

Baptist District Camp Board

Parent Information

Welcome to Baptist District Camp! Our Camp Program takes place at Jenness Park Christian Camp, Cold Springs, CA, approximately 25 miles east of Sonora CA. The Baptist District Camp Board is a group of delegates representing three Southern Baptist associations: Central Valley Baptist Association, Delta Valley Baptist Association, and Mother Lode Baptist Association. Our goal is to give your child an enriching Christ-centered experience in a safe, supportive atmosphere. Check out the list below to see our rules and suggestions for making your child's camp experience as much fun as possible.

Labels and Medication: See that your child comes prepared for camp. Look at the "Camper Information" below and help your child bring the items he or she needs. Please label ALL clothes, sleeping bags, anything that your child brings to camp with his/her first and last name. Label any medications clearly and give them directly to your Adult Sponsor; they will be responsible storing and administering all medications.

Cabin assignment: All cabin assignments for campers will be made by Camp Director. Each camper will be assigned according to gender and church group, however, large church groups may be separated due to limited space. Multiple churches may also share cabins.

Forms: Complete all of the forms needed as fully as possible. All of the questions asked are for your child's safety.

Fees: Please pay camp fees to your church before coming to camp. NO PERSONAL CHECKS WILL BE ACCEPTED AT CAMP; we accept only checks from participating churches.

Visits and Calls: We ask that you do not visit your child while he/she is at camp. We also ask you do not call your child at camp unless it is an emergency. Calls from home tend to make campers more homesick. In special cases, provisions can be made with your Adult Sponsor. Check with your church if you would like to attend camp as an Adult Sponsor. We would be happy to see you and work with you in this capacity.

Your child will not be allowed to leave camp with anyone except the church group with which he/she came unless the parent or guardian who signed the his/her registration form come personally and get him/her (Photo ID must be shown). If you must take your child home early, please notify the Camp Director before you come up so that we may prepare your child for leaving with as little alarm for your child and the other campers.

Emergency Contact: Use the following telephone number to reach the Camp Director in an emergency: (209) 965-3735. Late-Night number (209) 965-2433.

Recreation: Water activities are allowed at camp. These may include swimming, canoeing, water slide, fishing etc. Lifeguards are on duty during water activities and supervise all such activities. If you do not want your child to participate, please inform your church **before** they leave for camp.

Camper Information

We are planning an exciting Camp for you. To make your camping experience the best it can be, please read and follow the information on this paper.

What to bring: Sleeping bag or bed roll, pillow, flashlight, casual clothes, warm coat, long pants (it can get COLD at camp), closed toed shoes, swim suit (modest suits only), towels, soap, toothbrush & toothpaste, Bible, pencil, note paper and other personal items needed for a week at camp. A change of shoes is a must. Label every thing you bring with your first and last name.

Do not bring: Cell phones, tablets, water guns, water balloons, pocketknives, matches or lighters, fireworks of any kind.

About Money: Spending money for Children's Camps will be monitored by the directing staff to assure that money is not lost or stolen. Besides money for camp store, each camper is encouraged to share in the MISSION OFFERING for the Camp Missionary.

When Camp is over: Camp is not over until all cabins and grounds are clean and have passed inspection. Any exception to leaving earlier must be cleared by Camp Director.

Please give a copy of this information sheet to each parent

BAPTIST DISTRICT CAMP
CAMPER REGISTRATION FORM

This sheet is due at registration upon arrival at camp. We can't wait to see you!

PLEASE PRINT

CAMP: (select one) 1-2 GRADE CAMP CHILDREN'S CAMP YOUTH CAMP COLLEGE RETREAT

CAMPER

NAME _____
LAST FIRST NICK-NAME (If first name is not used)

DATE OF BIRTH ___/___/___ SEX (Circle One) **F** **M** CAMPER WAS IN GRADE ___ ON MAY 1ST

T-SHIRT SIZE (Circle One) YOUTH: **S** **M** **L** **XL** ADULT: **S** **M** **L** **XL** **XXL** **XXXL**

MAILING ADDRESS: _____ CITY _____ ZIP _____

EMAIL ADDRESS (For adult campers): _____

PARENT(S) OR GUARDIAN(S)

NAME _____ PRIMARY PHONE _____
LAST FIRST

OTHER PHONE _____

NAME _____ PRIMARY PHONE _____
LAST FIRST

OTHER PHONE _____

EMAIL ADDRESS _____

CHURCH MEMBER? YES ___ NO ___ IF YES, NAME OF CHURCH _____

REGISTERING WITH _____ CHURCH OF _____ (please give city)

IN CASE OF EMERGENCY, IF PARENT/GUARDIAN IS UNAVAILABLE, PLEASE NOTIFY:

NAME _____ PHONE _____ REALTION _____

Parent/Guardian agrees that all payments are not refundable once camp has begun. No refund will be available to campers who leave camp before it is over. Parent/Guardian agree that, for the use of promotional and social media purposes, the BDCB may use any audio, video or photography of any camp participants.

SIGNATURE _____ DATE _____

JENNESS PARK CAMPER INFORMATION FORM

(To be completed by ALL CAMPERS, if Camper is under age of 18 document must be signed by parent or guardian; both sides must be completed in full)

Group Name: _____ Dates of Camp: ___/___/___ - ___/___/___

Contact Information:

Name of Camper: _____ Age: _____ Date of Birth: ___/___/___ Sex (check): Male Female

Parent/Guardian of Camper: _____
Last First Email Address: _____

_____ () _____ ()
Street Address City State Zip Home Phone Cell Phone

Emergency Contact: _____ () _____ () _____ ()
Home Phone Cell Phone Work Phone

Family Doctor: _____ () _____ Insurance Company: _____ Policy #: _____
Office Phone

JENNESS PARK'S INSURANCE IS ONLY SECONDARY INSURANCE, AND BEGINS WHERE CAMPER'S HEALTH AND ACCIDENT INSURANCE POLICY TERMINATES, AND IS ONLY VALID WHEN OTHER INSURANCE HAS BEEN EXTENDED TO ITS LIMITS AND DEDUCTIBLE(S) PAID.

Health History:

Does the Camper have any physical, mental or other medical conditions and restrictions? If so, please explain: _____

Does the Camper have any known allergies to food, medication, insect bites or other allergens? If so, please explain: _____

Date of Last Tetanus Shot: ___/___/___

If Camper is under the age of 18, I, the undersigned parent or legal guardian, give Jenness Park permission to administer the following medication (or its generic equivalent) to Camper (check all that apply): Tylenol Ibuprofen Aspirin Benadryl Pepto Bismol Neosporin Sudafed

Camper is responsible for bringing to Camp all regularly required medications and dosages: Please list all medications brought to Camp:

<i>Name of Medication:</i>	<i>Frequency and Dosage Schedule:</i>
1. _____	_____
2. _____	_____
3. _____	_____

MEDICAL RELEASE:

If I, the undersigned, am injured as a Camper or cannot be reached in an emergency involving my child during the camp dates show above, I hereby authorized Jenness Park to give consent and agree, on my behalf, to pay for any emergency medical or dental care for me or my child under Family Code section 6910, as the case may be. This authorization includes the authority to give consent and agree, on my behalf, to pay for any injection, anesthesia, surgery or orthodontic care deemed necessary by, and to be rendered under the general or special supervision of a qualified physician, surgeon or dentist. I also authorize the health supervisor on duty at Jenness Park to administer medical aid as required for illness of or injury to me or my child.

Signature of Adult Camper or Parent/Legal Guardian of Minor Camper *Printed Name* *Date*

Signature of Witness *Printed Name* *Date*

JENNESS PARK

ASSUMPTION OF RISK AND LIABILITY RELEASE

TO BE COMPLETED BY THE ADULT CAMPER OR THE PARENT OR LEGAL GUARDIAN OF ANY CAMPER UNDER THE AGE OF 18.

1. Voluntary Participation/Permission. I, the undersigned, am (check one) a Camper of at least 18 years of age or the parent or legal guardian of the minor Camper named on the preceding page. I acknowledge that I have voluntarily applied, or authorized my child to participate in the Camp Activities that occur at, on or around Jenness Park. I understand that these "Camp Activities" include, but are not limited to, swimming in the lake, boating, adventure recreation, archery, paintball, go karts, strenuous competition games, and other camp activities and exercises. I understand that I minimize my risk of injury as I AGREE TO FULLY COMPLY WITH ALL RULES AND DIRECTION BY STAFF FOR ALL CAMP ACTIVITIES. I AGREE TO WITHDRAW FROM ANY CAMP ACTIVITY SHOULD I BECOME AWARE OF ANY UNUSUAL HAZARD WHICH ENDANGERS THE SAFETY OF ANY PARTICIPANT, AND TO REPORT IT IMMEDIATELY TO CAMP STAFF. I HAVE FULLY DISCLOSED ANY PHYSICAL OR MENTAL CONDITION THAT MAY LIMIT MY PARTICIPATION AND I WILL NOT PARTICIPATE IN ANY CAMP ACTIVITIES AGAINST MEDICAL ADVICE. I accept full responsibility for any injury or accident to me or my child, as the case may be, that may occur as a result of my participation or my child's participation in any of the Camp Activities or attendance at Jenness Park.

2. Assumption of Risk. I AM AWARE THAT THE CAMP ACTIVITIES ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES OR PERMITTING MY CHILD TO PARTICIPATE IN THESE ACTIVITIES, AS THE CASE MAY BE, WITH KNOWLEDGE OF THE DANGER INVOLVED. I FURTHER HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH TO ME OR MY CHILD, AS THE CASE MAY BE, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____

3. Release. As consideration for me or my child being permitted by Jenness Park and the California Southern Baptist Convention to participate in the Camp Activities and use related facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of Jenness Park or the California Southern Baptist Convention, or any of their respective employees, directors, officers, or agents, on account of injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or contractor of Jenness Park or the California Southern Baptist Convention as a result of my participation in any of the Camp Activities.

4. Knowing and Voluntary Execution. I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND JENNESS PARK AND THE CALIFORNIA SOUTHERN BAPTIST CONVENTION, AND SIGN IT OF MY OWN FREE WILL.

5. Use of Media. I acknowledge and agree that for promotional or marketing purposes, Jenness Park may use any audio, video, and/or photography of guests or Campers, which may include me or my child, participating in the Camp Activities or otherwise present at Jenness Park.

6. Arbitration. I hereby agree to submit any dispute arising from participation in Camp Activities to binding arbitration. Submission shall be unlimited. There shall be a three-member arbitration panel, consisting of two party-appointed arbitrators (one arbitrator appointed by each party) and one neutral arbitrator to be chosen by the party-appointed arbitrators. The neutral arbitrator shall be an officer or director of any Christian Camp & Conference Association (CCCA) member camp. Should the two party-appointed arbitrators fail to agree on the neutral arbitrator, the neutral arbitrator shall be appointed by the California Eastern District Court, Fresno, CA using the criteria set forth herein. Each party shall pay its own costs, including its party-appointed arbitrator, and share equally the costs of the neutral arbitrator. The arbitration proceedings will take place in Fresno, CA and shall be governed by the Federal Rules of Evidence. The panel shall establish a reasonable and appropriate discovery schedule to expeditiously resolve the dispute.

7. Indemnity. Should Jenness Park and/or the California Southern Baptist Convention, or anyone acting on their behalf, incur any loss, liability, damages or attorneys' fees and costs to enforce this Release, I agree to indemnify and hold Jenness Park and the California Southern Baptist Convention harmless for any such loss, liability, damages, or attorneys' fees and costs.

BY SIGNING THIS RELEASE, I ACKNOWLEDGE THAT IF THERE ARE ANY INJURIES OR PROPERTY DAMAGE DURING MY OR MY CHILD'S PARTICIPATION IN THESE ACTIVITIES, I AND/OR MY CHILD MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED ANY RIGHT TO MAINTAIN A LAWSUIT AGAINST JENNESS PARK OR THE CALIFORNIA SOUTHERN BAPTIST CONVENTION ON THE BASIS OF ANY CLAIM WHICH HAS BEEN RELEASED HEREIN. I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT, HAVE READ AND UNDERSTOOD IT, AND AGREE TO BE BOUND BY ITS TERMS.

If you would not like to receive Jenness Park newsletter and other printed materials, please check the box.

Signature of Adult Camper or Parent/Legal Guardian of Minor Camper

Printed Name

Date

DECLARATION OF WITNESS

I certify that the signatory set forth above acknowledged in my presence that he/she read and fully understood the meaning and consequences of the foregoing ASSUMPTION OF RISK AND LIABILITY RELEASE, and signed it in my presence.

Signature of Witness

Printed Name

Date

Jenness Park Health Screening Procedure

For Groups Staying 3 or More Nights

Description:

As an organized camp Jenness Park Christian Camp is mandated by California Health and Safety Code to require a *“health screening of any observable evidence of illness, injury, or communicable disease; to review and update each person’s health history; and to identify current medical treatment (including medication), allergies or dietetic restrictions (California Code Title 17, Division 1, Chapter 5, Subchapter 6, Article 8, Section 30750 (d)).”* This health screening is required for all campers under the age of 18 who are unaccompanied by a parent or guardian within 24 hours of arrival at camp. To help expedite the process we are asking all guest groups to perform the health screening within 24 hours of arriving at camp. This health screening is not a physical, merely a screening of campers for contagious diseases prior to leaving for camp. Attached is the “Jenness Park Christian Camp Health Screening Form” which needs to be filled out in its entirety and turned in to the main office upon arrival.

Procedure:

1. Group leader and/or a designated adult (hereby referred to as the “health screener”) must perform health screening within 24 hours of departure for Jenness Park Christian Camp
2. Health Screener must check for any signs of illness, disease, or other serious injury as described in the three boxes on the health screening form, circling the applicable conditions in the appropriate columns A, B, C.
3. If any of the conditions listed are found in columns, describe on the lines provided below the boxes. If items are circled in columns A or B please keep student/individual home.
4. Health Screener needs to sign and date form.
5. Turn in completed health screening forms to the Jenness Park main office upon arrival at camp
6. The forms will be reviewed by the Jenness Park Health Supervisor.

For any questions, concerns, or comments please call the Jenness Park office at (209) 965-3735 x120.

JENNESS PARK CHRISTIAN CAMP HEALTH SCREENING FORM

CAMP DATES _____

CAMPER'S NAME: _____

AGE: _____ **DATE OF BIRTH:** _____ **SEX:** M / F

CHURCH/CITY: _____

PARENT/GUARDIAN'S NAME AND PHONE: _____

IF YOU OBSERVE ANY ILLNESS, COMMUNICABLE (INFECTIOUS) DISEASE, OR INJURY AS LISTED BELOW IN THE THREE BOXES, DESCRIBE THE ITEM THAT WAS CIRCLED ON THE LINES PROVIDED BELOW.

A.	B.	C.
ILLNESS (in the last 48 hours) MAY INCLUDE: NAUSEA, VOMITING, DIARRHEA, FEVER, SORE THROAT, RASH, OPEN SORES, PINK EYE, COUGH NOT RELATED TO ASTHMA	COMMUNICABLE DISEASE EXAMPLES: MEASLES, MUMPS, RUBELLA, POLIO, HEPATITIS, TETANUS, DIPHTHERIA, MENINGITIS, PERTUSSIS, INFLUENZA, <u>TUBERCULOSIS</u> ACTIVE (ON MEDICATION) OR INACTIVE (NEGATIVE CHEST X-RAY)	INJURY EXAMPLES: CASTED FRACTURES, RECENT HEAD INJURIES, AND/OR LACERATIONS THAT HAVE STITCHES OR STAPLES – MUST BE CLEARED BY DOCTOR

If any items are circled in either column A or B please have the individual refrain from coming to camp.

*ALL ABOVE INFORMATION WILL BE KEPT CONFIDENTIAL AND ONLY SHARED WITH JENNESS PARK STAFF OR YOUR CHURCH COUNSELOR, IN ORDER TO PROVIDE ADEQUATE HEALTH CARE FOR YOUR CHILD WHILE AT CAMP. THANK YOU.

SIGNATURE OF HEALTH SCREENER: _____ **Date** _____

Official Use:

Reviewed / / Supervisor _____