

# HIGH SCHOOL WINTER CAMP

March 16 - 18, 2018

We are excited for your High School student to attend this years Winter Camp! We believe camp is a great opportunity to spend a weekend away from their different daily demands, grow in the their relationship with the Lord, and develop in fellowship with one another.

On this sheet you'll find all the important information you'll need to get your student signed up and what they will need for this amazing weekend! We hope your student will join us at camp, and that you will partner with us as we pray for God to be glorified through it all.



**THEME:** Our theme this year will be *FAITHFUL*. We were lead by and given vision through the truth of our God who is continually faithful to Himself and us. In turn our calling as His followers is to serve and follow Him faithfully. Our hope is that this message will transform every student who join us. To God be all the glory!

## COST

• **Price: \$125**

includes meals at camp, lodging, transportation, and all activities.

- We will be doing "Each One, Reach One" - **\$50 OFF** for student and invited friend.

[Contact Kevin about scholarships]

## PACKING LIST

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Bible</li><li>• Notepad/Journal</li><li>• Pen/Pencil</li><li>• Spending \$\$ (snack bar &amp; lunch there and back)</li><li>• Sleeping Bag</li><li>• Pillow</li><li>• Flashlight</li><li>• WARM CLOTHES</li></ul> | <ul style="list-style-type: none"><li>• Jacket &amp; Sweatshirt</li><li>• Pants</li><li>• Socks</li><li>• Shoes</li><li>• Beanie</li><li>• Toiletries</li><li>• Towel</li><li>• Hat/ Sunglasses</li><li>• Pajamas</li><li>• Water Bottle</li></ul> |
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What **NOT** to bring:

- Drugs, Alcohol, Weapons, Fireworks, Glitter or anything that doesn't glorify God.

**Make sure to check the weather forecast and pack accordingly!**

## DETAILS

• **CHECK-IN:**

**Friday, March 16th, 10:30 AM**

We will be taking our church bus, driven by our licensed driver.

**We will stopping for lunch on our way to & back from camp. Please provide \$10 - \$15 for this.**

• **PICK-UP:**

**Sunday, March 18th at 3PM.**

## Packing Note:

- Make sure all items are securely packed in luggage that won't tear.
- Label all luggage with students name.

SIGN UP ONLINE:

[REALITYSB.WEBCONNEX.COM/RVTAHSWINTERCAMP2018](http://REALITYSB.WEBCONNEX.COM/RVTAHSWINTERCAMP2018)



## **STUDENT RELEASE WAIVER-HEALTH HISTORY SCREENING**

This form is to be completed by **ALL** individuals under 18 years of age who are attending camp!

### **GENERAL RELEASE WAIVER**

The undersigned, or on behalf of said minor, has asked Mile High Pines Camp (hereinafter "MHP") to be allowed to participate in activities offered at MHP. Activities may include but are not limited to: archery, rock climbing, low ropes, gaga ball, sports, hiking, Zipline, kayak or canoeing, swimming. The undersigned acknowledges that the activities involve physical exertion and other risks; is aware of the possibility of risk of injury to individuals participating or observing the activities, including but not limited to permanent disability including blindness, or death does exist; Recognizes the need to participate in the activities according to the rules which have been given and to follow directions given by any staff member; Understands that it is each participants responsibility to wear any safety gear deemed necessary by MHP; Warrants and acknowledges that his/her physical and mental condition will enable him/her to participate safely in the activity. The undersigned, or on behalf of said minor, hereby waves and releases any and all claims, demands actions, causes, of action and rights, (contingent, accrued, inchoate, or otherwise), defends and hold MHP harmless from and against any and all claims, liabilities, expenses, damages, losses, cause of action, and suits (including, without limitation, attorneys' fees and cost) arising out of, or in any way related to the participation in activities at MHP, whether caused by MHP's active or passive negligence or otherwise.

### **IMAGE RELEASE WAIVER**

The undersigned also gives permission to MHP to use any photographs and video and audio of him/her, or said minor, for any promotional materials, including the MHP web site and social media postings, without expectation of compensation, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs, videos, or audio recordings.

### **MEDICAL RELEASE WAIVER**

The undersigned also gives permission to the Medical Monitor to provide or arrange necessary transportation and to secure and administer proper treatment as needed and gives permission to release any records necessary for insurance purposes. They may also give information as necessary to all those who may be in care of the student or adult at camp.

**\*Please complete the next page...**

## STUDENT RELEASE WAIVER-HEALTH HISTORY SCREENING (2 of 4)

### EMERGENCY CONTACT INFO

Camper's Name: \_\_\_\_\_ Birthdate (mo./day/yr.): \_\_\_\_\_

Gender:      Male    Female      Age at Date of Attendance: \_\_\_\_\_

School: \_\_\_\_\_ Dates Attending Camp: \_\_\_\_\_

Primary Emergency Contact: Mr. Mrs. Ms. Dr. \_\_\_\_\_

Relationship to the minor: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Secondary Emergency Contact: Mr. Mrs. Ms. Dr. \_\_\_\_\_

Relationship to the minor: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

### Health Information

1. Does your child have any physical limitations? If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is your child taking any medicine with him / her to camp?      NO      YES  
*(if yes complete medication form, medication includes prescribed medication, over-the-counter medication, and vitamins.)*

3. List any physical conditions or difficulties that your child has, and give specific instructions for care.  
*(include health conditions such as diabetes, epilepsy, any other continuing conditions, bedwetting, sleepwalking, car sickness, etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STUDENT RELEASE WAIVER-HEALTH HISTORY SCREENING (3 of 4)

4. Please list all dietary considerations:

- Severe Allergy to Peanuts (airborne)\*    Moderate allergy to peanuts (ingested)    Mild allergy to peanuts  
 Vegan\*    Vegetarian    Gluten-Free  
 Strawberry Allergy    Shellfish allergy    Soy Allergy\*  
 Severely Lactose intolerant (cannot ingest dairy of any kind)  
 Moderately Lactose intolerant (ingests dairy with medication)  
 Mildly Lactose intolerant (can have limited amounts of dairy)  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_

\*Please note that we cannot provide for all allergies in entirety. We strive to keep a nut-free main menu, however, some of the products we uses are manufactured in a factory that also manufactures nut products. Vegans and person(s) with soy allergies should bring additional snacks which we can keep in the main kitchen and students can eat during scheduled meals. It is the parent or guardians responsibility to ensure that the school has notified CODES of their child's dietary restrictions at least 1 month prior to arrival.

5. Approximate date of last tetanus booster \_\_\_\_\_. It is advised that for camp the child's last tetanus booster be within the past 10 years, or the period of time advised by your physician.

6. Date of latest physical examination: \_\_\_\_\_

7. To protect your child from possible embarrassment, but not to exclude him / her from the program, the following information is needed:

1. Do you consider your child to be in good health generally?   YES   NO
2. Please check below if your child is or has suffered from the following:
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Allergy       | <input type="checkbox"/> Ear Trouble   | <input type="checkbox"/> Tuberculosis                            |
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> Heart Disease   | <input type="checkbox"/> Child wears glasses or contact lenses   |
| <input type="checkbox"/> Convulsions   | <input type="checkbox"/> Hernia (Rupture)  | <input type="checkbox"/> Eye Trouble                             |
| <input type="checkbox"/> Bronchitis    | <input type="checkbox"/> Menstrual Cramps  | <input type="checkbox"/> Any other serious illness or operations |
| <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Kidney Disease  | <input type="checkbox"/> Rheumatic Fever                         |
| <input type="checkbox"/> Stomach Aches | <input type="checkbox"/> Child has been exposed to someone with a communicable disease |  |

Please explain any items checked: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete and sign on next page...**

## STUDENT RELEASE WAIVER-HEALTH HISTORY SCREENING (4 of 4)

8. Will your child have a birthday during their camp stay? Yes / No Day: \_\_\_\_\_

9. Is there anything else you would like use to know about your child?

Please note any health problems your child may have experienced in the month prior to attending CODES School. Include flu, colds, asthma attacks, lice infestations, homesickness at a sleep-over, and the like:

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NOTE: If the child has severe anaphylactic shock reaction to wasp or bee stings, please send 2 epinephrine kits with the child — one for the student and one for the camp's medical monitor. Both kits will be returned if unused.

**I understand that should my child be sent home because of illness, injury, disciplinary, or other reason, no amount of the fees paid to Mile High Pines for my child to attend CODES School shall be refunded if my child did not withdraw from the program at least 2 weeks in advance of the camp start date.**

**I understand that my child cannot attend camp if his or her primary residence is currently infested lice or any other spreadable pest or if my child is recovering from an infectious disease or illness. I further understand that if my child becomes ill or suffers from these incidents as a result from another student unknowingly or knowingly bringing pests or infections to camp CODES and Mile High Pines is not liable.**

**With the understanding that a certified teacher will be on site and available, I give permission for my child to attend C.O.D.E.S. School at Mile High Pines and to participate in the activities involved. Further, I give my permission for the camp director or designated camp staff to obtain qualified medical / surgical assistance in case of accident / illness to my child with the understanding that I will be contacted as soon as possibly if any emergency medical / surgical attention is necessary.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## MEDICATION FORM 2 of 2

C. Medication in a bottle from a pharmacy labeled with the child's name, dosage, and generic name of the drug. All over the counter medication sent to outdoor science school must be labeled with the child's name, the medication name and dosage, as well as times to be given. No unlabeled medication can be administered. Loose medication (without packaging) will not be administered.

II. Education Code 49480 gives the camp and school medic with parent consent, permission to communicate with the physician and counsel with the science school personnel regarding possible effects of medication.

III. Please sign below. Your signature indicates your consent as required in the above Education Code Sections 499423 and 49480

My child has my permission to take the medications to camp (indicated below) and for the camp first aid personnel, director or teacher to assist and/or allow my child to take the medication as indicated for:

The camp first aid personnel/director/or teacher may give pain relievers to your child for minor illness complaints only with your signed consent. They may apply calamine lotion, or equivalent, for plant-related rash reactions. In cases where accident or illness complaints indicate, medical care will be obtained from a qualified medical personnel.

Some children may have prescribed medication to take while in residence at the camp. State laws E.C. 49423 and 49480 are quite specific in stating that the school personnel must be given instruction as to method, amount, frequency, and condition for which it is indicated. Medication must be given to the teacher the day the student goes to camp. This form must be turned in with medication.

I give the permission for the school teacher/camp director/first aid personnel to give my child the following in the case of illness.

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Parent/Guardian Signature

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Date

# RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT



The undersigned Parent(s)/Legal Guardian(s) agrees to the following terms and conditions:

In consideration for (name of child): \_\_\_\_\_ (hereinafter referred to as "Participant") being allowed to participate in \_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_ (hereinafter referred to as "Event") I hereby release, waive, discharge and covenant not to sue Reality Carpinteria, its officers, employees, servants, agents, assigns, and volunteer staff, (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by the Participant or to any property belonging to Participant whether caused by the negligence of the Releasees or otherwise, while participating on the Event, or while in, on or upon the premises where the Event is being conducted, while in transit to or from the premises, or in any place or places connected with the Event.

I acknowledge that Participant is voluntarily participating in the Event. I also understand that participation in the Event requires Participants to abide by applicable rules and standards of conduct. I am fully aware of risks and hazards associated with the participation of the Event, and I am fully aware that there may be risks and hazards unknown to me. I hereby elect to voluntarily allow the below listed Participant to take part in all aspects of the Event, and engage in activities, knowing that conditions may be hazardous, or may become hazardous or dangerous. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by the Participant or any loss or damage to property owned by me or the Participant as a result of the Participant taking part in the Event, whether caused by the negligence of Releasees or otherwise.

I further hereby agree to indemnify and save and hold harmless the Releasees from any loss, liability, damage or costs they may incur due to the Participant taking part in the Event, whether caused by the negligence of any or all of the Releasees, or otherwise.

It is my express intent that this Release shall bind the members of my family and spouse and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named Releasees.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

In case of an emergency involving the Participant, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge of the Event to secure proper treatment, including hospitalization, anesthesia, surgery, or injections for the Participant. Medical providers are authorized to disclose protected health information to the adult in charge of the Event, Event staff, and/ or any physician or health care provider involved in providing medical care to the Participant. Protected Health Information/ Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation for the Participant, follow-up and communication with the Participant's parents or guardian, and/ or determination of the Participant's ability to continue in the program activities.

In signing this release, I acknowledge and represent that:

1. I have read the foregoing Release, I understand the legal consequences of signing this document, and I am signing this document voluntarily as my own free act and deed;
2. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made;
3. I am the parent or legal guardian of Participant.
4. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing or typing my full name below, I am confirming that I have read, understand and agree to the Release. (For digital format, please type your full legal name in the space below as your digital signature.)

Parent(s)/Legal Guardian(s) Signature: \_\_\_\_\_

Parent Name Printed: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Number: \_\_\_\_\_