



## Handbook for Parents/Campers

Camp in the Community is partnering with Trinity UMC, Lenoir City to provide a free camp where children in the community can learn and grow. We have organized activities throughout the week including recreation, games, crafts, story time, and much more. Children will be placed into small groups and will be well supervised. We will use safe sanctuary regulations to ensure your child's safety. Camp in the Community adheres to the highest standards possible.

### Registration

Ages: Rising Kindergarten-8<sup>th</sup> grade

Space is limited; therefore, registrations will be taken as they come in until the camp is full.

***Please read over this handbook, as it contains policies and information that are integral to the operation of the camp and your participation in this Camp in the Community.***

### Check-in & Check Out

Location: Trinity UMC, Lenoir City, 300 W 2nd Ave, Lenoir City, TN 37771-2431

Dates: June 25-29; 9 am – 3 pm

Check-in: Check-in for campers is at 9:00am each day. Parents/Guardians will personally sign their child in to camp. There will be a staff member at check-in making sure this procedure is followed. Campers are not allowed to sign themselves in or out of camp.

Check-out: Camper check-out and pick-up is promptly at 3:00pm each day. We ask that all parents be courteous of our volunteers and please be on time when picking up your child. If someone other than the parent is checking in the child, we must receive written permission from the parent.

### Health and Wellness

Health Care: Camp in the Community has certified health care professionals at each Camp in the Community site in order to provide care in the case of illness or injury. We will not contact parents if children receive minor injuries such as a skinned knee that can be effectively treated by our staff. If a camper has an injury or illness that requires off site care or will require treatment following camp, our

health care staff will contact the parents. In emergency situations we will attempt to contact parents first, but we will not withhold treatment if a parent can't be contacted.

Health Form: All health information must be included on the registration forms.

Health Screening: At check-in our staff will conduct a health screening of all campers. Campers who have a fever, show obvious signs of illness or who have recently been exposed to communicable illnesses will not be allowed to stay at camp.

Medications: All medications, both prescription and over the counter, must be turned into our health care staff at check-in. All medications must be in their original containers. Our health care staff will keep the medications in a secure location and will provide campers with their medications as needed. **If possible, check with your child's physician to see if a dose schedule can be arranged that does not involve the hours your child is in care.**

Illness: If campers become ill while at camp, parents will be notified, and may be required to pick up camper.

Food: If a camper has a special dietary need please let us know at check-in. To promote the health of campers, the camp does not allow campers to bring snack foods, candy, or sodas (unless approved by camp staff)

Homesickness: Almost everyone leaving home for a new environment experiences some uneasiness. Such feelings are normal and usually pass quickly for most children. Our staff has been trained to help campers deal with any separation anxiety they may experience at camp.

## **Camp Community**

Behavior : Campers are expected to behave in a manner consistent with the camp's goals of providing a safe, positive, and respectful Christian community. Staff will work with campers to handle minor disciplinary problems. The camp does reserve the right to send any camper home whose behavior is consistently inappropriate. Any direct threat or actual physical harm to one's self or others will result in a camper being sent home immediately.

Electronics: Campers should not bring and will not be allowed to use any portable electronic devices including cell phones, iPods or laptops at camp. A significant aspect of the camp experience is being away from these distractions. In addition, cell phone use is also prohibited to help maintain the safety and security of campers. Any electronic equipment brought to camp will be taken from campers and either sent home at check-in or held by the camp management until check-out.

Prohibited items: The camp strictly prohibits any weapons, alcohol, tobacco products or illegal drugs. Prohibited items will be confiscated and campers will be sent home immediately for bringing these items to camp.

Clothing: As a Christian camp we expect clothing to be modest and appropriate. Campers will be very active and should wear clothes that are comfortable, safe, durable, and easily replaced if lost or damaged.

What to bring: Any item of significant value should be left at home. To ensure the health and safety of all campers, staff may inspect campers' backpacks and hold items that are inappropriate at camp. We require campers to wear closed toed shoes.

Camper Registration Form  
Trinity UMC, Lenoir City – June 25-29

**Camper Name:** \_\_\_\_\_

**Camper Information:**

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade in Fall: \_\_\_\_\_

Church Home: \_\_\_\_\_ Denomination: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

**Registering Parent/Guardian/Contacts**

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

Full Address: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Day (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Second Parent/Guardian/Contacts**

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

Full Address: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Day (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Health Information:**

List any physical, emotional, behavioral, or mental health concerns: \_\_\_\_\_

\_\_\_\_\_ All immunizations required for my child to attend school are up to date: ! Yes ! No

Date of last tetanus shot: \_\_\_\_\_

List any food or medication allergies: \_\_\_\_\_

Is camper allergic to bee stings? \_\_\_\_\_ Has camper ever been stung by a bee? \_\_\_\_\_

List any medications the child will be given while at Camp in the Community:

Medication	Dosage or Amount	Times/Meals taken
------------	------------------	-------------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Authorization**

In signing this authorization, I acknowledge that I have read and agreed to the policies outlined in the Camp in the Community Parent Guide and am aware that the activities associated with this event entail certain inherent risks including damage to property, personal injury, and even death. I understand that my child will be held accountable for their actions and behaviors at Camp in the Community. In consideration for being permitted to participate in this event, I agree to assume all such risks and hereby release and discharge Holston Conference Camp and Retreat Ministries, Inc., its affiliated camps, officers, sponsors, trustees, employees, agents and other aids and/or volunteers from any and all liability for any and all damage, loss, injury, or death of every kind and nature whatsoever which in any way arises out of my participation in this event.

I hereby give permission to the camp to provide routine health care, administer prescription drugs, and seek emergency medical treatment including ordering X-rays and/or routine tests. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment, and to order injection and/or anesthesia and/or surgery for me/or my child as named above.

The person herein described has permission to engage in all camp activities except as noted. I give permission for me/my child to be transported in a private vehicle if necessary. I give permission for photographs taken of me/or my child to be used for camp publicity, printed or electronic.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_