

## **PACKING LIST FOR SUMMER CAMP - SLT**

**SLEEPING GEAR:** Warm Sleeping bag and pillow (you may be staying in a platform tent for part of your stay, please keep this in mind).

**PERSONAL ITEMS:** Towels, soap, toothbrush and toothpaste, shampoo, deodorant, comb or brush, kleenex, laundry detergent, phone card (if you want to make calls on the weekend), CHAPSTICK, SUNSCREEN, and BUGSPRAY.

**GENERAL CLOTHING:** Jacket, 2 pairs of shoes, hiking boots, hat, two warm sweaters or sweatshirts, pants or jeans, rain jacket or Poncho, active wear, shorts, T-shirts, socks, underwear, warm PJ's, one piece swim suit, clothes for getting messy and wet. Do not forget warm clothes for the evenings.

**OPTIONAL SPECIAL CLOTHING:** Dark or camouflage clothing, dress up clothes for skits and games.

**OTHER:** Bible, sunglasses, flashlight, camera and film, pen and paper, water bottle and day or school backpack (All available at camp store).

### **MONEY:**

For Camp Store

For Camp Photos - Sign up at registration (\$6.00 each)

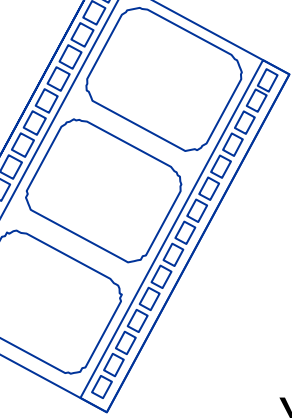
For Covenant Mission Project Offering

\*note - There may be opportunities to spend money on weekend activities, but it will not be required.

**DO NOT BRING:** Knives, matches, lighters, weapons of any sort, cell phones (they wont work), valuables (there won't be a safe place to store them), any illegal substance.

**PLEASE REMEMBER...** We are in the heart of the Rocky Mountains and the weather is very unpredictable! The temperature range can be 60-90F in the day and 45-60F at night. We are located at 9,000 feet in altitude so days can be filled with intense sunshine and/or heavy rain while the nights remain cool.

Covenant Heights Camp and Retreat Center  
7400 Highway 7  
Estes Park, CO 80517  
[www.CovenantHeights.org](http://www.CovenantHeights.org)  
Phone: 970-586-2900 Fax: 970 586-2946



# CAPTURE THE MEMORIES

With your camp registration, you receive a  
FREE DVD AND 3X5 CABIN PHOTO

You can also purchase:  
8x10 All Camp Photo—\$6.00  
8x10 Cabin Photo—\$6.00



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## 2008 MISSIONARY PROJECT COVENANT BIBLE CAMP IN JAPAN

Akagi Bible Camp was begun 40 years ago by Covenant missionaries as a support to the Covenant Church in Japan. The camp is located in the mountains north of Tokyo. The missionary project is to raise \$65,000 to purchase a building that adjoins the camp property which will add room for additional campers as well as a manager's residence. The purchase of this building will also help year-round ministry with housing for small groups of 15-20 campers. Year-round use would give them a much more sustainable financial base and ability to reach more souls for Christ.

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## A NOTE CONCERNING OFF- CAMP ACTIVITIES

Some activities, such as Horseback Riding, Hiking, and Swimming, will take place off of Camp Property. Campers will be transported by bus or van with certified staff drivers.



7400 Highway 7 Estes Park, CO 80517  
970-586-2900 [www.CovenantHeights.org](http://www.CovenantHeights.org)

**CAMPER HEALTH FORM**  
**COVENANT HEIGHTS CAMP & RETREAT CENTER**  
**CAMP SESSION ATTENDING: \_\_\_\_\_**  
**CAMP SESSION DATES: \_\_\_\_\_**

Office Use Only
? _____
? _____
Well? _____
Initials _____

<b>Parent /Guardian Information</b> Name: _____ Home Phone: _____ Work Phone: _____ Address: _____ City, State, Zip: _____	<b>Emergency Contact Information</b> Name: _____ Phone: _____ Address: _____ City, State, Zip: _____
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Child's Name: \_\_\_\_\_  
Last                      First                      Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**IMMUNIZATION RECORD:** State Law requires that all Immunizations be up to date.  
Date of last immunizations: Tetanus \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Polio \_\_\_\_\_

**HEALTH HISTORY:**  
 Drug Reactions: \_\_\_\_\_  
 Special Diet: \_\_\_\_\_  
 Special health/behavior needs/physical limitations: \_\_\_\_\_  
 Current or recent exposure to contagious/infectious disease: \_\_\_\_\_

**PRESCRIPTION MEDICATIONS:**  
 All prescription medication must be labeled from a licensed pharmacy with name of camper, name of medication, directions for use, and name of doctor prescribing medication.

**OVER THE COUNTER MEDICATION:**  
DO NOT BRING over-the-counter medicines. The camp has ample supply of over-the-counter medicine and a health officer to dispense them. Campers are not allowed to have in their possession any over-the-counter medication while being a camper.

\_\_\_\_ I WILL NOT BE BRINGING ANY MEDICATIONS FOR THE CHILD LISTED ON THIS FORM.

**INSURANCE INFORMATION:** (List all available information such as company, phone, Policy number, group or employer, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DOCTOR'S SIGNATURE:**  
 I have examined this camper within the last 24 months and found him/her to be in satisfactory physical condition and capable of active participation in camping program except as follows:  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Physician or Nurse Practitioner: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date of Examination: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**ALL CONSENT FORMS IN THIS PACKET MUST BE SIGNED AND  
 RETURNED WITH FINAL PAYMENT AS SOON AS POSSIBLE,  
 BUT NO LATER THEN TWO WEEKS PRIOR TO CAMP**

## I. CONSENT FOR MEDICAL TREATMENT

I hereby give consent in advance to the designated leaders of Covenant Heights Camp and Retreat Center (CH) and to the physicians or hospital selected by them to render first aid treatment as in their judgment is reasonably necessary, but not limited to, hospitalization, diagnosis including taking specimens and x-rays, giving blood transfusions and medications, anesthesia, and surgery for \_\_\_\_\_(child's name). I understand that the leaders of CH will attempt to contact me before securing medical treatment, but that this consent is given in the event I am not available in an emergency. I release Covenant Heights' leaders and staff from any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrences causing injury to any person or property.

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

## II. INFORMATION FOR COUNSELORS

Please list areas of concern that you would like the counselor and program director to know about such as bedwetting, behavior situation, etc.

\_\_\_\_\_  
\_\_\_\_\_

## III. PHOTO RELEASE AND FOLLOW UP

I certify that photographs or videotape pictures of my child participating in Covenant Heights Camp programs may be reproduced and utilized in promotional materials for the camp. I certify that for purposes of following up on my child's camp experience, Covenant Heights may release my child's name and spiritual commitments to our church pastor or youth worker.

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

## IV. CHILD RELEASE FORM

**Note: This section must be filled out.**

Person(s) authorized to pick up my child from camp:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Person(s) my Child is **NOT** authorized to be picked up by:

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

## V. RELEASE AND INDEMNITY AGREEMENT

I understand and certify that my child's participation in the Covenant Heights Camp and its activities is completely voluntary, and I have familiarized myself with the camp's programs and activities in which my child will be participating.

I recognize that certain hazards and dangers are inherent in the Covenant Heights Activities and Adventure Programs, including but not limited to Boating, Mountain Biking, Horse Back Riding, Ropes and Challenge Courses, Off-Campus Events, Supervised Rock Climbs, Mountaineering, and Hiking and Camping Events. I acknowledge that although Covenant Heights has taken safety measures to minimize the risk of injury to camp participants, Covenant Heights cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for the safety of camp participants.

In consideration of Covenant Heights accepting and permitting my child to attend the camp and participate in the camp activities, I agree that Covenant Heights, a non-profit corporation, its agents, officers, employees, trustees and volunteers will not be liable for any injury, death, damage and/or loss to my child, and/or anyone claiming on my child's behalf, and I further agree to hold harmless, indemnify and defend Covenant Heights, its officers, staff, agents, employees, trustees and volunteers for and from any and all liability, claims, causes of actions, losses, injuries, expenses, fees, judgments and/or damages arising out of any injury, illness or death to my child or property damage during the time of my child's attendance at Covenant Heights, whether such injury, illness or damage occurs on or off the camp's premises.

I represent that I am the parent or legal guardian of (child's name) \_\_\_\_\_. That I am at least eighteen (18) years of age and I am under no mental or legal disability which would prevent me from signing and executing this agreement. I further represent that I read (or have had read to me) and understand the terms of this agreement.

Note: Both father and mother OR a legal guardian must sign.

If there has been a divorce, the party having custody of the child must sign.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

(Does not need to be notarized, just witnessed).

Summer 2008

TO: Parents of Campers  
FROM: Tom Cousineau, Executive Director

Dear Parents,

The possibility of wildland fires within the State of Colorado has caused a great deal of concern for families that enjoy the mountains.

While Covenant Heights does not anticipate an emergency situation, nor are we in any imminent danger, we do feel the need to be well prepared to care for your child in the event an evacuation of camp is required due to a natural disaster, specifically a wildland fire.

Please be confident that Covenant Heights has the resources and procedures in place to evacuate our facilities safely and orderly. Camp maintains two 72 passenger buses with more than enough seating capacity to evacuate all campers and their counselors from our camp grounds to a safe destination.

Depending on instructions from local law enforcement, campers and staff will be transported to one of two locations where they will be cared for until you are able to arrange pick-up for your child. Location #1 will be the Lifespring Covenant Church located at 743 S. Dotsero, Loveland CO. The alternate location will be the Safeway Store Parking lot located on the corner of Hwy 36 and Diagonal Highway in Boulder, CO.

We will leave a recorded message on the camp phone, 970-586-2900, giving the time of departure and the destination location. Upon arrival at our destination, we will telephone all parents and give you instructions on pick-up.

Please do not attempt to travel to camp to pick up your child. We will have already left the camp and law enforcement will not let you through. As the Camp Director, I am also a volunteer fire fighter with the Allenspark Fire Department. You can be assured that we will have the best and earliest information and be well prepared to evacuate and care for your child.

Our hope is that our summer will be a fun filled time without the possibility of facing such an event.

Thomas M. Cousineau  
Executive Director