

**ROYAL YOUTH  
SUMMER CAMP  
INFO PACKET**

## ROYAL YOUTH SUMMER CAMP 2018 SCHEDULE

### WEDNESDAY:

**Check In:** 8:00am Wave Church GN  
**Depart:** 9:00am  
**Arrive:** 12:30-1:00pm at Watermarks  
**Lunch/Camp Debriefing:**  
Middle School - 1:00pm  
High School - 1:30pm  
**Free time:** 2:00-6:00pm  
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:** 8:00-8:30pm  
**Service/Meeting:** 8:30-10:00pm  
**USA Party:** 10:00pm-10:30pm  
**Cabin Time:** 10:30-11:00pm  
**In Cabins:** 11:30pm  
**Lights Tut:** 12:00am

### THURSDAY:

**Breakfast:** Middle School - 8:30am  
High School - 9:00am  
**Service/Meeting:** 10:00-11:30am  
**Lunch:** Middle School - 12:00pm  
High School - 12:30pm  
**Free Time:** 1:00-6:00pm  
Swim Time: 2:00-3:30pm  
Free Rec Time: 4:00-6:00pm  
**Dinner:** Middle School - 6:00pm  
High School - 6:30pm  
**Service/Meeting:** 7:30-9:00pm  
**Baptisms:** 9:15-10:00pm  
**Cabin Time:** 10:00-10:45pm  
**Free Time:** 10:45-11:30pm  
**In Cabins:** 11:30pm  
**Lights Out:** 12:00am

### FRIDAY:

**Breakfast:** Middle School - 8:30am  
High School - 9:00am  
**Ladies/Fellas Meeting:** 10:30-11:30am  
Ladies meet in Shop  
Fellas meet in Lodge  
**Lunch:** Middle School - 12:00pm  
High School - 12:30pm  
**Free Time:** 1:30-6:00pm  
Swim Time: 1:20-3:00pm  
Free Rec Time: 3:30-6:00pm  
**Dinner:** Middle School - 6:00pm  
High School - 6:30pm  
**Tribal Meetings:** 7:15pm  
**Tribal War+Tribal Presentations:** 7:30-8:15pm  
**Service/Meeting:** 8:15-10:00pm  
**Ministry Time:** 10:00-10:30pm  
**Free Time:** 10:30pm-11:00pm  
**In Cabins:** 11:30pm  
**Lights Out:** 12:00am

### SATURDAY:

**Clean Cabin/Bags to Buses:** 7:30-8:30am  
**Breakfast:** Middle School - 8:30am  
High School - 9:00am  
**Clean Up/Walk through:** 9:15-10:30am  
**Depart:** 11:00am  
**Arrive Home:** 2:30-3:30pm

## ROYAL YOUTH SUMMER CAMP PACKING LIST

- Bible, notebook, pen
- Cash for concessions (\$5-\$15) and **optional paintball** (\$10)
- Bedding: Sleeping bag, pillow, sheets, blanket
- Bath towel & 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, eyewear (if applicable)
- Tennis shoes and sandals
- Sunscreen & bug spray
- Sunglasses
- Refillable water bottle
- Medication
- Insurance Card
- Snacks

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

**\*\*Please label all items!**

**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