

Things to Know

Medical: IF YOU HAVE PRESCRIPTION MEDICATION TO BE GIVEN DURING CAMP YOU MUST HAVE **PART I** COMPLETED IN FULL AND A DOCTOR'S SIGNATURE IS REQUIRED TO LEAVE MEDICATION AT THE CAMP. All medication for every camper should be properly labeled and in original containers and must be turned in to the camp medical staff at time of check in. Any significant changes regarding camper's physical, medical or emotional condition different from that stated on the registration form, should be reported in writing to the camp prior to camp session.

Items to bring: Bedding: sheets, pillow, blanket or sleeping bag; Toiletries: towels, washcloth, toothbrush & toothpaste, soap, shampoo, shower shoes, bug spray; Personal items: Bible, notebook, pencils, flashlight, extra batteries.

Dress Code: All clothing must be modest: t-shirts, tank tops, shorts, jeans, jacket, sweatshirts, raingear, swim suit (no two piece bikinis or bring a t-shirt to wear overtop), campers **need tennis shoes for recreation**, water shoes, boots, no midriff shirts, no mini skirts, no low riding pants or short shorts, no open toe shoes can be worn on the creek walks or for recreation.

Swimming and Boating: The utmost safety is required at all times. Swimming permitted only when a qualified individual is on duty. Boating is only permitted by permission of the dean and all persons in the boat must wear a life jacket and follow all boating rules.

Telephone: Campers are not permitted to make phone calls unless it is an emergency determined by the Dean.

(Cell phones are not permitted in the shower house and no pictures to be taken in the dorms.)

Visitors: For the protection of the campers, and respect for the staff, each visitor is required to check in with the Dean upon their arrival at camp. Notice prior to arrival at camp is appreciated. Should you arrive at mealtime and extra food is available, payment of \$8.00 per person is expected. Camp rules apply to everyone. Please do not interfere with campers or camp schedule.

Baptisms: (immersion only) Invitations will be given during each camp week. If a camper desires to be baptized at camp, the Dean will phone the parents for permission.

Mission: Each camp week has a mission of the week, if you desire to give to the mission, monies will be collected at time of check in or you may send in monies when you submit your registration form.

The following rules are established for the protection of both the campers and the property. All campers are expected to comply completely with these rules and any others announced by the Camp Dean.

1. **EVERY PERSON** is required to participate in the total camp schedule, unless excused by the Dean or camp medical staff.
2. No one is to leave the campgrounds without permission of the Dean.
3. Visitors must check in with the Dean and must follow the camp rules and schedule. They must leave at the appropriate time.
4. All campers must stay within "Youth Camp" boundaries, unless accompanied by faculty and have permission of the Dean.
5. Dorms are off-limits except during scheduled usage. Boy's dorms are **ALWAYS** off-limits for girls. Girl's dorms are **ALWAYS** off-limits for boys.
6. Absolutely no pictures are to be taken in or around the dorm and bath house areas. This is cause for removal from the camp.
7. The kitchen and medical station is off-limits to campers and staff without permission. Do not borrow items from the kitchen or store food without the cook's permission.
8. No use of the camp phones except by permission of the Dean.
9. The maintenance building and all storage areas are off-limits to campers.
10. Absolutely no swimming without a qualified individual being present and no use of the lake without faculty supervision and permission of the Dean. Life jackets must be worn by everyone at all times while in boats on the lake.
11. Campers should not go out alone after dark.
12. Sickness or injury **MUST BE REPORTED** to the camp medical staff and the Dean immediately.
13. Footwear is to be worn at **ALL** times.
14. The use of tobacco in any form, alcoholic beverages, and drugs are strictly forbidden.
15. Campers who drive to camp **MUST** turn in their keys to the Dean for the duration of camp.
16. No pets of any kind are permitted.
17. Radios or other electronic entertainment devices, and inappropriate literature are **NOT** permitted.
18. The Dean may dismiss or exclude anyone who does not obey Camp Rules.
19. Christian conduct is expected at all times.
20. The Dean is a representative of the Blue Rock Board of Directors and has sole authority over the camp.

2023 Blue Rock Christian Camp Registration

Mail a completed form for each camper and either a \$25 non-refundable deposit or full payment to receive discounted rate. Full remaining balance is expected at camp registration if not made prior to camp. NO refunds for no shows. Make check to:

Blue Rock Christian Camp* PO Box 614* Geneva, Oh 44041

Please check camp week attending:

___ First Chance Camp completed grades K-2 — June 18-21

___ Junior Camp completed grades 3-5 — July 16-21

___ Junior High Camp completed grades 6-8 — June 25-30

___ Senior High Camp completed grades 9-12 — July 9-14

Camp Fee \$ _____

Mission \$ _____ (paid at check in if registering on line)

Other _____ \$ _____

Church _____ \$ _____

Deposit or full payment \$ _____

Total due @ check in \$ _____

ALL CAMPS CHECK IN: 4 PM TO 6 PM WITH CAMP PICTURE AT 6 PM

Online registrations at www.bluerockcamp.org (by www.active.com)

Check list:

- ___ Doctors signature (**required**) if completed Part I for prescription medication
- ___ Medication packed in original container for medical staff
- ___ Read "Things to Know" section
- ___ Form completed in full & signed
- ___ Deposit or full payment enclosed
- ___ All electronics left at home
- ___ Bible packed

Mission Each camp will support a mission of the week. *

See Things to Know page for more details.

*Mission money must be paid by cash or check at check in time if doing on line.

Medical: IF YOU HAVE PRESCRIPTION MEDICATION TO BE GIVEN DURING CAMP YOU MUST HAVE **PART I** COMPLETED IN FULL AND A DOCTORS SIGNATURE IS REQUIRED TO LEAVE MEDICATION AT THE CAMP.

All medication for every camper should be properly labeled and in original containers and must be turned in to the camp medical staff at time of check in. Any

significant changes regarding camper's physical, medical or emotional condition different from that stated on the registration form, should be reported in writing to the camp prior to camp session.

Please Note: you will need to return this page along with registration page 2 with parent signature. Also, Registration page 3 will need to be returned if the camper brings any medication.

Camper's Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Mother's Name: _____ Mother's cell: _____

Father's Name: _____ Father's Cell: _____

Other Contact: _____ Contact Number: _____

Camper's Email address: _____

Parent's Email address: _____

(you will be added to our e-newsletter)

Birth date ___/___/___

School grade completed in 2023

boy or girl

Is camper Immersed YES or NO Home Church: _____

Church Address: _____

Health Insurance Co. _____ Policy Number: _____

Physician's Name: _____ Phone: _____

Physician's Address: _____

Health Records and Risk of Injury-Waiver of liability

List camper's allergies (food, drugs, environment, etc.): _____

List all medications, vitamins or herbs camper is taking: _____

Is camper allergic to stinging insects? _____

Is camper free of communicable disease? YES or NO

If no please explain:

Is there any physical, medical or emotional condition the camp should be aware of?

I attest that camper _____ is in good physical condition and is able to participate in all camp activities.

1. I hereby give permission for my child to participate in recreational, swimming and learning activities and to be bound by camp policies in force.
2. I desire that my child participate in the full range of camp activities and acknowledge that the natural conditions of the camp and the interaction with other children of varied ages may subject my child to a risk of injury.
3. I, therefore, release the camp from any responsibility other than normal supervision and care. In case of accident, I will not hold Blue Rock Christian Camp, its staff, management, faculty, volunteers, board or its officers liable. Further, I waive any claim or cause of action against the foregoing parties, which may arise as a result of an accident or an injury to my child.
4. In case of emergency: I hereby give permission to the physician selected by the camp management or dean to secure proper treatment for my child as named on this form. Doctor calls, treatment, or hospitalization are to be charged to our family insurance or to me personally.
5. I understand that Blue Rock Christian Camp and its staff shall not be held responsible for any articles lost, stolen or left at the camp.
6. I understand that my child may be subject of photographs/video taken by the camp for publicity purpose and authorize the use of these photographs.

Signature (required):

Custodial/Residential parent or legal guardian

All **medication(s)** sent to Blue Rock Christian Camp must be in original packaging and will be given to the medical staff at check-in who will oversee the administration of all medications as prescribed.

· **PART I** Medication sent to Blue Rock Christian Camp that are physician prescribed **MUST** have Part I completed and **signed** by prescribing physician.

Physician's Name _____ Phone number _____

Physician's Address _____ City _____ State _____ Zip _____

Name of medications to be administered _____

Dosage and frequency of dosage _____

Any adverse reactions that should be reported to the Physician _____

Special instructions for administration and/or storage of medicine _____

***YES or NO because inhaler is for emergencies, the camper is to have possession of it.

***Physician initials (for inhaler) REQUIRED	
PHYSICIAN SIGNATURE	Date REQUIRED

· **PART II** Medication sent to Blue Rock Christian Camp that is non-prescribed, Part II below **MUST** be completed, and medication must be turned in to the medical staff upon check-in.

Medication to be administered (list all medicine(s), dosage, and time of day for each): _

Reason for medication _____

Possible reaction that should be reported to parent _____

Date medication started _____ Date medication is to cease _____

_____ Signature of custodial/residential parent or Legal guardian		_____ Date
---	--	----------------------