to receiving counselor supervision, certified lifeguards are on duty.

DRESS GUIDELINES:

All clothing should be modest and suitable for camp activities. Please avoid clothing with images or wording contrary to Christian principles.

SHORTS: Mid-thigh or longer and not form fitting (please no writing on backside).

SHIRTS: Please avoid form fitting or low cut shirts. Midriff must be covered. (Girls: Please no spaghetti strap or thin strap tank tops.)

SHOES: Close-toed shoes (no sandals).

SWIMSUIT POLICY:

Girls – Modest one-piece swimsuit, or a tankini-only if the fabric overlaps and does not show ANY midriff (no bikinis).

Boys – Swimsuits should be mid-thigh or longer.

CAMP STORE:

Each camper will have the opportunity to visit the camp store during the week. Camper spending money will be collected at check-in. There are a variety of items that range from \$0.50 to \$10.00. Items include: flashlights and lanterns, water bottles, stuffed animals, jewelry, candy, etc.

SNACK BAR:

Open in the evening after fireside and during pool hours. Items available at the snack bar include: soft pretzels, hot pockets, popcorn, slushies, root beer floats, ice cream, etc. Items range from \$0.25 - \$3.00

LEAVE AT HOME:

Radios, pocket knives, all electronic devices: cell phones, CD/MP3 players, iPods, electronic games, etc. Counselors and staff reserve the right to confiscate and hold on to any of these items until camp dismissal.

BEHAVIOR EXPECTATIONS:

In the event that a camper's behavior is a hindrance to the rights or the safety of others, or the program, Woodcrest Retreat reserves the right to dismiss the camper upon consultation with the parent.

TSS: Not permitted during overnight camp.

Woodcrest Retreat - Health and Release Form

Participant Name:	Age:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
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Name of Parent/Guardian (if under 18)

Address:	1st Phone:
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City, St, Zip:	2nd Phone:
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Emergency contact:	Relationship:
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Phone:	2nd Phone:
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Name of Family Doctor or Practice	Phone:
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Medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy or Group #:
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Insurance Co. Name:	Phone:
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IMPORTANT!! PLEASE COMPLETE!! Tetanus (Date of Shot or Last Booster) ___/___/___
 A current 10 year booster will be accepted.

I grant permission to Woodcrest Retreat to administer these over the counter medications to my child as needed.
 Ibuprofen Benadryl Cough drops Antacid Antibiotic ointment Sunscreen Acetaminophen

Please list any known allergies. (Medication, food, etc.)

List any restrictions on physical activity, major illnesses, or injuries; and list and explain any other problems we should be aware of: (Attach additional paper if needed)

Camping Program Authorization and Release

- To my knowledge the above information I have provided is correct and the named participant (“Camper”) has permission and is authorized to participate in the camping program of Woodcrest Retreat (“Camping Program”) except as noted.
- I understand and agree that as part of the Camping Program, the Camper may be transported in motor vehicles both on and off of the grounds of Woodcrest Retreat for camp approved transportation and activities.
- I grant permission for the Camper to be included in camp photo's, audio, and/or video which may be used for promotional purposes.
- I acknowledge and understand that the Camping Program involves a wide variety of formal and informal indoor and outdoor recreational and learning activities and that participation in the Camping Program could result in personal injury or illness to the Camper. With full knowledge of the risks associated with the Camper participation in the Camping Program, I hereby absolve, release and forever discharge and hold harmless Woodcrest Retreat, its officers, directors, members, employees and agents, and any individual directly or indirectly involved with the Camping Program from any and all liability, for injury or illness suffered by the Camper while participating in or as a result of the Camping Program.
- In the event the Camper should suffer an injury or illness while participating in or as a result of the Camping Program, I hereby authorize and consent to any and all medical treatment which may be determined by a physician, other qualified medical personnel or the officials of the Camping Program to be necessary or desirable for the Camper and hereby authorize the officials of the Camping Program to use their discretion to have the Camper transported to a medical facility for such treatment.
- I understand that if during the Camping Program the Camper has a sickness or injury requiring offsite medical attention it will be the Camper or Parent/Guardians responsibility to pay any and all charges.
- By signing below, the Camper, and if applicable the parent/guardian, acknowledge they have read and understood this Camping Program Authorization and Release.

Signature of Participant (or #1 Parent/Guardian if participant is under 18 years of age):

_____ Print Name: _____ Date _____

#2 Parent/Guardian signature if participant is under 18 years of age:

_____ Print Name: _____ Date _____

WOODCREST RETREAT
CHILD PICK-UP AUTHORIZATION FORM

An authorization form must be completed for each camper attending. Campers attending multiple weeks only need to complete one authorization form. Please give to child's counselor at Monday morning registration

Note: Please be sure to bring identification when picking up a camper.

The following person(s) **ARE AUTHORIZED TO PICK-UP:** _____
(Child's Name)

Please print, and include yourself:

If applicable: The following person is **not** permitted to pick up my child:

Name: _____ Address: _____

Relationship: _____ City, St. Zip _____

*If the above named person is the child's parent, we need legal documentation in order
to not release the child to this person.*

Parent/Guardian Signature _____ **Date:** _____

CAMPER MEDICATION PRESCRIBER/PARENT AUTHORIZATION

If a camper must receive medication during his/her time at camp, please bring this completed form, along with the medication to camp registration. Present this completed form and medication to the Health Care Staff member at registration. Medication must be in the original, unopened, sealed container and be properly labeled with the campers name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.

CAMPER INFORMATION

Campers Name _____ Todays Date: _____

MEDICATION #1

Name of Medication _____ Reason for Taking _____

Time of Day: _____: _____ am / pm Dosage: _____ Notes: _____
 _____ : _____ am /pm Dosage: _____ Notes: _____
 _____ : _____ am /pm Dosage: _____ Notes: _____

Does medication require refrigeration? Yes No

MEDICATION #2

Name of Medication _____ Reason for Taking _____

Time of Day: _____: _____ am / pm Dosage: _____ Notes: _____
 _____ : _____ am /pm Dosage: _____ Notes: _____
 _____ : _____ am /pm Dosage: _____ Notes: _____

Does medication require refrigeration? Yes No

MEDICATION #3

Name of Medication _____ Reason for Taking _____

Time of Day: _____: _____ am / pm Dosage: _____ Notes: _____
 _____ : _____ am /pm Dosage: _____ Notes: _____
 _____ : _____ am /pm Dosage: _____ Notes: _____

Does medication require refrigeration? Yes No

PARENT AUTHORIZATION

I authorize the Summer Camp Health Director of Woodcrest Retreat the task of assisting my child in taking the above medication(s).

Signature of Parent _____ Date _____ Phone _____ Cell _____