

# Camp Wesley Junior Camper Information & Instructions: June 17-19, 2021



Please pre-register AND pay online at:  
**CampWesley.com** (Click on "Children" for forms)

- AGES: 5-11
- COST: \$45 if registered by May 31st; \$55 after May 1st
- CHECK-IN: Thursday, June 17th, 3-5 PM in Dining Hall  
Bring all Health & Medical forms, and any remaining balance, June 17th  
Make checks payable to: Camp Wesley

**Questions, please call or e-mail:** Rev. Stephanie Young, Children's Ministries Director  
980-521-0341, children.campwesley@gmail.com

## Rules & Guidelines

- Please do not bring ANY electronic devices (cell phones, iPads, etc.)
- "Silly String" and shaving cream are NOT permitted
- No one can be out of dorms after lights out nor allowed in anyone else's dorm/room
- No one is allowed on fire escapes unless it is an emergency
- Everyone should dress modestly
- Prescription drugs must be in original containers with child's name and turned into the camp nurse at registration
- On time attendance is required at all services
- You must have parent/guardian permission to attend camp
- Children must remain on camp grounds at all times
- If we plan to do off-site activities, we will have parent/guardian sign release form

**No child will be allowed to leave with anyone other than the parent/guardian without written permission.**

**PLEASE NOTE:** We will be having water games and a messy games day. Make sure your child has extra clothes and a bathing suit WITH cover-up for these activities **AND** an extra towel because their towel will get dirty from the games.

## **Here's your checklist :)**

- |   |  |
|---|--|
| <input type="checkbox"/> Bible                  | <input type="checkbox"/> mask – required!                              |
| <input type="checkbox"/> 2 towels               | <input type="checkbox"/> comfortable clothes (for Friday & Saturday)   |
| <input type="checkbox"/> sleeping bag or linens | <input type="checkbox"/> PJs & other necessities :)                    |
| <input type="checkbox"/> pillow                 | <input type="checkbox"/> flashlight                                    |
| <input type="checkbox"/> TENNIS SHOES & SOCKS!  | <input type="checkbox"/> Your medical forms signed, with meds prepared |
| <input type="checkbox"/> toiletries & sunscreen | <input type="checkbox"/> clothes & bathing suit for messy/water games  |

THAT'S IT...just bring a big smile and come ready to have fun!

# MEDICAL RELEASE FORM 2021 | CAMP WESLEY "Camp Juniors"

(Use ink to fill in all information on this form. Please print.)

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  Male  Female

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

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother \_\_\_\_\_ Phone: Home \_\_\_\_\_  Work  Cell \_\_\_\_\_

Father \_\_\_\_\_ Phone: Home \_\_\_\_\_  Work  Cell \_\_\_\_\_

Secondary Emergency \_\_\_\_\_ Phone: Home \_\_\_\_\_  Work  Cell \_\_\_\_\_

## Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**Check the following areas of concern for this student.** If necessary, add another page with details:

- Does your child have allergies to—  
 pollens  medications \_\_\_\_\_  insect bites \_\_\_\_\_  food \_\_\_\_\_  
 Specific info – Reaction \_\_\_\_\_ Treatment \_\_\_\_\_
- Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
 asthma  epilepsy / seizure disorder  heart trouble  diabetes  
 frequently upset stomach  physical handicap  other \_\_\_\_\_
- Date of last tetanus shot: \_\_\_\_\_
- Does your child wear  glasses  contact lenses
- Please list and explain any major illnesses the child experienced during the last year:  
 Additional comments:  
 Should this child's activities be restricted for any reason? Please explain:
- Medications (List here or on a separate sheet) \_\_\_\_\_
- My child may be administered over the counter medications.  YES  NO

## Parent Consent (Must be signed)

(Student's Name) \_\_\_\_\_ has my permission to attend all activities sponsored by **Camp Wesley Camp Jrs** from June 17-June 19, 2021.

This consent form gives permission to seek whatever medical attention is deemed necessary and releases the Youth Camp and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Camp Wesley Junior Children's Camp. I also understand the camp staff is not responsible for loss of personal property or bodily injury, and the camp staff and volunteers will use their best efforts to supervise. However, I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Camp Wesley Junior Children's Camp, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician and authorize and direct the camp staff members present to send my child (properly accompanied) to the hospital or the most easily accessible medical facility. In the event treatment is required from a physician and/or hospital personnel designated by Camp Wesley Junior Children's Camp, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider and understand that I will assume full responsibility for the payment of any services rendered.

This consent form releases Camp Wesley and its staff of any liability against personal losses of named child. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the camp staff member.

I/We give Camp Wesley permission to use any official photographs taken by camp officials that may include my/our child, to be used in Camp Wesley Publicity materials (Example: Brochures, internet, etc.).

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Note – This document is to remain active for a year from the date on which it is signed**

## Camp Wesley Youth and Kids Camps

### Assumption of Risk and Waiver of Liability Relating to COVID-19

The novel coronavirus (“COVID-19”) has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Camp Wesley Camp Meeting Association (“the Camp”) has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the summer Youth/Kids Camp could increase your child(ren)’s or your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the summer program at the Camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the summer Youth/Kids Camp or participation in programming (“Claims”). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Camp Wesley Camp Meeting Association, and all of their current, former, and future members, agents, representatives, volunteers, councilors, and related entities (collectively, “Camp Wesley”) of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Camp, its members, volunteers, councilors, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any summer program.

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Signature of Parent/Guardian

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Date

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Print Name of Parent/Guardian

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Name of Student Participant