

**ROYAL YOUTH
SUMMER CAMP
INFO PACKET**

ROYAL YOUTH SUMMER CAMP 2019 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