

CTF Camp 2018 Packet

- What** CTF Camp 2018!!!
- Where** Golden Bell Camp and Conference Center
380 County Road 512
Divide, CO 80814
Phone: 719.687.9561
Email: info@goldenbellrocks.com Website: <https://www.goldenbellccc.org/>
- When** July 22nd - July 27th
Meet at the Northeast Church building in Garland (318 N. Shiloh Rd. Garland, 75042) at 3:30 am. We will be pulling out of the parking lot at 4 am.
No exceptions!
We are estimating we will arrive at the camp by 7:30 PM CST / 6:30 PM MST.
- Who** 7th - 12th grade students from the CTF ministries and their friends! This includes 6th graders moving into 7th grade, and 12th graders who just graduated.
- Cost** Early Rate: **\$375** per camper, \$50 deposit due on or before **February 7**
Regular Rate: **\$425** per camper, no deposit necessary
Full Payments are due by June 27
**If cost is prohibitive, there are a limited number of partial scholarships available, as well as payment plans. Please contact Brianna or Tyler Marble to discuss your needs. Scholarship applications are available online. Discounts available for multiple kids.
- What to Bring**
- Bible Notebook Pillow
 - Sleeping bag or sheets for twin bed Flashlight
 - Electrical Appliances (Hair dryer, fan, etc.)
 - Toiletries (Soap, shampoo, toothpaste, toothbrush)
 - Clothes (for warm and cool climates)
- Make sure these are appropriate, as you will be asked to change if they aren't.
**Shorts not too short, shirts not too low, no stomachs showing pleaseeee
- Towel Snacks Sun screen Hat Poncho/Rain Jacket
 - Extra Cash for meals on the 2 drives, as well as for the gift shop if desired
- **3 meals on the way there, 2 on the way back, and any snacks
- What We Need From You!**
- Online Registration Form (<https://christianteenfellowship.com/camp/>)
 - General Health Appraisal Form
 - Physical Examination Form (**From the last two years**)
**The state of CO requires each camper under the age of 18 to have had a physical within the last two years
 - Medication Form (**If sending medication**)
 - Golden Bell Waiver
 - Scholarship Form (**If scholarship is needed**)
 - Payment (Cash/check to Christian Teen Fellowship, or online at christianteenfellowship.com/shop.)

Please fill out and return ALL forms to Brianna or Tyler Marble with your payment AS SOON AS POSSIBLE. The deadline for the forms and payment is **June 27th**.

**If you want a printed copy, contact us and we will provide one for you.

Camp General Health Appraisal Form

Parent: Please complete

Child's Name: _____ Birth date: _____

Allergies: None Describe: _____

Type of Reaction: _____

Diet: _____

Preventive creams/ointments/sunscreen may be applied as requested in writing by parent, unless skin is broken or bleeding.

I, _____ give consent for my child's health provider, school or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (and applicable attachments) to my child's childcare provider, school, or camp. FAXNumber: _____

Parent or legal Guardian Signature _____ Date: _____

Authorization expires 365 days after this date

Health Care Provider: Please Complete

Date of Last Exam: _____ Recent Weight: _____ **HCT: _____ **B/P: _____ **Lead Level: _____

Physical Exam: Normal Abnormal (see explanation of significant health concerns:)

Significant Health Concerns: None Reactive Airways Disease Seizures Diabetes Developmental Delays

Vision Hearing Hospitalizations Severe Allergies Other (dental, nutrition, behavior etc.) _____

Explain above concerns (if necessary, include instructions to childcare providers): _____

Current Medications/Special Diet: None Describe: _____

(Separate medication authorization form required for medications given to camp)

Fever reducer or pain reliever (mark only one product max. 3 consecutive days without additional medical authorization)

Acetaminophen (Tylenol®) may be given for pain or fever over 102° every 4 hours as needed

Dose _____ See attached Dosage Schedule from our office

OR

Ibuprofen (Motrin®, Advil®) may be given for pain or fever over 102° every 6 hours as needed:

Dose _____ See attached Dosage Schedule from our office

Immunizations: Up-to date see attached immunization record Administered today _____

Signature:

Next Well Visit: Per AAP Guidelines* or Age _____

This child is healthy and may participate in all routine activities, sports camps, and child care. Any concerns or exceptions are identified on this form.

Signature of Health Care Provider

Date

Office Stamp: Or write Name, Address, Phone

*The AAP recommends that children from 0-12 years have health appraisal visits at 2,4,6, 9, 12, 15, 18 and 24 months, and age 3,4,5,6,8,10 and 12 years.

**Required by Head Start programs only per state EPSDT schedule

Physical Examination Form

Name:		Date:
Height:	Age:	Sex:
Weight:	Grade:	Birth Date:

Please Circle or Fill In Items Noted Below

Vision	R20/ L20/	Uncorrected? Uncorrected?	Glasses? Contacts?
Hearing	R. Normal? L. Normal?	Diminished? Diminished?	Audiometer Testing needed? Yes? No?

Please Check And Add Comments As Needed

	Normal	Abnormal	Comments
Eyes			
Ears			
Nose & Sinuses			
Throat & Teeth			
Neck & Thyroid			
Lung & Chest			
Heart			
Abdomen			
Check for Hernia			
Extremities			
Skin			
Neurologic			

Conclusions and Recommendations

General Health: Good Fair Poor

Problems if other than "Good": _____

Participation in: (circle one)

Regular Physical Activity	Yes	No
Competitive Athletic Teams	Yes	No

Signature MD D.O. _____

Name Printed _____

Phone Number _____

Camper Medication Form

Camper's Name _____

Allergies (food, drug, other) _____

1. Name of Medication: _____ Dosage of Medication (mg): _____

Breakfast Lunch Dinner Bedtime As needed (please circle all that apply)

2. Name of Medication: _____ Dosage of Medication (mg): _____

Breakfast Lunch Dinner Bedtime As needed (please circle all that apply)

3. Name of Medication: _____ Dosage of Medication (mg): _____

Breakfast Lunch Dinner Bedtime As needed (please circle all that apply)

4. Name of Medication: _____ Dosage of Medication (mg): _____

Breakfast Lunch Dinner Bedtime As needed (please circle all that apply)

The following over-the-counter medications are available from the NEXT camp nurse. Please indicate if you give permission for your child to take each of these medicines "as needed" by circling yes or no. Only medicine's that are circled and determined to be necessary will be administered at the discretion of the camp nurse. Administration of these medicines will be per label instructions unless otherwise indicated by your physician.

Tylenol (fever, discomfort)	Yes	No
Advil (fever, discomfort)	Yes	No
Throat Lozenges (throat irritation, cough)	Yes	No
Benadryl (allergies)	Yes	No
Chloraseptic Spray (throat irritation)	Yes	No
Cortizone Cream Topical (skin irritation)	Yes	No
Visine both regular and allergy (eye irritation)	Yes	No
Milk of Magnesia (constipation)	Yes	No
Imodium (diarrhea)	Yes	No
Mylanta (stomach upset)	Yes	No
Tums (heartburn/upset stomach)	Yes	No
Acetic Acid (swimmers ear)	Yes No	

Medication Policy

The camp nurse CAN NOT give medication to the camper unless:

1. Medication is in the original container in which it was purchased. This includes prescription medications, medications purchased without a prescription (over the counter medications), vitamins, or any other pills.
2. Prescription medication comes with the pharmacy label attached.
3. Camper's name is clearly marked on all containers.
4. Dosage of medication is clearly marked on all containers. Pills that arrive unmarked, in plastic bags, pillboxes, etc, are NOT acceptable and WILL NOT be given. It is the camper's responsibility to go to the nurse for medications. The nurse is not responsible for medications that are not taken by the camper.

I understand, agree, and will comply with the NorthEast Church, Next Camp medication policy.

Parents Name _____ (print) Parents Signature _____

Date _____ Phone 1 _____ Phone 2 _____

CONSENT AND RELEASE ON BEHALF OF MINOR BY PARENT/GUARDIAN

(If participant is under the age of 18)

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby **RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS GBCCC**, its directors, employees, volunteers, independent contractors, and agents from all liability, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of GBCCC and its aforementioned parties.

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL ON- OR OFF-SITE CAMP ACTIVITIES (including transportation), to be provided routine health care, and to be given medication authorized by my child's health care provider or the licensed medical provider selected by GBCCC. **I GIVE PERMISSION TO THE PHYSICIAN SELECTED BY GBCCC** to order x-rays, routine tests, and treatment for the health of my child. **IF I CANNOT BE REACHED IN AN EMERGENCY**, I give permission to the physician selected by GBCCC to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child.

INDEMNIFICATION AND HOLD HARMLESS: I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against GBCCC, **I WILL INDEMNIFY, SAVE AND HOLD HARMLESS GBCCC**, its directors, employees, volunteers, independent contractors, and agents from any litigation expenses, attorney fees, loss liability, damage, or cost any release may incur as the result of any such claim.

ACKNOWLEDGMENT OF UNDERSTANDING: I HAVE READ THIS WAIVER of liability and indemnification agreement and fully understand its terms. I understand that by signing it **I GIVE UP SUBSTANTIAL RIGHTS I AND/OR THE MINOR WOULD OTHERWISE HAVE, INCLUDING THE RIGHT TO SUE**. I acknowledge that I am signing the agreement freely and voluntarily, **AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY** for the above-mentioned minor to the greatest extent allowed by law in the State of Colorado.

[Redacted]

Parent/Guardian Name

[Redacted]

Parent/Guardian Signature

[Redacted]

Date

[Redacted]

Minor Name

[Redacted]

Minor Signature

[Redacted]

Date

[Redacted]

Group or Camp Name

***THE PARENT/GUARDIAN MUST PRINT AND SIGN THEIR NAME ON BOTH
THE FIRST PAGE AND SECOND PAGE OF THIS WAIVER.**

Golden Bell
A Mountaintop Experience



Camp Scholarship Application

CTF has had a long standing policy that we want every young person that would like to go to camp, to be able to go to camp. We have implemented an application process to the scholarship program because we want to honor God with the funds He has blessed us with and be good stewards of those resources. *The scholarship program is not designed to “get to go to camp for free” but rather to help those families with sincere financial challenges that would otherwise prevent a young person from going to camp.* Thank you and God Bless!

Application Process:

1. Fill out this form completely and include short essay below and on the back explaining why you think it is important for you to attend camp and include two goals that you want to accomplish while there.
2. Turn everything in together to Brianna or Tyler Marble by July 5.
3. Partial and Full Scholarships available based on need. If you can pay part of the camp cost, please do so.

(PLEASE TURN IN BY JULY 5 TO BE CONSIDERED FOR A SCHOLARSHIP)

Camper Name: _____

Phone Number: _____

How much of camp are you able to pay? _____

Please use the space below and the back of this page to write an essay explaining the reasons you would like to go to CTF Camp this year.

