

SUMMER CAMP 2019

FORMS AND PAYMENT ARE DUE MAY 29TH

SCHEDULE

	DROP OFF	PICK UP
MIDDLE SCHOOL CAMP	1:00PM - Sunday, June 16th	1:00PM - Friday, June 21ST
HIGH SCHOOL CAMP	1:00PM - Sunday, July 14th	1:00PM - Friday, July 19th

Middle School Camp is for students completing 6th – 8th grade and High School Camp is for students completing 9th – 12th grade.

CAMP LOCATION & CONTACT PERSON

Expeditions Unlimited E11844 County Road DL Baraboo, WI 53913

If there is an emergency or you have an urgent need to reach a staff member while we are on the retreat please call or text **Joshua Skoyen at (715) 533-3620 or Jordan Hurlburt at (715) 495-8067.**

WHAT TO BRING

• SLEEPING BAG AND PILLOW	• BIBLE, NOTEPAD AND PEN
• SWEATSHIRT, FLEECE JACKET OR COAT	• RAIN COAT
• CLOTHING FOR A WEEK	• ONE PIECE SWIM SUIT
• SHOWER TOWEL	• SWIMMING TOWEL
• SLEEPING ATTIRE	• DEODORANT
• HAIR PRODUCTS	• SHAMPOO AND BODY WASH
• TOOTHPASTE AND TOOTHBRUSH	• GLASSES, CONTACTS AND SOLUTION
• CAMERA	• WATER BOTTLE
• SUNGLASSES	• SUNSCREEN AND BUG SPRAY
• GYM SHOES OR HIKING SHOES	• SANDALS

WHAT NOT TO BRING

- CELLPHONE, IPOD, TABLET, LAPTOP OR ANY OTHER ELECTRONIC DEVICE
- KNIVES OR ANYTHING THAT LOOKS LIKE A WEAPON

COST

Both weeks of Summer Camp have the same cost and due dates for forms and payment.

EARLY BIRD	REGULAR
\$360 due on May 1st	\$385 due on May 29TH

There are plenty of free things to do at camp! You don't need to bring spending money, however, there is a great café and some optional activities that you may want to consider:

HIGH ROPES COURSE - \$15 **PAINTBALL** - \$20 and \$5 per refill (100 paintballs)

*****CANCELLATIONS** - We will offer a partial refund after June 1st for Middle School Camp or June 29th for High School Camp. (\$200 of the camp fee will be non-refundable past those dates.)

FAMILY DISCOUNT - The first child is full price, second is \$20 off, third is \$40 off, fourth is \$60 off, etc.

REMEMBER

// Payment Plans are available upon request. Please email jhurlburt@jacobswellchurch.church //

ACTIVITY SIGN-UP

Most of the games and activities at camp are completely free and include the whole group. We do however offer three optional activities for you to consider. Rock Climbing at Devil's Lake takes you up to a beautiful cliffside view with five levels of climbing difficulty. High Ropes Course and Paintball both have additional activity fees, but they are so worth it! These two activities are offered during the same time slot, so please choose only one option.

Rock Climbing on the actual cliff faces at Devil's Lake State Park:

SIGN ME UP!!! - There is no extra cost for Rock Climbing.

Please choose **only one** of these two options, they will run at the same time:

HIGH ROPES COURSE - Work your way through challenging obstacles and finish on the zip line, or take on the giant swing! \$15

PAINTBALL - Camp has a great Wood's Ball and Speed Ball Course. \$20 and \$5 per refill (100 paintballs)

**PLEASE INCLUDE PAYMENT FOR YOUR OPTIONAL ACTIVITY
BEFORE LEAVING FOR CAMP.**

CONSENT AND RELEASE FORM

Name of Participant: _____ DOB: _____ Grade (completing): _____ Gender: _____

Primary Contact Name: _____ Primary Contact Phone: _____

Home Contact Address: _____

Emergency Backup Contact (different from above): _____

Dietary Preference: Vegetarian Vegan Gluten-Free Name, Number Other: _____

T-Shirt Size: _____

For Overnight Events - Choose up to 3 friends you would like to have in your cabin. We guarantee you will be with at least 1 of them.

1. _____ 2. _____ 3. _____

NOTE TO PARTICIPANTS/PARENTS-GUARDIANS:

Jacob's Well wants you and your child to have a safe and healthy experience. However, in the event of an accident or illness, it is important that we have the following information.

Any allergies or other medical needs? _____

Limits to activities: _____

Name of Physician: _____ Physician Phone: _____

Medical Insurance Company: _____ Policy Number: _____

I understand that my student will be riding in a vehicle with a qualified youth leader.

INDEMNITY AND CONTACT AGREEMENT:

I will not hold or attempt to hold Jacob's Well liable for any loss, damage or injury to person or property caused by any act or neglect of other persons, or caused in any manner other than the willful or negligent act of Jacob's Well, its agents and employees, and will indemnify and hold Jacob's Well harmless from any liability for damages or claims against Jacob's Well arising out of, or in any way related to any such loss, damage, or injury.

I release Jacob's Well, including its trustees, employees, and agents, from my child's or my own physical injury, including death, or illness while at the activity. I/We will assume the risk associated therewith, whether known or unknown to me/us at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

AUTHORIZATION FOR TREATMENT:

In the event that I cannot be reached, I/We hereby give permission to the medical personnel selected by Jacob's Well to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person.

I verify that I, or child named above, is in good health and capable of participating in strenuous activities and, when necessary, will tailor my/their activities to those within the bounds of my/their physical health.

I recognize that any medical treatment that is provided to me or my child while attending a Jacob's Well activity will be paid for by my medical insurance company and guarantee payment for services not paid by insurance.

I hereby grant Jacob's Well permission to use, reproduce, and/or distribute photographs, films, video, and sound recordings of my child or I without compensation or approval, for use in materials created for purposes of promoting the activities of Jacob's Well, including the internet.

Signature: _____ Date: _____





CAMP HEALTH EXAMINATION FORM

Developed by the American Camping Association in consultation with The American Medical Association and the American Academy of Pediatrics

Name: _____ Birth date: _____ Gender: M: ___ F: ___ Age: _____
Last First M. Init.

Name of Parents/Guardians (or spouse): _____ Phone: _____

Home Address: _____
Street City State Zip

Email Address: _____

Church: _____

If not available in an emergency please notify:

1. _____ Phone: _____
Name Relationship

2. _____ Phone: _____
Name Relationship

Check all that apply, giving approximate dates

Health History	Date	Allergies	Date	Diseases	Date
___ Frequent Ear Infections	_____	___ Hay Fever	_____	___ Chicken Pox	_____
___ Heart Defect/Disease	_____	___ Poison Ivy, etc.	_____	___ Measles	_____
___ Convulsions	_____	___ Insect Stings	_____	___ German Measles	_____
___ Diabetes	_____	___ Penicillin	_____	___ Mumps	_____
___ Bleeding/Clotting Disorders	_____	___ Other Drugs	_____	___ Asthma	_____

Allergies (describe reactions/treatment): _____

Operations or serious injuries and dates: _____

Chronic or recurring illnesses: _____

Dentist/Orthodontist: _____ Phone: _____

Family Doctor: _____ Phone: _____

Medical/Health Insurance Company: _____ Policy or Group #: _____

IMPORTANT: Please notify us if this individual is exposed to any communicable disease during the three weeks prior to attending.

Medications: All medications must be in original pill bottles!

Medication 1: _____ Dosage: _____ Administer at: breakfast lunch
(Check all that apply) dinner bed other Reactions: _____

Physician: _____ RX#: _____ Route of Administration: _____ Date: _____

Medication 2: _____ Dosage: _____ Administer at: breakfast lunch
(Check all that apply) dinner bed other Reactions: _____

Physician: _____ RX#: _____ Route of Administration: _____ Date: _____

(If more medications are necessary please use the back of this form)

IMPORTANT: MUST BE COMPLETED FOR ATTENDANCE

Parental Authorization. This health history is correct so far as I know, and the person described herein has permission to engage in all prescribed activities. In the event of an emergency, I hereby give permission to the physician selected by the Expeditions Unlimited staff to order X-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I also give permission to the physician selected by the Expeditions Unlimited staff to hospitalize, secure proper treatment for, to order injection and/or anesthesia and/or surgery for my child as named above.

Parental Signature: _____ Date: _____



Release of Claims and Waiver of Liability

The undersigned applicant acknowledges, understands and agrees that as to the contemplated trip with Expeditions Unlimited:

1. There are unique physical demands and risks involved;
2. The activity can be of a dangerous nature which can result in serious and potentially fatal injury;
3. That instructions given must be followed for ongoing participation and safety of the applicant; and
4. That Expeditions Unlimited, Ltd. retains the right of final approval of all participants and the right to terminate a participant's involvement in a trip at its discretion.

In consideration of conducting the trip and based on the above, Expeditions Unlimited, Ltd., its officers, directors, shareholders, employees, agents and their heirs, executors and assigns are released as to any and all claims for damages, including but not limited to injuries, whether to person or property, known or unknown that the undersigned has or may have in the future arising out of and in connection with the contemplated trip.

Release as to Photographic, Movie and Video Images

The undersigned irrevocably consents to and authorizes the use and reproduction of any and all photographic and video images taken during the contemplated trip. The use and reproduction of images is at the discretion of Expeditions Unlimited whether for advertising, promotional or other legal purposes without additional consideration or compensation to the undersigned. Originals and copies of images are and will remain the sole property of Expeditions Unlimited, Ltd.

Applicant Information

Complete the following information for each member of your household participating in the trip with Expeditions Unlimited.

Name(s)

Applicant's Signature

Date of Birth

Address

Applicant's Signature

Date of Birth

City State Zip

Applicant's Signature

Date of Birth

Applicant's Signature

Date of Birth

Applicant's Signature

Date of Birth

Parent or Guardian Signature _____ Date ____/____/____

*Required if applicant is under 18 years of age



E11844 County Road DL
Baraboo, WI 53913

Telephone (608) 356-4004
Fax (608) 356-4185

Food Allergy Action Plan

*Completion of this form is necessary **only** if participant has a food allergy*

Name: _____

Group: _____

Allergy To: Dairy Wheat Eggs Peanuts Tree Nuts Other: (Please list)

Physician: _____ Phone #: _____

Emergency Numbers
Name: _____ Phone #: _____

Name: _____ Phone #: _____

**PLEASE TELL US WHAT TO DO IN CASE OF AN ALLERGIC REACTION
CHECK ALL THAT APPLY**

This Occurs:
My Child's allergic reaction includes:

- Swelling, itching raised skin rash
- Generalized body flush, swelling or itching
- Nausea, abdominal cramps, vomiting and/or diarrhea
- Itching and swelling of lips, throat, or tongue causing hoarseness, swallowing difficulty, coughing, wheezing or shortness of breath.
- "Thready" pulse, "passing out"
 - These signs may occur
 - Within a few minutes
 - Within 30 minutes to 2 hours

The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation.

General First Aid

- Observe for 30 minutes
- Notify Parents
- Administer oral medication And
Name _____
Dosage _____
- Administer adrenaline (Epi Pen)
 - Immediately
- If symptoms occur (describe)

Student can self-administer Epi Pen? Yes No

If Epi pen is administered, an ambulance, then parents will be notified

**** Please Note:** Expeditions Unlimited **cannot** provide specialized meals for participants but we can provide a couple of additional options, as well as inform students of the ingredients found in prepared food.

Please return this form **2 weeks** prior to scheduled arrival date.
If returned later than **2 weeks** additional options may not be available.

Comments regarding other accommodations: _____

Parental Signature: _____ Date: _____