

WINTER CAMP

at Camp Bethel

December 29-30
2011 (Thur-Fri)



www.campbethelvirginia.org/winter_camp.htm

DO YOU...

Miss friends and counselors from Camp? **YES!**
Need a break from your Christmas Break? **YES!**
Want a sneak-peek into next summer at camp? **YES!**
Remember the "pep of the vinegar stopper"? ... **Huh?!**
YOU NEED WINTER CAMP AT CAMP BETHEL!



What: Singing camp songs & Christmas Carols, group games, a big bonfire, Bible study, crafts, hiking, morning watch, nature, skits, *sledding and other snow fun (if it snows)*, worship, wagon ride, summer photos slide show, 4 great meals; all with our reunited summer camp staff!

Who: Elementary Winter Camp = Campers in 1st - 5th grade.
Middle School Winter Camp = Campers in 6th - 8th grade.
Senior High Winter Camp = Campers in 9th - 12th grade.

When: Check-in Thurs, Dec 29, 10am; pick-up is Fri, Dec 30, 2pm.

Where: In warm, winterized cabins, separated by gender and age.

Cost: \$60 fee includes meals, lodging, leadership and lots of FUN!



Register by December 23! Complete the enclosed form and return with full payment of \$60. Print forms or **register on-line** at www.campbethelvirginia.org. We'll send you a confirmation packet upon receipt of your form.

Sample Schedule:

Thursday, December 29:

9:30-10am Trading Post open
10:00am Check in in Gym
10:30-12:30 Unit rotations
(crafts, Bible study, games, wagon ride, nature, etc)
12:30 LUNCH in the Ark
1:30-5:30 Unit rotations
5:30 DINNER in the Ark
6:30 Big games/sledding(?)
8:00 S'mores, Bon Fire
9:00 Worship

Friday, December 30:

7:30am Morning Watch
8:00am BREAKFAST in the Ark
9:00 Celebration
10:00 Pack-up & clean-up
11:00 Unit choice activities
12:00 Game show & talent show
1:00 LUNCH in the Ark
1:40 Closing Circle
2:00 Parent pick-up/depart
2:00-2:30 Trading Post open



"The Word became flesh and made his dwelling among us. We have seen his glory, the glory of the One and Only, who came from the Father, full of grace and truth." - John 1:14





WINTER CAMP REGISTRATION Dec 29-30, 2011

Complete & return with \$60 payment to: Camp Bethel Winter Camp, 328 Bethel Road, Fincastle VA 24090.

Return form before December 23! The information on this form is kept in strict confidence by the camp staff.

You can now register & pay online at www.campbethelvirginia.org.

Look for the link "Winter Camp Online Registration."

Camper name: _____ Gender: **M / F** School Grade: _____
last name, first name m.i.

Name Camper prefers to be called: _____ Camper birth date: ____ / ____ / ____ Age on Dec 29: ____
month day year

Mailing address: _____
number, street or PO Box city state zip

Parents'/Guardians' names: _____ Family e-mail: _____
last name(s), first name(s)

Home phone: (____) _____ Work phone: (____) _____ Dad's cell: (____) _____ Mom's cell: (____) _____

Cabin mates requested (1-2 friends of similar age/grade): _____

Who to call if parent/guardian is not available: _____; relation to camper: _____
their home phone: _____, their work phone: _____, their cell phone: _____; 2nd cell phone: _____

ALLERGIES: List all known allergies, describe your child's reaction and the best management of the reaction; use extra paper if needed.

Medication allergies: _____

Food allergies: _____

Other allergies: _____

MEDICATION(S) BEING TAKEN:

Please list ALL medications (including non-prescription drugs) taken routinely that you will be transferring to our director at camp check-in. Bring enough medication to last the entire time at camp. Keep it in the **original packaging** naming prescribing physician, name of medication, dosage, and frequency.

____ **NO medications.** ____ On Dec 29-30, administer the following medication(s) to this child: (Attach additional pages for more information.)
MEDICATION DOSAGE & TIMES TAKEN EACH DAY REASON FOR TAKING

RESTRICTONS: The following restrictions apply to this camper; (attach additional paper if needed):

Dietary: _____ Other: _____

Explain any restrictions to activity (what cannot be done; what adaptations or limitations are necessary): _____

MEDICAL HISTORY: Describe any injury, illness, disease, treatment, surgery, or affliction the camp should know in case of emergency:

ADDITIONAL INFORMATION: Describe other physical, emotional, or behavioral concerns:

The following box must be complete for attendance *If for religious reasons you cannot sign, contact us for a waiver that must be signed for camper attendance.

Parent/Guardian Authorizations:

I hereby request that my child be accepted to attend Camp Bethel. I understand that my child will be participating in physical outdoor activities and the potential for accidents exists. I understand that the camp has established guidelines to minimize risks to provide a safe environment and that Camp Bethel is accredited by the American Camp Association in accordance to adherence to over 300 quality standards. In consideration of acceptance to Camp Bethel,

I indemnify and hold harmless Camp Bethel, the Virginia District Board-Church of the Brethren, Inc. and its staff and officers from any and all liability, claims, damage, injury or illness sustained by my child, and

I verify that the information on this form is correct and complete as far as I know. This form may be copied for camp records, and

I verify that this child is physically able to participate in all camp activities unless specified in the restrictions section above, and

I hereby give permission to the camp to provide routine health care, administer prescribed medications as listed above, and seek emergency medical treatment. I agree to the release of any records necessary for emergency purposes. I give permission to the camp to arrange necessary emergency medical transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment for my child including ordering x-rays, administering tests, and admittance to a hospital, and

I understand that Camp Bethel provides only limited secondary medical insurance coverage for participants, and

I understand the active nature of the camp activities and give permission for my child to participate fully and to engage in all camp activities including the group challenge & initiatives course unless otherwise noted in the RESTRICTIONS section of this application, and

Should it become necessary for my child to return home because of illness or other reason, I will abide by the Camp's decision and arrange for transportation, and

I agree to read all information included in confirmation materials sent to me after registration and to share this information with the camper, and

I permit camp photos, video and audio of activities or interviews that may include my child to be used in camp promotion without liability or remuneration.

Signature of parent or legal guardian : _____ Date: _____

Printed name : _____ Phone number: (____) _____

Method of payment: \$60 check enclosed to CAMP BETHEL \$62.10 Visa \$62.10 MasterCard

Credit card # _____ Exp. Date: _____

Cardholder signature: _____ (Credit card payment of \$62.10 includes 3.5% surcharge.)