# ROYAL YOUTH

# SUMMER CAMP

# INFO PACKET

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## Basic Camp Information

Thank you for signing up your young person for our Royal Youth Summer Camp! We are so excited to spend time with your child and see all that God does this year! Our camp will be from August 23rd through August 26th and hosted by Watermarks Camp, located at 1145 James River Road, Scottsville, VA 24590. Attached is all of the information you will need to be the most prepared and informed of all that is happening this year. There will be two liability and medical release forms: one for Wave Church and one for Watermarks Camp; please review the paperwork, fill out required information, and return **BOTH FORMS** to our church office or attach it in an email. If you have any additional questions, please email our team at luke.llewellyn@wavechurch.com

# ROYAL YOUTH SUMMER CAMP 2017 SCHEDULE

**WEDNESDAY:**
**Check in**: 8:00am Lobby of Wave
Church Great Neck location
**Depart on buses**: 9:00am
**Arrive**: 12:30pm/1:00pm at Watermarks Camp
**Lunch / Camp debriefing** (Cabins/rules/overview of the camp schedule)
Middle School - 1:00pm
High School - 1:30pm
**Free time**: 2:00pm-6:00pm
Swim Test - 2pm
Swim Time: 2-4pm
Free Rec Time: 4:30-6pm
**Dinner**: Middle School - 6:00pm
High School - 6:30pm
**Tribal Meetings:** 7:45pm
**Tribal War**: 8:00pm-8:30pm
**Service/meeting**: 8:30pm-10:00pm
**Cabin time**: 10:00pm-10:30pm
**Lights out**: 11:00pm

**THURSDAY:**
**Breakfast**: Middle School - 8:30am
High School - 9:00am
**Service/Meeting**: 10:30am-11:30am
**Lunch**: Middle School - 12:00pm
High School - 12:30pm
**Mini Tribal War**: 1:00-2:00 (Mud Tug of War)
**Free time**: 2:00-6:00pm
Swim Time: 2-3:30pm
Free Rec Time: 4:00pm-6:00pm
**Dinner**: Middle School - 6:00pm
High School - 6:30pm
**Service/Meeting:** 7:30pm-9:00pm
**Baptisms**: 9:15pm-10:00pm
**Cabin time**: 10:00pm-10:45pm
**Lights out**: 11:00pm

**FRIDAY:**
**Breakfast:** Middle School - 8:30am
High School - 9:00am
**Ladies/Fellas Meeting**: 10:30am-11:30am
Ladies meet in Shop
Fellas meet in Lodge
**Lunch:** Middle School - 12:00pm
High School - 12:30pm
**Free time**: 1:30pm-6:00pm
Swim Time: 1:20pm-3:00pm
Free Rec Time: 3:30pm-6pm
*Paintball - $10 extra*
**Dinner**: Middle School - 6:00pm
High School - 6:30pm
**Tribal Meeting:** 7:15pm
**Tribal War**: 7:30pm-8:00pm
**Service/Meeting**: 8:00pm-9:30pm
**Ministry time**: 9:30pm-10:15pm
**Cabin time**: 10:15pm-11:00pm
**Lights out**: 11:00 pm

**SATURDAY:**
**Clean Cabin/Bags to Buses**: 7:30am-8:30am
**Breakfast:** Middle School - 8:30am
High School - 9:00am
**Clean up/Walk through**: 9:15am-10:30am
**Depart on buses:** 11:00am (bagged lunches)
**Arrive Home**: 2:30-3:30pm (WAVE CHURCH, GREAT NECK LOCATION)

# Wave Church Royal Youth
# Medical Consent Form/Liability Release
(To be filled out by parent or guardian)

**Student:**

Name: _____ DOB: _____ Age: _____

Address: _____ State: _____ Zip: _____

Gender: _____ SSN: _____

**Parent/Guardian (If under 18 years of age):**

Name: _____ Home phone: _____

Mother's Daytime Phone: _____ Cell: _____

Father's Daytime Phone: _____ Cell: _____

**Health/Medical:**

Health/Medical problems: _____

Drug/Food/Other allergies: _____

Regular Medications: _____

Activity Restrictions: _____

Special Diet Needs: _____

Family Doctor: _____ Phone: _____

Insurance Name: _____ Phone: _____

Policy Holder: _____ Birthdate of Policy Holder: _____

Policy #: _____ Group #: _____

**Wave Church has Permission to Administer:**

_____ Ibuprofen _____ Tylenol _____ Benadryl _____ Neosporin/Antibiotic Ointment

**Emergency Contact:**

Name: _____ Phone: _____

## Liability & Medical Release/Permission Slip (For participants under 18)

This release form limited to: Wave Church related events
Child(ren)'s Name(s):_____
Phone: _____Age(s):_____

**LIABILITY RELEASE**

In consideration for participation in Wave Church's Summer Camp: I, being 18 years of age or older, do for myself and on behalf of said child, do hereby release, and forever discharge, and agree to hold harmless Camp Willow Run, ***Wave Church,*** its pastors, employees, agents and chaperones (including parents or other adults assisting) thereof from any and all liability claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participating child that may occur.

Furthermore, I, on behalf of my child-participant, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in travel and related activities involved therein.

The undersigned further hereby agrees to hold harmless and not sue Camp Willow Run, Wave Church, its pastors, employees, agents and chaperones (including parents and other adults assisting) for any liability sustained by Wave Church as a result of the negligent, willful or intentional acts of said child-participant, including expenses incurred attendant thereto.

**PARENTAL/GUARDIAN PERMISSION**

I am the parent/legal guardian of this child-participant, and hereby grant my permission for him/her to participate fully in said activity, and hereby give my permission to take said participant to a doctor or hospital and thereby authorize medical treatment, and assume the responsibility of all medical bills, if any. I understand that the authorized leader of Wave Church will make reasonable attempts to contact me should my child-participant sustain illness or injury, and that this authorization is intended to apply to situations, which require prompt attention.

I also acknowledge that Wave Church upholds the highest moral standards. Therefore, any unruly behavior contrary to the rules set forth by Wave Church or its agents could result in expulsion for the said child-participant. Any and all alcoholic beverages, cigarettes, cigars, pipes, chewing tobacco, and or illegal drugs of any kind are strictly prohibited.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation responsibilities.

**Print Name:** _____ **Phone:** _____

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

# WATERMARKS CAMP, INC.
# MEDICAL CONSENT FORM/LIABILITY RELEASE
## (TO BE FILLED OUT BY PARENT OR GUARDIAN)

1145 James River Road - Scottsville, Virginia 24590 - Phone (434) 286-4403 - Fax (434) 286-3549
www.watermarkscamp.com

## CAMPER:

Name: _____ Dates Attending: _____

Address: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Entering Grade: _____ Gender: _____ Male_____Female

Did you come as an individual or with a group? _____ Individual _____ Group

Name of Group: _____

## PARENT/GUARDIAN (IF UNDER 18 YEARS OF AGE):

Name: _____ Home Phone: _____

Mother's Daytime Phone: _____ Cell Phone: _____

Father's Daytime Phone: _____ Cell Phone: _____

## HEALTH/MEDICAL:

Health/Medical Problems: _____

Drug/Food/Other Allergies: _____

Last Tetanus: _____ Regular Medications: _____

Activity Restrictions: _____

Special Diet Needs: _____

Family Doctor: _____ Phone: _____

Insurance Name: _____ Phone: _____

Policy Holder: _____ Birthdate of Policy Holder: ____/____/_____

Policy #: _____

***Watermarks Has Permission to Administer:***

_____ Ibuprofen _____ Tylenol _____ Benadryl _____ Neosporin/Triple Antibiotic Ointment

## EMERGENCY CONTACT:

Name: _____ Phone: _____

*The undersigned hereby acknowledges that the program(s) in which I have enrolled my child(ren) involves physical activity and exercise that carries some inherent health risks and risks of injury and I hereby assume those risks in enrolling my child(ren) in the program. I understand that my child(ren) may be transported by bus, van or automobile to locations off the Watermarks campus as part of the program activities, and I hereby give my permission for my child(ren)'s transportation. I also grant permission for my child(ren) to receive emergency medical attention should I not be able to be contacted in a timely fashion.*

_____ _____

*Parent/Guardian Signature* *Date*

## SPECIFIED CONSENT:

***By signing below, I grant permission for my child to participate in activities provided by and located at Watermarks Camp. If I do not wish for my child to participate in any activity, it is my responsibility to inform my leader or Watermarks Camp prior to my child's arrival.***

_____ _____

*Parent/Guardian Signature* *Date*

*If there are any activities that are known that the parent does not want their student to participate in or any prior injuries that could limit students activities or experience please state below:*

_____

*Activity Restriction/Injuries*

***I, the undersigned, do hereby consent to the use by Watermarks Camp of my child's image or voice in any video, photograph or audio tape used for fundraising, advertising, publicity, or any other purpose on behalf of Watermarks Camp. I also confirm that Watermarks Camp and staff are not responsible for loss or damage of any personal items brought to camp. After campers are registered and confirmed by deposit, there are no cancellations or refunds.***

_____ _____

*Parent/Guardian Signature* *Date*

# ROYAL YOUTH SUMMER CAMP 2017 CHECKLIST

- Bible, notebook, pen
- Cash for concessions ($5-15) and *optional paintball* ($10)
- Bedding: sleeping bag, pillow, sheets, blanket
- Bath and beach towels
- Clothing: shorts, shirts, socks, sweatshirt, PJs, swimsuit, tribal gear, etc.
- Toiletries: toothbrush, toothpaste, shampoo, conditioner, soap, deodorant, face wash, etc.
- Hand sanitizer, contacts, solution, case, eyewear (if applicable)
- Tennis shoes and sandals
- Sunscreen / bug spray
- Sunglasses
- Refillable water bottle (labelled with name)
- Medication
- Insurance card

**Please do not bring any item you would be devastated to lose. (i.e. cherished jewelry, nice clothes, etc.)