

# Junior Camp

## 2021 Registration

Completed registration due by **May 23**. Early Registration deadline is **May 9**. Money is due by **June 14**.  
Late registrations may not be accepted and T-shirt sizes cannot be guaranteed. Please fill out all forms completely. Cost: \$160.00 (**\$140 if registration form is received by May 9.**)

### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Church: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

(Church office will automatically be notified of any emergency.)

### HEALTH INFORMATION:

Health Insurance Company: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

Insurance Co. Address or Phone#: \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_ Specific activities to be restricted: \_\_\_\_\_

List any remarks the nurse/ counselor should know concerning the camper (allergies, conditions, bedwetting, fears, handicaps, etc.):

Medications in camper's possession (if prescription, list function) (All medications should be in their original container with pharmacist's label.) If possible send only doses required for his/her camp stay:

Allergic to any medications?: \_\_\_\_\_

The following medications/first aid will be available through the camp staff. Please indicate with an "X" any which you would NOT want administered to your child:

#### Topical ointments:

\_\_\_\_ Neosporin (topical antibiotic)  
\_\_\_\_ Swimmer's Eardrops  
\_\_\_\_ Insect Repellent  
\_\_\_\_ Solarcaine

\_\_\_\_ Aloe Vera  
\_\_\_\_ Antiseptic Spray  
\_\_\_\_ Calamine Lotion  
\_\_\_\_ Hydrogen Peroxide

#### Medications:

\_\_\_\_ Tylenol  
\_\_\_\_ Dramamine  
\_\_\_\_ Pepto-Bismol  
\_\_\_\_ Benadryl

\_\_\_\_ Tums/Digel  
\_\_\_\_ Chloroseptic Spray  
\_\_\_\_ Imodium/ Lomotil  
\_\_\_\_ Ibuprofen

**Parental Consent / Liability Release – Release of all Claims:**

The undersigned, parent(s) or legal guardian(s) of the above named participant, hereby authorize his or her attendance at, participation in, and travel to and from all activities of this camp. I hereby give permission to the camp director or his representative to administer first aid, over the counter, and doctor-authorized medications. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp to hospitalize, secure proper treatment for, administer medications, and to order necessary injections, anesthesia, or surgery for the above named participant.

Furthermore, we (I) [and on behalf of our (my) child-participant, if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Furthermore, we (I) release Chapel of the Lake and their directors, officers, and agents from all liability for personal injury, sickness, or death, as well as property damage which may be incurred while participant is at the camp or traveling to or from the camp.

I/we also understand that photos/videos may be taken and used for church purposes (without names) including but not limited to: social media, church presentations, and website publication. Campers can be opted out at anytime by contacting the church office.(At least 1 signature required.)

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Father	Date
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Mother	Date
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Legal Guardian	Date
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**Camper Covenant:**

I agree to obey camp leaders, staff and personnel and follow all camp rules at camp.

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Participant Signature	Date
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**Roommate preference:** *(Please list no more than two)*

**T Shirt size preferred:**    **Child sizes:** S(6-8) M(10-12) L(14-16)

**Adult sizes:** S M L XL XXL XXXL

## Covid Precautions for Camp Colburn – June 13-18, 2021

### Chapel of the Lake Junior Camp

- Chapel of the Lake will limit the total participants this week to 38.
- We will maintain a list of all occupants and contact information for contact tracing purposes.
- We will provide social distancing in the cabins by limiting the occupancy to 4 people per side of each cabin and no more than 9 to a cabin.
- Windows will remain open as much as it is practical in the cabins to provide circulation of fresh air.
- All campers and staff will be asked to provide a signed statement that they have not knowingly been exposed to someone with Covid-19 in the previous 14 days prior to the start of camp.
- We will take everyone's temperature prior to transporting staff and campers to camp.
- We will take everyone's temperature each morning as they enter the dining hall for breakfast.
- Counselors will monitor their campers for symptoms on a continuous basis.
- If anyone exhibits Covid symptoms they will be isolated from the group and sent for testing. They will need a negative test to rejoin the group.
- If there is a positive test, all those who had extended exposure will be quarantined and sent home.
- Hand sanitizer will be available throughout the camp in cabins, restrooms, dining hall, and activity stations, and campers will be encouraged to use it frequently.
- Every effort will be made to conduct activities outside, including some meals.
- Flat surfaces (tables, counters, chairs, etc.), door handles, and faucets will be wiped down with a disinfectant cleaner after every meal and several times throughout the day.
- The entire camp will be given a thorough cleaning using disinfectant cleaners on floors and all flat surfaces and disinfectant aerosol spray in all areas at the end of the week.

#### 2020 COVID Health Considerations

Please initial the following statements, if applicable.

\_\_\_\_\_ My child (and no one in our household) has NOT been asked to self-quarantine in the last 14 days.

\_\_\_\_\_ My child (and no one in our household) has NOT had any contact with someone with or under investigation for COVID-19 or are ill with respiratory illness.

\_\_\_\_\_ My child (and no one in our household) has NOT shown any signs or symptoms of fever, cough, or shortness of breath.

#### *Pre-existing Conditions:*

Please check any that apply to your camper:

- |   |   |
|---|---|
| <input type="checkbox"/> cardiovascular disease | <input type="checkbox"/> respiratory disease including asthma |
| <input type="checkbox"/> diabetes               | <input type="checkbox"/> immunocompromised                    |

*Campers with preexisting conditions such as cardiovascular disease, respiratory disease including asthma, diabetes, and immunocompromised are at an increased risk of severe illness if COVID-19 is contracted.*

\_\_\_\_\_ I understand that my child's pre-existing illness increases the implied risk of COVID-19

Ultimately, the choice for your child to attend camp this year is a personal one, and you are in control. Your signature signifies your consent to your child's participation and the truthfulness of the health disclosures.

**Camper Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_