



Mission West

Christian Church (Disciples of Christ) In the Southwest

We can do more together than we can do alone

TO: ALL AREA CONGREGATIONS, PASTORS, YOUTH PASTORS, YOUTH WORKERS, & PARENTS IN MISSION WEST

FROM: REV. KARAKAY S. KOVALY
ASSOCIATE MINISTER FOR YOUTH, YOUNG ADULTS & COMMUNICATIONS
DIRECT: (806) 440-1791, KKOVALY@CCSW.ORG

SUBJECT: SUMMER CAMPS & SAVE THE DATES

DATE: MARCH 3, 2015

Dear Allies in Ministry,

It's time to start registering for camp! We are excited to see what God has in store for us this year through our youth and outdoor ministries.

In this packet you will find:

- Guidelines for registrations
- Grid for post mark deadlines, costs, and who to make checks payable
- What to do in your congregation
- Postmark Deadline for Registration & Payment Policy
- Refund Policy
- Director Contact Information
- Campground Information
- What to Bring and Not Bring to Camp
- Roster Registration Forms
- Camp Registration Forms
- Camp Flyers

Guidelines for Registrations

We are continuing with roster registrations as they have proved helpful in simplifying the registration process for our churches, campers, parents and staff. Rosters will be filled out and sent into the Mission West office in accordance with the deadlines listed in the grid below. Campers will still fill out registration forms and turn them into you, the local church, but instead of mailing them into the office, you or your representatives will bring them to the event. Your church is financially responsible for the number of participants you sign up for on your roster. It is the preference for the roster registrations to be sent digitally in the xls spreadsheet, then sending a paper copy along with payment to the office. Payment must reach the office within postmark deadline to be eligible for that tier of payment.

Just like retreats, we have also removed costs and deadlines from camp forms because each church offers different types of scholarships and has their own internal deadlines separate from the Mission West post mark deadlines. Below you will find the event dates, type and location of each camp, the appropriate grades associated with each event, postmark deadlines for early bird, regular registration, late registration, and who the check should be payable to. **Please be sure to make checks payable to the area hosting the event.**

Grid for post mark deadlines, costs, and who to make checks payable

| Date | TYPE/Location | Grade | Early Bird Price (Must pay 1/2 down) | Regular (Full Amount Due) | Late (Full Amount Due) | Check Payable to |
|------------|---------------------------------|--|--------------------------------------|---------------------------|------------------------|------------------|
| June 8-13 | CEA CYF Conference, LBCR | 9th to 12th Grades | \$350 by April 23 | \$380 by May 11 | \$405 after May 12 | Central Area |
| June 10-14 | Mission West Chi Rho Camp, LBCR | 6th to 8th Grades | \$310 by April 23 | \$335 by May 13 | \$380 after May 14 | Mission West |
| June 17-20 | TRA Elementary Camp, BRCL | 1st to 5th Grades and their Families | \$250 by April 23 | \$275 by May 1 | \$300 after May 2 | Tres Rios Area |
| June 21-26 | HPTRA CYF Conference, BRCL | 9th to 12th Grades | \$320 by April 23 | \$345 by May 23 | \$370 after May 24 | Mission West |
| June 26-28 | CEA Grand Beginnings, LBCR | 4 years old to 3rd Grades with Parents or Grandparents | \$100 by April 23 | \$125 by May 29 | \$150 after May 30 | Central Area |
| July 6 -10 | CEA JYF Camp, LBCR | 3rd to 5th Grades | \$300 by April 23 | \$325 by June 15 | \$350 after June 16 | Central Area |
| July 13-17 | HPA JYF Camp, Ceta Glen | 3rd to 5th Grades | \$320 by April 23 | \$345 by June 22 | \$370 after June 23 | Hi Plains Area |

All adult & steward registration forms must be sent into the office & received by the regular registration deadline to ensure annual background checks are completed & that the individual has completed child abuse awareness training in the last two years.

What to do in your congregation

Please make copies and distribute them to all eligible youth in your congregation/community. Procedure for registration is as follows:

1. Publicize event well in advance by posting/mailling flyers and related materials.
2. Hold a camp Sunday promotion in your congregation.
3. Each student must complete a registration form, a medical form with release, copy of their insurance card, camp covenant and release.
4. Sponsors and Stewards must complete a registration form, a medical form with release, copy of their insurance card, camp covenant, release, 3 references (one being a pastor or board chairperson from the sponsoring congregation), Code of Ethics and Rules for Camp Stewards/Sponsors, and background check form. **All adult and steward forms must be received by the regular registration deadline to ensure annual background checks are completed and that the individual has completed child abuse awareness training in the last two years.**
5. Please send roster registrations along with proper remittance to the **Mission West office at 2717 Stanley St., Ste. A, Amarillo, TX 79109** by the postmark deadlines. Make event checks payable to who is hosting the event (See Grid attached in this letter).
6. Keep the original camper registration forms and insurance cards and take them to camp with you and deliver them at the registration table.
7. Notify event director(s) directly for any late registrations. The director must confirm acceptance after the regular registration deadline.

Post Mark Deadline for Registration & Payment Policy

- All roster's and payments are to be postmarked by the postmark deadlines.
- In order to receive the early bird discount, at least 1/2 of camp fees per person must be postmarked and paid by Thursday, April 23, 2015.
- If a church or individual sends in their roster, without payment after the postmark deadline for any tier, the next tier fee's will be assessed per registrant.
- Individual directors do not have the authority to wave this fee.
- Roster Registrations **may not** be accepted after the postmark deadline at the discretion of the director.

Refund Policy

- 100% less **\$25.00** for medical emergency cancellations up to the **beginning hour** of the rally/retreat/camp or with 7 days advance written requests;
- 50% less **\$25.00 after the beginning** hour of rally/retreat/camp for medical emergency cancellations only.
- No refunds for non-emergency cancellations after the beginning hour of rally/retreat/camp (i.e., no shows).
- No refunds or proration will be granted if a child/parent or adult decides to cut a camp short - whether the decision is made before, after, or during a rally/retreat/camp starts.
- If the camp decides that a child must go home due to illness or some other condition, up to the midpoint of camp, fees may be prorated with a cap of 50%. After the midpoint of camp, no refund will be granted.

This policy has been established because the camp programs incur costs in planning for any child or adult to be present at the camp. Food is purchased ahead of time as well as supplies for crafts and other events. Mission West/Areas are charged for every meal and night's stay per person enrolled.

For questions or concerns specific to these events, please contact the director listed on the event flyer for the specific event. For questions or concerns regarding other issues related to youth ministry or our Mission West/Area camping program, please contact Karakay S. Kovaly or a member of your Children and Youth Ministry Committee or Outdoor Ministry Committees.

We look forward to your participation!



2015 Camp Director Contact Info

Directors and Sponsors

The directors of these camps have been recruited by their Areas and Mission West. The sponsors of these camps have been recruited by the directors. All have been certified by their congregations as experienced and qualified camp program leaders. Through the leadership of these adults, the camps, and conferences they provide youth & adults the opportunity to grow spiritually, mentally and socially. They develop and practice leadership skills which can strengthen their participation in their home churches.

- June 8-13 CEA CYF Conference, 9th-12th Grade, LBCR
By April 23 \$350; By May 11 \$380; After May 12 \$405.
TJ York, 432-703-1088 tjyork@fccmidland.org
- June 10-14 MW Chi Rho Camp, 6th to 8th Grade, LBCR
By April 23 \$310; By May 13 \$335; After May 14 \$380
Chesna Riley, 325-242-1077, chesnadawn@gmail.com
- June 17-20 TRA Elementary Camp, 1st to 5th Grade, Black River Center for Learning
\$250 by April 23; By May 1 \$275; After May 2 \$300
Leslie Dalstra, 915-342-3536, leslie.dalstra@gmail.com
- June 21-26 HPTRA CYF Conference, 9th Grade to 12th Grade, Black River Center for Learning
By April 23 \$320, By May 23 \$345; After May 25 \$370
Heather Reed, 806-433-5568, Heather.reed728@gmail.com
- June 26-28 CEA Grand Beginnings, 4 Years Old to 3rd Grade with Parents or Grandparents, LBCR
By April 23 \$100; By May 29 \$125; After May 30 \$150
Paula Brooks, 432-488-8511, pbrooks@fccmidland.org
- July 6-10 CEA JYF Camp, 3rd to 5th Grade, LBCR
By April 23 \$300; By June 15 \$325; After June 16 \$350
Tammie Hicks, 325-374-5454, tammie@angelopaintball.com
- July 13-17* HPA JYF Camp, (3rd to 5th Grade) Ceta Glen
*(This camp has been extended by one day from previous publications)
By April 23rd \$320; By June 22 \$345; After June 23 \$370
Alex Smith, 512-971-9411, alexsmith.westmont@gmail.com

Other Opportunities Outside of Mission West

- June 29-July 3 Disciple Summer Mission (Grades 6th to 12th) <http://www.disciplesummermission.com/>
Albuquerque, NM contact Fester Coffee Prose email: fester.coffeeprose@gmail.com and
Nashville, TN contact Brent Parker email: bparker@fcclongview.org
- July 5-11 8er's "Created to be Me" (8th Graders)
Disciples Crossing <http://www.disciplescrossing.org/>

Campgrounds

(When traveling to these campgrounds do not program the address into a GPS or mapping device, in most cases, the direction often do not correlate to the actual locations of the camps. Please contact the camps directly for directions.)

Black River Center for Learning, (BRCL)

1159 Black River Village Rd., Carlsbad, NM 88220 Office Phone 575-785-2361

<http://www.brcl.org/>

Ceta Canyon/Ceta Glen Camp and Retreat Center

37201 FM 1721, Happy, TX 79042 Office Phone: 806.488.2268 www.CetaCanyon.org

How to find us: From I-27 take exit 94, it turns into FM 285. Go 8 miles, left at church camp sign onto FM 1721. Come 2 more miles straight into Ceta Canyon Camp and Retreat center or take a left into Ceta Glen.

Lake Brownwood Christian Retreat (LBCR)

9030 Retreat Road, Brownwood, TX 76801 PH: 325-784-5133 www.lbcr.org

Directions from Abilene: TX-36 South to Cross Plains, At stop sign in Cross Plains, turn right onto TX-279S, Travel 17 miles to Park Road 15 (water & communication tower on right), Turn left onto Park Road 15, travel 6 miles to State Park entrance (cross cattle guard), Travel 1 mile and turn right onto County Road 460 (just before Park Rangers station), Travel 1.25 miles to gates of Lake Brownwood Christian Retreat.

What to Bring

- Your most cooperative, creative, and pleasant self
- Your Bible
- Sleeping bag and/or bedding & pillow (twin long)
- Light jacket/sweater
- Toiletries (soap, shampoo, toothbrush, etc.)
- Flashlight
- Towels (bath and beach)
- Swim suit
- Sandals & tennis shoes/closed toe shoes
- Non-aerosol insect repellent & Sunscreen
- Bag for dirty clothes
- Money for canteen/camp store
- Camera
- Musical instruments (guitar, harmonica)
- Notebook and pen/pencil
- Offering money
- Enthusiasm!!!

Do not bring

- Cell phones, ipods, mp3 players, Radios, TV's, or any other electronic devices, etc.
- Candy, food, snacks of any kind
- Fireworks, firecrackers
- Alcohol or tobacco products or illegal substances
- Electronic Games
- Skateboards, roller blades, heelies
- Valuable jewelry
- Clothing with vulgar or offensive graphics or language
- "Church" clothes
- Lots of money
- An attitude (language, behavior, clothing) that is inappropriate for a Christian camp
- Guns or weapons of any kind

Undesired items may be confiscated.
Campers exhibiting undesirable behavior may be sent home at the expense of the parent/guardian.
Mission West/Areas and/or campgrounds are not responsible for lost or stolen items.

Mission West Roster Registrations email to missionwest@ccsw.org

Mission West
2717 Stanley, Ste. A, Amarillo, TX 79109

Name of Church & City: _____

Contact Name: _____

Phone Number: _____

Email: _____

Campers & Adults

(Please send atleast 1 adult to every 5 to 7 campers)

| Event: | Date | Type/Location | Grade Completed | Early Bird Price 1/2 down | Regular Full Amount Due | Late Full Amount Due | Check Payable |
|--------------------------|------------|---------------------------------|-----------------|---------------------------|-------------------------|----------------------|----------------|
| <input type="checkbox"/> | June 8-13 | CEA CYF Conference, LBCR | 9th to 12th | \$350 by April 23 | \$380 by May 11 | \$405 after May 12 | Central Area |
| <input type="checkbox"/> | June 10-14 | Mission West Chi Rho Camp, LBCR | 6th to 12th | \$310 by April 23 | \$335 by May 13 | \$380 after May 14 | Mission West |
| <input type="checkbox"/> | June 21-26 | HPTRA CYF Conference, BRCL | 9th to 12th | \$320 by April 23 | \$345 by May 23 | \$370 after May 24 | Mission West |
| <input type="checkbox"/> | July 6 -10 | CEA JYF Camp, LBCR | 3rd to 5th | \$300 by April 23 | \$325 by June 15 | \$350 after June 16 | Central Area |
| <input type="checkbox"/> | July 13-17 | HPA JYF Camp, Ceta Glen | 3rd to 5th | \$320 by April 23 | \$345 by June 22 | \$370 after June 23 | Hi Plains Area |

| | First Name | Last Name | Grade or A for Adult | Age | Gender | T-Shirt Size (YS, YM, YL, AS, AM, AL, AXL, A2XL) | Food Needs, Allegeries, Medical Needs | Check # | Notes |
|----|------------|-----------|----------------------|-----|--------|---|---------------------------------------|---------|-------|
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By Signing below I understand that my congregation is financially responsible for the number of campers and adults listed on this roster by the postmark registration deadlines. Please note that \$25 of all registrations are nonrefundable. Event registration fees are due with the roster report. Fully signed registration packets should be brought to the event for each participant. Adult and Steward forms are due no later than the regular registration deadline.

Signature: _____ Date: _____

Mission West Roster Registrations email to missionwest@ccsw.org

Mission West
2717 Stanley, Ste. A, Amarillo, TX 79109

Name of Church & City: _____

Contact Name: _____

Phone Number: _____

Email: _____

| Event: | Date | Type/Location | Grade Completed | Early Bird Price 1/2 Down | Regular Full Amount | Late Full Amount | Check Payable |
|--------------------------|------------|----------------------------|--------------------------|---------------------------|---------------------|--------------------|----------------|
| <input type="checkbox"/> | June 17-20 | TRA Elementary Camp, BRCL | 1st to 5th with Families | \$250 by April 23 | \$275 by May 1 | \$300 after May 2 | Tres Rios Area |
| <input type="checkbox"/> | June 26-28 | CEA Grand Beginnings, LBCR | 3rd to 5th | \$100 by April 23 | \$125 by May 29 | \$150 after May 30 | Central Area |

CEA Grand/New Beginnings & TRA Elementary Camp

Please list Family Units together with A for Adult listed first and in the Grade colum, please skip a line inbetween each family

| | First Name | Last Name | Grade, Age or A for Adult | Gender | T-Shirt Size (YS, YM, YL, AS, AM, AL, AXL, A2XL) | Food Needs, Allegeries, Medical Needs | Check # | Notes |
|--|------------|-----------|---------------------------|--------|---|---------------------------------------|---------|-------|
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Signature: _____ Date: _____



2015 Mission West Camp Forms

| Event: | Date | TYPE | Grade | Location |
|--------------------------|------------|---------------------------|--|-----------|
| <input type="checkbox"/> | June 8-13 | CEA CYF Conference | 9th to 12th Grades | LBCR |
| <input type="checkbox"/> | June 10-14 | Mission West Chi Rho Camp | 6th to 8th Grades | LBCR |
| <input type="checkbox"/> | June 17-20 | TRA Elementary Camp | 1st to 5th Grades and their Families | BRCL |
| <input type="checkbox"/> | June 21-26 | HPTRA CYF Conference | 9th to 12th Grades | BRCL |
| <input type="checkbox"/> | June 26-28 | CEA Grand Beginnings | 4 years old to 3rd Grades with Parents or Grandparents | LBCR |
| <input type="checkbox"/> | July 6 -10 | CEA JYF Camp | 3rd to 5th Grades | LBCR |
| <input type="checkbox"/> | July 13-17 | HPA JYF Camp | 3rd to 5th Grades | Ceta Glen |

I am a ☐ Camper ☐ Adult ☐ Steward

Participant Name: _____

Home Address _____

Street or PO Box Number _____ City _____ State _____ Zip _____

Home Phone # (_____) _____ Cell # (_____) _____ Email _____

Gender _____ (M) _____ (F) Age: _____ Birth Date: _____ Grade/Or A For Adult _____

T-Shirt Size (Please circle one) YS YM YL AS AM AL AXL A2XL

Stewards & Adults: I have completed a child abuse awareness training in the past two years ☐ Yes ☐ No

Adults: I have completed a background check in the last year ☐ Yes ☐ No

Parent/Guardian /Emergency Contact (1) Name & Relationship: _____

Home Phone# (_____) _____ Work Phone# (_____) _____ Cell Phone#(_____) _____

Parent/Guardian /Emergency Contact (2) Name & Relationship: _____

Home Phone# (_____) _____ Work Phone# (_____) _____ Cell Phone#(_____) _____

Parent/Guardian /Emergency Contact (3) Name & Relationship: _____

Home Phone# (_____) _____ Work Phone# (_____) _____ Cell Phone#(_____) _____

Home Church _____ City _____ Phone# (_____) _____

Minister/Youth Minister: _____ Cell Phone: _____

Grand & New Beginnings Only (Parents or grandparents should fill out participant name portion; children/grandchildren should be listed below. Each participant (adult, child or grandchild) must fill out a medical form, camp covenant, and release.)

| Name | Relation | Age & or Grade | Gender |
|-------|----------|----------------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Medical Form

****This Form Must Be Filled Out to the Best of Your Knowledge** Please Be Sure and Sign this Form**

Participant Name: _____ **Birth Date:** _____

You must fill out each line, if it is not applicable, please put N/A. If we have to take you or your child to the emergency room, all information must be correct in order to best serve you and your child.

ALLERGIES:

☐ Medicine/Drug: _____

☐ Insect Stings: _____

☐ Food: _____

☐ Plant: _____

Are any allergies known to be potentially fatal? _____

Special Diet: (Every effort will be made to accommodate special dietary needs, but the camp grounds cannot guarantee availability of all specialty foods.) _____

Date of last tetanus shot: _____ (Mo.) _____ (Day) _____ (Year)

Are all immunizations current? _____

Activities to be encouraged: _____

Activities to be limited: _____

Other Health related information for camp personnel - short attention span, etc.

Is camper prone to: ☐ fainting ☐ headaches ☐ sleep walking
☐ cramps ☐ skin rashes ☐ nose bleeds ☐ sore throat
☐ exhaustion ☐ earaches ☐ swimmer's ear ☐ toothaches
☐ colds ☐ constipation ☐ diarrhea ☐ upset stomach
☐ joint pains ☐ bed wetting ☐ home sickness

DISEASES, CHRONIC OR REOCCURRING ILLNESSES:

☐ Asthma _____

☐ Bleeding Disorder: _____

☐ Skin Disease: _____

☐ Diabetes: _____

☐ Epilepsy/seizures: _____

☐ Heart defect/disease: _____

☐ Stomach Ulcer/Hernia/Appendicitis: _____

☐ Recent Surgery? _____

To The Best of My Knowledge (Participant Name) _____ is in good health and is able to participate in all camp activities with the limitation listed above. In the event of an emergency and I am unable to be reached, I hereby give my permission for whatever emergency medical procedures might need to be performed by staff, first aid personnel, and/or by medical doctor on call at the emergency medical facility. I understand that should the medical history change, it is my responsibility to let the camp director know at camp registration.

Over the Counter Medications

"I give permission so that the above named participant may be given the following "Over the Counter" medications in age appropriate dosages as needed while at camp. Generics may be used. Medications may include but are not limited to, Ibuprofen, Tylenol, Calamine Lotion, Benadryl, Pepto-Bismol, Imodium AD, Emetrol, Triple antibiotic cream, Maalox, Cough Lozenges & Syrup or other OTC medicines as deemed necessary by camp health officer.

Custodial Parent/Guardian Signature _____ Date _____

Please send a copy of your insurance Identification card (Front & Back) along with registration.

Medical Insurance Company _____

Policy# _____ Group# _____

Insurance Address & Phone # _____

Family Physician Name & Phone # _____

Name of Medication and Dosage Information:

Note: All prescription medication and over the counter medicine must be in their *original* container with names and dosage clearly marked on the container. If current prescription is different from the container, then a doctor's note must accompany the medication when it is turned into the camp nurse on the first day of the event.

| Medication | Dosage | Time | Side Effects | Special Instructions |
|------------|--------|------|--------------|----------------------|
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Camp Covenant

- I agree to abide by the rules of the event as they are posted, announced, or given to me. I recognize that the rules are designed for the good of the whole community as well as my safety.
- I agree to arrive at the event on time, to participate in all group activities as they are scheduled or announced and to be present for the entire event. I understand that my participation is essential to the positive experience of the whole group.
- I agree to treat others with respect. This includes, but is not limited to, the way in which I behave, speak, dress, make physical contact with others, and how I talk about others when they are not present.
- I agree to respect the authority of the adults who have been entrusted with making this event a safe and positive atmosphere, and to respect their decisions regarding community life. Likewise, I agree to be a positive role model to others by maintaining attitudes of respect, patience, courtesy, tact and maturity.
- All Campgrounds are tobacco free facilities when guests under the age of 18 are on camp premises.
- There is a "No Tolerance" policy for alcohol, drugs, controlled substances, fireworks, firearms or weapons. Use or possession of any of these articles is grounds for immediate dismissal of the individual or group.
- Gambling, fighting and obscene language & paraphernalia are strictly prohibited. Any person (youth or adult) found engaging in any of these activities is subject to dismissal from the camp.
- Campers are to respect all adult leaders and follow their instructions at all times. During water front activities, lifeguards are responsible for the safety of campers and have authority to supervise campers as needed including removing campers from the activity or discontinuing an activity for the entire group. In the event of an injury, the lifeguards will have control of the situation until a qualified medical professional arrives on the scene. Campers who do not abide by the guidelines of the camp may be restricted from certain activities.
- Guests are not allowed to bring pets onto the premises except service dogs for the disabled.
- Campers must wear shoes and shirt in the Dining Hall and Camp Store. Campers should be dressed appropriately for all activities and may be asked to change clothing to properly suit an activity.
- Smoke detectors, fire extinguishers and exit lights are installed for the safety of our guests and are not to be used except in case of emergency. Misuse of these items may render them inoperable.
- Campgrounds are equipped with facilities for minor injuries and/or illness. Guests experiencing illness or injuries that prevent them from continued participation in scheduled activities will be sent home. Any transportation and expenses incurred are the responsibility of the camper's parent/guardian.
- No hazing will be tolerated. Even "harmless pranks" hurt someone, and take your concentration away from Jesus. If it keeps you from being the person God wants you to be, don't do it!
- You will not leave the camp facility without written permission from camp director. Camp director will only allow campers to leave with direct contact from parents or legal guardian, verification of parents' or guardian's identity, and a written statement of reason for early release from camp.
- When lights are out, everyone is to stay within dorm room unless individual has been given director's permission to be elsewhere.

EMERGENCY POLICY: Any situation that is deemed an emergency due to health issues, weather problems, facility problems, or other unforeseen reasons, will be handled according to urgency and gravity. Director will contact EMT, parents, law enforcement, camp administrators, and pastors as necessary to resolve the situation and make sure that the physical and mental health and safety of campers and sponsors is maintained at all time. If director is unable to fulfill this duty, co-director will.

ACKNOWLEDGEMENT STATEMENT: I, _____ have read and understand the above rules. I understand that if I do not follow these rules, I could be asked to leave camp at my own (or parent's if youth participant) expense and face other consequences. I will do my best to adhere to all the rules set forth and to maintain the Christian guidelines of this camp.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Minister Signature _____ Date _____

DO...HAVE FUN and... Be respectful of other's feelings and property. **Be** KINDER than necessary, everyone you meet is fighting some kind of battle. **Be** teachable, everyone you meet is put in your path to teach you something—even if you do not want to learn it. **Be** forgiving, everyone makes mistakes, especially you. **Report** any questionable actions of campers or sponsors to the director immediately. **Follow** the "What would Jesus do?" motto at all time, and if He wouldn't do it—THEN DON'T DO IT EITHER!

Release

Lake Brownwood Christian Retreat, Inc., Black River Village Center for Learning, Ceta Glen, and/or Ceta Canyon hereinafter referred to as "Camp" and Mission West requires a signature for all attendees of the Camp and all participants of any Mission West & Camp activity including, but not limited to, Ropes Challenge Course, waterfront activity and water craft (canoes & kayaks), swimming pool, hiking, bicycles, basketball, football, baseball, softball, volleyball, disc golf, camp fires and any and all other camp and recreational sports and activities.

Attendance and Activities at the Camp may include warm-ups, games, group initiative problems, high and low challenge course, and/or other rigorous physical adventure activities as well as exposure to the elements, exposure to animals, snakes and insects.

Mission West & Camp takes all reasonable precautions to ensure our guests a safe and enjoyable experience. Parts of the experience, by their nature, can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. The decision to attend Camp and the decision to participate in any Camp activity at any level is at all times completely up to the camper and, if there is attendance at the Camp and participation at any level of any Camp activity, there is a risk, which must be assumed by each attendee and by each participant. Although it is the Camp's goal to maintain the physical, emotional and social safety of each attendee and participant of Camp, the physical, emotional and social risks must be assumed by each attendee and participant.

"I understand that attendance at Camp and participation in any Mission West & Camp activity may be physically and emotionally demanding. I recognize the inherent risk of physical and/or emotional injury of attending Camp and participating in any and/or all Mission West & Camp activities. I understand that each participant must assume the risk of injury, physical and/or emotional, and any financial responsibility that could result from attending Camp and participating in any Mission West & Camp activity. I agree to assume such risks and responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Mission West & Camp from any and all claims, physical and emotional, including bodily injury and/or death, that I may sustain in connection while attending Camp and with my participation in any and/or all Mission West & Camp activities."

If you feel there are any activities in which you or your child should not be involved, please attach a detailed description of the activities, including the name of the participant, the dates of attendance, and the group he/she will be attending Camp with.

Furthermore this form gives permission for your camper's voice, picture, image/likeness, or video to be used for camp promotional purposes including but not limited to web sites, flyers, slide shows, and/or video clips which inform people of the services and activities of Camp.

"I understand the directors of Camp reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operation of Camp, as determined by the discretion of the directors."

"I have read (or had read to me) this document in its entirety and I understand the information contained herein. I have freely and voluntarily signed this document."

"I hereby attest that all information listed on the Forms is complete and accurate to the best of my knowledge and that my child is in acceptable health, physical ability and emotional state to fully participate in Mission West & Camp and all associated activities. I also agree that my child will abide by the General Camp Guidelines as outlined in this document and understand that my child may be dismissed from camp and sent home at my expense if he/she does not adhere to the established regulations."

The signature provided confirms Agreement to Attend, Participate, Assumption of Risk and Release Form in order to attend Camp and participate in any Mission West & Camp activity

Participant Name (Please print) _____
Participant Signature _____ Date: ____/____/____
(if participant is under the age of 18)

Parent's Name(Please print) _____
Parent's Signature _____ Date: ____/____/____

###End of Camper Packet, the remaining forms are required of adult sponsors and stewards###



Mission West

Christian Church (Disciples of Christ) In the Southwest

We can do more together than we can do alone

The documents from this point forward are for those requesting to be adult sponsors & camp stewards.
Campers do not need to fill out this forms beyond this point.

Reference

Applicant name: _____

Reference Name: _____

Reference Phone #: _____ Reference Email: _____

How long have you know the applicant?

What is your relationship to the applicant?

What makes this person a good candidate to volunteer with children and youth?

Would you ever trust this person to “take care of” or “babysit” your child?

Is this person a reliable, trustworthy, and responsible individual?

On a scale of 1-7, 1 being not good and 7 being great, how good would they be at leading children and youth?

1 2 3 4 5 6 7

Is there any reason this person should not be considered for this volunteer position?

References: Three references are requested with one being the minister of your Christian Church (Disciples of Christ) sponsoring church. Family members are not authorized references.

Release: I hereby authorize the Area and those persons who receive my Registration form and/or their agents to make inquiries including a background check regarding me and all statements contained in these forms. I also authorize all persons, entities, former employers, courts, law enforcement and other public agencies to respond to inquiries concerning me, to supply verification of the information provided in this form, and to comment and state opinions regarding my background and character. I hereby release all such entities and individuals from all liability and responsibility arising from their doing so. This release does not extend to financial records.

Signature: _____ **Date:** _____

Mail, Fax, or Email all Three References to Mission West Office along with your registration. They must be received by the regular registration deadline to be considered as a sponsor or steward.

2717 Stanley St., Ste. A Amarillo, TX 79109 Fax 806.553.5172 missionwest@ccsw.org

Code of Ethics and Rules for Camp Stewards/Sponsors

While acting in the capacity as a Volunteer Staff member of a camp or event of the Christian Church (Disciples of Christ) in the Southwest, the following Code of Ethics and Rules shall apply:

1. Smoking or using tobacco products at the camp is prohibited.
2. Using, possessing, or being under the influence of alcohol or illegal drugs is prohibited.
3. All firearms, weapons, fireworks and explosive devices are prohibited.
4. Youth Stewards and/or Staff shall not abuse children or youth including, but not limited to:
 - a. Physical Abuse: strike, spank, shake, slap
 - b. Verbal/Mental/Emotional Abuse: humiliate, degrade, threaten
 - c. Sexual Abuse: including inappropriate touch and exposure
5. Youth Stewards and/or Staff must treat children and youth of all races, religions, socio-economic backgrounds, sexual orientations, genders, and cultures with respect and consideration.
6. Youth Stewards and/or Staff must use positive techniques of guidance, including positive reinforcement and encouragement rather than competition, comparison or criticism.
7. Youth Stewards and/or Staff will not use or tolerate profanity in the presence of children or youth.
8. Youth Stewards and/or Staff will refrain from inappropriate display of affections toward others in the presence of children, parents and other Staff, and will abide by the Tres Rios Area Dress Code Policy.
9. Youth Stewards and/or Staff must be free of physical and psychological conditions that might adversely affect children's or youth's health, including, but not limited to, contagious diseases.
10. Youth Stewards and/or Staff will portray a positive role model for youth and children by maintaining an attitude of respect, loyalty, patience, courtesy, and maturity.
11. Youth Stewards and/or Staff will be expected to act and react with Christian love and understanding in all situations. Youth Stewards and/or Staff will be expected to safeguard and hold confidential any information gained through administrative duties involving supervision of youth or volunteers and/or any other information identified by the Area as being confidential.
12. After camp parties conducted by a Youth Stewards and/or Staff person for youth campers are not permitted. Any further contact with youth must be done with the knowledge of the youth's parents and the minister of the church that sent the youth to camp and/or conference.
13. Youth Stewards and/or Staff will do everything in their power to avoid being put in a situation where they are alone with a child or youth other than their own.
14. New Mexico and Texas State law requires that all citizens report any suspected abuse or neglect of a child or a youth under the age of 18 to the appropriate State Department of Agency.
15. I understand that as an adult Staff person for the Area, I will be subject to a national criminal history background check.
16. I understand that any violation of the Code of Ethics may be grounds for removal as a Youth Steward and/or Staff person at Area camp and/or event.

Steward/Sponsor Signature _____ **Date:** _____

Effective May 16, 2010, per the TDSHS, persons with the following convictions or deferred adjudications may not be present at a youth camp:

- A misdemeanor or felony under Texas Penal Code, Title 5 (Offenses Against the Person),
- Title 6 (Offenses Against the Family),
- Chapter 29 (Robbery) of Title 7,
- Chapter 43 (Public Indecency) or §42.072 (Stalking) of Title 9,
- §15.031 (Criminal Solicitation of a Minor) of Title 4,
- §38.17 (Failure to Stop or Report Aggravated Sexual Assault of Child) of Title 8,
- Or any like offense under the law of another state or under federal law.

I have not been convicted of or received deferred adjudication for any of the above offenses:

Steward/Sponsor Signature _____ **Date:** _____



Background Verification Release Form

AGENCY INFORMATION

| | |
|----------------------------|---------------------|
| Date | Agency Name |
| Contact Name | |
| Agency's Main Phone Number | Agency's Fax Number |

APPLICANT INFORMATION:

| | | | |
|---|---|------------------------------|--------------|
| Applicant Full Name (Last, First, MI) | | Maiden or Other Name(s) Used | |
| Current Address | | | |
| City | State | Zip Code | County |
| Social Security Number | Date of Birth | Driver's License Number | State Issued |
| Position Applied For | | | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other | | |

I hereby authorize VERIFIYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFIYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature
(if under 18 years of age)