



JAM CAMP 2018

Students entering 4th grade - entering 6th grade

JUNE 11-15

COST \$340.00

\$75 deposit due

Sunday, April 29, 2017

By 12:00 PM

BALANCE DUE

MONDAY, MAY 28, 2017

NO LATER THAN 3:00 PM

NO EXCEPTIONS

JAM CAMP 2017

Following is a breakdown of camp cost per camper:

Camper	\$275.00
Gas	\$ 25.00
2 Lunches while traveling	\$ 20.00
Snacks Shack while at camp	<u>\$ 20.00</u>
Total Cost of Camp	\$340.00

The \$40.00 for lunches/snacks will be held onto by the group leader. Any of this money not spent by your child will be given to your child upon returning from camp. Please **DO NOT** send additional money to camp with your child.

We will be attending camp at:

Camp Golden Bell

380 County Road 512

Divide, Colorado 80814

<https://www.goldenbellccc.org/>

We will depart from Pine Valley Church at 8:00 AM.

We will return to Pine Valley Church at approximately 4:00 PM.

Kids will begin calling parents to confirm arrival time when traveling through Pagosa Springs.

Parents,

Our luggage space is limited. Please help us by sticking to the following supply list. **Compact duffle bags and sleeping bags are appreciated.**

Camper Supply List

1 WATER BOTTLE

1 backpack

- 2 pants
- 5 shorts
- 6 shirts
- 6 socks
- 1 pajamas
- 6 underwear
- 1 shoes (closed toe A MUST!)
- 1 sandals (optional)
- 1 swimsuit (girls one piece)
- 1 hoodie or light jacket
- sleeping bag
- pillow
- flashlight
- Bible, notepad, pen
- chap stick
- sunscreen
- bug spray
- toiletries
- 2 bath towels/wash cloth

No short shorts, short skirts, short shirts, or spaghetti straps

No tight clothing

No clothing imprinted with vulgar or secular slogans

Do not send money with your camper, with the exception of an offering for missions. Please put this in an envelope with your child's name and marked "MISSIONS".

JAM Camper Registration Form

Camp Dates: June 11-15, 2018

TOTAL COST—

CAMPER INFO

Camper's Name: _____
Address: _____
City: _____
State: _____ Zip code: _____
Grade: _____ D.O.B. ____/____/____
 Male Female
Church: _____ City: _____
Sr. Pastor: _____
Camp Coordinator/Admin: _____
Phone: _____
Email : _____

Father/Guardian: _____
Email Address: _____
Cell Phone: _____
Employer's Phone Number: _____

Emergency Contact other than Parent or Guardian

Name: _____
Email Address: _____
Home/Cell Phone: _____
Relationship to camper: _____

Persons designated to pick up child.

Names: _____
Phone: _____

PARENT/GUARDIAN/EMERGENCY INFO

Mother/Guardian: _____
Email Address: _____
Cell Phone: _____
Employer's Phone Number: _____

Persons **NOT** designated to take child from camp:

Camper's Declaration:

I will fully cooperate with the staff, rules, and program established by the camp so as not to discredit my parents, my pastor, my church, or myself.

Camper's Signature _____

Pastor's Recommendation:

I recommend this camper as one who will cooperate with the staff, rules, and camp program. I understand it is my responsibility to see that the camper is picked up if he or she does not cooperate.

Pastor's Signature _____

The registration fee includes all activities in addition to lodging, meals, backpacks, pool time, hikes and a whole lot more!

- Cancellations are nonrefundable, but are transferable within the same age-group of that church. Transfers made within two weeks of the camp's start date may only be within the same age-group and same gender.

CAMPER'S MEDICAL HISTORY
-To be completed and verified by physician-

Health Insurance Co.: _____ Policy # _____ Group # _____

***New Requirement by the State: Please Attach Immunization Records to the application**

Do you have any of the following conditions?

Diabetes: Yes No Tuberculosis: Yes No
Epilepsy: Yes No Other: _____
Asthma: Yes No

Allergies (Severe reactions only):

Hay Fever: Yes No Penicillin: Yes No
Ivy Poison: Yes No Insect Stings: Yes No
Food, Drugs, Other: _____
(If allergy exists please send proper medication.)

List any surgeries or serious injuries in last two years:

Restricted Activities: _____ **Dietary Restrictions:** _____

Standard Over-the-Counter/PRN Medications:

The following medications can be administered by camp medical personnel if approval is indicated by the camper's healthcare provider. Unless otherwise specified on this form, the route of administration, dosage, and schedule will be determined based on the manufacturer's instructions as appropriate for camper's age, weight etc. Generic equivalents of name brands may also be administered; please indicate if a child has an allergy to specific generic or name-brand drug. Meds should come to camp in **LABELED CONTAINERS WITH DOSAGE INFORMATION INCLUDED**. **Cross out those which your camper should not be given.**

Acetaminophen (Tylenol)	Trimeton	Pseudoephedrine (Sudafed)
Activated Charcoal	Cough Drops	Ibuprophen (Advil)
Aloe Vera	Guaifenesin DM (Robitussin)	Ipecate
Bismuth Chew Tabs (Pepto Bismal)	Diphenhydramine (Benadryl)	Kaopectate
Night Time Cold Formula	Double Antibiotic Cream	Calamine Lotion
Chlorpheniramine (Chlor-	Lidocaine 2% Topical	Opcon-A eye drops
	Hydrocortisone Cream	Tums antacid

Is the camper _____ on prescrip-

tion medication? Yes No Does the camper use Bee Sting Epinephrine? Yes No
If yes to either, please list exactly what and when it is to be taken: *(Attach additional information as needed)*

Dr's Name: _____ **Dr's Address:** _____

Dr's Phone: _____

I have examined this person and found him/her to be in satisfactory physical condition, free from any apparent contagious disease and capable of active participation in a regular program.

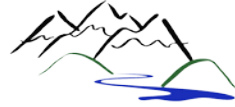
Dr's Signature: _____ **Date:** _____

Parental Medical and Activity Release:

My child will cooperate with the staff, rules and program of the camp. I understand that I am responsible for my child's actions and will be held financially responsible for any damage done by my child. I will pay for any and all repairs incurred by such damage. I acknowledge that many of the camp/sport activities listed below contain inherent risk of injury. Any controversy or claim arising out of or related to the student's participation in this camp shall be settled by binding arbitration pursuant to the applicable rules of the American Arbitration Association. It is understood that the camp officials will make a conscientious effort to locate contacts listed on the form before any action is taken. I understand that my own insurance is primary, our church activities insurance is secondary and the camp policy is third. I hereby consent to my child participating in all camp activities. I consent to any treatment deemed advisable in an emergency by an EMT, nurse, medical doctor or other first-aid personnel. I will accept the expense of emergency medical or surgical treatment. I also give consent for my child to go on authorized trips away from camp premises. I understand photos and video will be taken throughout the camp session as part of the program, and I release any media to be used for promotional purposes only.

Parent/Legal Guardian's Signature: _____

Date: _____



WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

I wish to participate in recreational activities to be made available to participants at Golden Bell Camp including activities that may be hazardous or otherwise involve a risk of physical injury or death to the participants (the "Activities").

I expressly assume any and all risks of injury or death arising from or relating to the Activities including horseback riding, agricultural recreation and waive and release any and all actions, claims, suits or demands of any kind or nature whatsoever against Golden Bell Camp, its corporate affiliates, contractors, vendors, officer, agents, sponsors, volunteers or representatives of any kind (collectively "Releases") arising from or relating in any way to my voluntary participation in these activities. I understand that this Waiver, Release and Indemnification agreement means, among other things, that if I am injured or die as a result of my participation in these activities, I, and/or my family or heirs cannot under any circumstances sue Releases or any of them for damages relating to or caused by my injuries or death.

WARNING: UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO SECTION 13-21-119 AND AGRICULTURAL RECREATION 13-21-121 COLORADO REVISED STATUTES.

I agree to indemnify Releases or any of them, and their subrogees, if any, in the event of any loss, damage or claim arising from or relating in any way to my participation in any of the Activities.

I also hereby grant permission to Golden Bell Camp the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of me, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Golden Bell Camp.

I give permission for my child to participate in all on or off site camp activities, including transportation, except as noted, to be provided routine health care, and to be given medication authorized by my child's health care provider or the licensed medical provider selected by the camp. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment for the health of my child. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child.

Golden Bell Camp and Conference Center is not responsible for lost, stolen or damaged items. Any item found will be kept for no more than two weeks. Golden Bell cannot be responsible for returning items.

I have read this Waiver, Release and Indemnification Agreement, have asked and received answers to any questions I had concerning its meaning and execute it freely, without duress, and in full complete understanding of its legal effect, and of the fact that it may affect my legal rights.

_____	_____	_____	_____
<i>Date</i>	<i>Signature</i>	<i>Print Name</i>	<i>Group Name (if Applicable)</i>
_____	_____	_____	_____
<i>Date</i>	<i>Signature</i>	<i>Print Name</i>	<i>Group Name (if Applicable)</i>
_____	_____	_____	_____
<i>Date</i>	<i>Signature</i>	<i>Print Name</i>	<i>Group Name (if Applicable)</i>

FOR PARTICIPANTS UNDER THE AGE OF 18

I am the parent or legal guardian of the child whose name and signature appear above. I have read and understand this Waiver, Release and Indemnification Agreement, and consent on behalf of the Participant to its terms.

_____	_____	_____	_____
<i>Date</i>	<i>Signature</i>	<i>Print Name</i>	<i>Group Name (if Applicable)</i>