

## CAMP SIONITO 2007

Camp Sionito is a Christian camping activity sponsored by Coastal Bend, Heart of Texas and Mexico-Texas Mission Centers of the Community of Christ. The camps are held at the Sionito Campgrounds, located six miles west of Bandera, Texas, on Route 16 in the Texas Hill Country. Parents and legal guardians of minor children are asked to complete this form. Every participant MUST have a completed and signed form.

### ► IMPORTANT CHANGES FOR 2007 ◀

1. **Early Registration** is \$250 if the completed registration form and a \$50 non-refundable deposit is postmarked by the early registration deadline. This information should be mailed to the appropriate Camp Business Manager. **Late Registration** is \$300. There will be no waivers for the early registration cut-off date. Please register early!

	<u>Camp Dates</u>	► <u>Early Registration (\$250)</u> ◀	<u>Late Registration (\$300)</u>
Sr. High Camp	June 17-23	<b>ends May 18</b>	May 19 – June 17
Jr. High Camp	June 24-30	<b>ends May 25</b>	May 26 – June 24
Junior Camp	July 8-14	<b>ends June 8</b>	June 9 – July 8

2. A \$50 non-refundable deposit is due with your completed registration form. (The deposit will be applied to your registration fee.) The remainder of the registration fee is due at the beginning of camp. If your congregation and/or mission center is assisting in payment of fees, it is your responsibility to secure those funds. The business managers will not be contacting financial officers for those funds.
3. Arriving before the start of camp is highly discouraged. If it is absolutely necessary there will be an extra charge to cover grounds fees and meals if they are provided. In addition, you must arrange for adult supervision of all youth that are arriving early. Camp staff will not be able to supervise during this time period because of their involvement in staff training and orientation. The adult supervisor must be a registered youth worker with the Community of Christ.
4. Rules for acceptance and participation in the program are the same for everyone without regard to age, handicap, national origin, race, religion, or sex.

#### **PARENTS / GUARDIANS:**

- φ Camp begins at 1:00 p.m. on the Sunday of each camp. Campers MUST NOT arrive prior to 1:00 p.m. as this seriously interrupts Staff Orientation Sessions.
- φ Camp is not over until the noon meal on Saturday. Campers MUST BE picked up between 12:00 - 1:00 p.m.
- φ NO part time campers will be accepted.
- φ The presence of visitors and late arrival of campers can be disruptive to any camp. Please be conscientious about arriving and leaving promptly.
- φ The camping environment is a close community. Therefore, as part of the health check in with the nurse, each camper will be confidentially checked for any communicable conditions. If the nurse determines a camper has any conditions that might be passed on to other campers, depending on the nature of the condition, a camper may stay under the nurses supervision or, for the sake of the youth and the community, the parent may be asked to take the youth home.
- φ Mailing address: Camp Sionito, 7754 State Highway 16 N, Bandera, TX 78003-3528.
- φ EMERGENCY CALLS ONLY: Phone 830-796-3510.

## **CAMPERS:**

Bring jeans, T-shirts or casual shirts, raincoat or poncho, two pairs of shoes, warm jacket or sweater, pillow, blankets or sleeping bag, flashlight, toilet articles, camera, musical instruments, sports equipment, Scriptures, insect repellent, letter writing materials. DO NOT BRING radios, personal audio players, etc. that can't be listened to privately by way of a headset. Clothing or related items that promote the use of tobacco, alcohol, drugs, un-Christian conduct, abusive or derogatory language are not allowed. Use of cell phones will be restricted to certain times designated by the Camp Director.

**MAIL YOUR REGISTRATION FORM AND HEALTH FORM TO THE CAMP BUSINESS MANAGER.** Remember to include a \$50 non-refundable deposit and to register before the 30-day start date for a lower fee.

### SENIOR HIGH CAMP - JUNE 17-23

Must be going into grades 10-11-12 in the fall of 2007 or graduated in the spring of 2007.

**Director:** Bob and Cindy Meier

6103 Sugar Hill Dr.

Angleton, TX 77515-2505

515-784-5622

(Bob) bobmeier\_tx@yahoo.com

(Cindy) cindyanncota@yahoo.com

**Business Manager:** Barbara Goodwin

1405 Fife Court

League City, TX 77573

281-332-2329

Beegoodwin1@aol.com

### JUNIOR HIGH CAMP – JUNE 24-30

Must be going into grades 7-8-9 in the fall of 2007.

**Director:** Kurt Remmenga

1005 Golf Ridge Dr.

Lamoni, IA 50140

641-784-4727

remmenga@graceland.edu

**Business Manager:** Deanna Cole

P.O. Box 141

Los Fresnos, TX 78566

956-233-9751

colejdbbk1@netscape.com

### JUNIOR CAMP - JULY 8-14

Must be going into grades 3-4-5-6 in the fall of 2007.

**Director:** Julie Webb

311 West Annie

Austin, TX 78704

512-445-5442

julieawebb@lycos.com

**Business Manager:** Cathy Bennett

4705 Strass Dr.

Austin, TX 78731

512-451-2023

austinbennetts@yahoo.com

## 2007 SIONITO Camper Registration / Health Form Community of Christ

Please check the camp the participant will be attending: \_\_\_ Junior Camp \_\_\_ Jr. High Camp \_\_\_ Sr. High Camp

### General Information

Camper's Name \_\_\_\_\_

Age \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female Grade Completed in School \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Roommate Preference \_\_\_\_\_

Congregation/Church Attending \_\_\_\_\_ Mission Center \_\_\_\_\_

Name of Parent/Legal Guardian or next of kin \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Additional Parent/Legal Guardian or next of kin \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Person(s) allowed to pick up your child from camp \_\_\_\_\_

1. **Registration fee:** Early (30 days before camp) - \$250; Late (less than 30 days) - \$300 \$ \_\_\_\_\_

Camp Sionito T-shirt is included in the registration fee

**Please indicate size by circling** XL, L, M, S (adult); L, M, S (youth).

2. **Early arrival fee** of \$50.00 is required to cover additional grounds fees **Early Arrival** \$ \_\_\_\_\_

See rule #3 above; name of Adult Supervisor \_\_\_\_\_

**Registration Total** \$ \_\_\_\_\_

**Please check this box if you have included a \$50 deposit.**

### VERY IMPORTANT!

A \$50 non-refundable deposit will reserve your place at camp and if received 30 days prior to the camp start date qualifies you for the early registration rate. The deposit will be applied to your registration fee. The balance of the registration fee is due at the beginning of the camp. *Please make your check payable to the Community of Christ.*

Please check with your pastor, congregational and mission center financial officers to determine if your congregation and/or mission center will be assisting in payment of your fees. If they do assist you, it will be your responsibility to obtain a check from them to send in with your own check or for them to mail a check to the business manager in advance of camp. All fees must be paid at the beginning of each camp.

The Association of Camp Sionito is continually upgrading and enhancing the campground facilities. It is our hope that these enhancements will benefit our youth and other users of the grounds. If you are interested in making a tax-deductible donation to these ongoing efforts, please contact Vicki Vogel at 817-441-5025.

**CAMPER'S PROMISE:** To make camp more successful I will abide by the rules and expectations of the camp and will live by the highest Christian standards or will be sent home at the expense of parent(s)/guardian. I will be at all activities on time and ready to participate. I will be courteous, kind and respectful of other persons and their possessions. Youth camp policy prohibits the use of tobacco, alcohol, and illegal drugs on the campgrounds. I will not bring tobacco, alcohol, drugs, knives, matches or cigarette lighters to camp. (Failure to meet this policy will result in the camper being sent home at the expense of parent(s)/guardian.) I will not leave the campgrounds for any reason. I will only make collect phone calls and limit the call to a few minutes. I will not bring food to camp – snacks will be provided for me. I will not bring non-prescription medication to camp and all prescription medicine brought to camp will have my name on the bottle. (All medicine must be turned in to the nurse.) I will refrain from abusive or derogatory language. I will live by the “Golden Rule” – do unto others as I would have them do unto me.

Camper's Signature \_\_\_\_\_ Parent's Signature \_\_\_\_\_

**LIABILITY RELEASE**

*The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to provide a safe accident-free environment, incidents may occur. In consideration for being accepted by the \_\_\_\_\_ Mission Center, Community of Christ, for participation in this event, we (I) being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant, if said child is not 21 years of age or older) hereby release, forever discharge and agree to hold harmless the aforementioned mission center and the Community of Christ and the directors thereof from any and all liability, claims, or demands for personal injury sickness, or death. as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.*

*Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work-activities involved therein.*

*Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food, and lodging for this participant. The undersigned further agrees to hold harmless and indemnify said organization, its directors, employees, and Agents, for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.*

*Only participant needs to sign if 21 years of age or older. If participant is under 21, both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.*

\_\_\_\_\_  
PARTICIPANT (if 21 or over)                      PARENT/LEGAL GUARDIAN/NEXT OF KIN                      DATE

**PHOTO RELEASE**

*In consideration of the right of \_\_\_\_\_ to participate in this activity. I hereby give consent to  
(Child's Name)  
and authorize the taking of photographs or videotape in which my child may appear. I hereby waive all right of privacy in and to any said pictures or tapes.*

\_\_\_\_\_  
PARTICIPANT (if 21 or over)                      PARENT/LEGAL GUARDIAN/NEXT OF KIN                      DATE

CAMPER'S NAME: \_\_\_\_\_

**CONSENT**

I/We specifically consent to \_\_\_\_\_ participating in activities offered by the \_\_\_\_\_  
(Child's Name) (Sponsor)  
Camp, including but not limited to camping, boating, swimming, hiking, and sporting events. I have deleted any items from the preceding list to which I do not give consent for participation.

I/We certify that \_\_\_\_\_ has the necessary skills to participate in any of the approved activities.  
(Child's Name) (e.g. if boating is approved, the child can swim).

I/We specifically do not want \_\_\_\_\_ to participate in the following activities:  
(Child's Name) (if none, please so indicate)

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

**Who to Contact in the Event of an Emergency**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**Medical History**

1. Allergies to foods, medications, etc. (if none, so state) \_\_\_\_\_

2. Is camper currently under a physician's care for any acute or chronic medical condition?  
(If so, please explain. If none, so state) \_\_\_\_\_

3. Does camper carry medications on person? (If none, so state) \_\_\_\_\_

Medication(s) \_\_\_\_\_

Purpose: \_\_\_\_\_

4. Does camper require prescription medications? (If none, so state) \_\_\_\_\_

Medication(s) \_\_\_\_\_

Purpose: \_\_\_\_\_

5. Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Office Address \_\_\_\_\_

6. Health Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policyholder's Name \_\_\_\_\_

Address \_\_\_\_\_

Group No. \_\_\_\_\_ Policy No. \_\_\_\_\_

**(Please attach a photocopy of your insurance card and prescription card if one.)**

7. Does camper have or has camper had any of the following conditions? (Please circle "yes" or "no." If "yes" is circled, please list approximate date of last occurrence.)

Asthma	No	Yes	Date: _____	Diabetes	No	Yes	Date: _____
Bronchitis	No	Yes	Date: _____	Tuberculosis	No	Yes	Date: _____
Rheumatic Fever	No	Yes	Date: _____	Kidney Trouble	No	Yes	Date: _____
Hepatitis	No	Yes	Date: _____	Mumps	No	Yes	Date: _____
Scarlet Fever	No	Yes	Date: _____	Heart Murmur	No	Yes	Date: _____
Appendicitis	No	Yes	Date: _____	Chicken pox	No	Yes	Date: _____
Pneumonia	No	Yes	Date: _____	Frequent Colds	No	Yes	Date: _____
Epilepsy	No	Yes	Date: _____	HIV	No	Yes	Date: _____
Anemia	No	Yes	Date: _____	Sore Throats	No	Yes	Date: _____
Measles	No	Yes	Date: _____	Fractures	No	Yes	Date: _____
Heart Trouble	No	Yes	Date: _____	Sinusitis	No	Yes	Date: _____
Whooping Cough	No	Yes	Date: _____	Nature of fracture	_____		

Other conditions nurse should be aware of \_\_\_\_\_

8. Operations or Serious Injuries (describe and give dates) \_\_\_\_\_

9. Immunization Dates (A photocopy of the camper's health card may be attached, if any.)

<b>DPT</b> _____	<b>Booster Diphtheria</b> _____	<b>Booster Tetanus</b> _____
<b>Smallpox</b> _____	<b>Typhoid</b> _____	<b>Tuberculin</b> _____
<b>Measles</b> _____	<b>Mumps</b> _____	<b>Polio Vaccine (Salk or Sabin)</b> _____

10. Has individual recently been exposed to a contagious disease? (If "Yes," describe. If "No," so state)

11. Does individual have problems in any of the following areas?

<b>Vision</b> _____	<b>Hearing</b> _____	<b>Hernia</b> _____	<b>Fainting</b> _____
<b>Diarrhea</b> _____	<b>Constipation</b> _____	<b>Sleep Walking</b> _____	<b>Bed-wetting</b> _____

**Recent emotional upset (death of family member, divorce of parents, etc.)**

12. Any other medical, emotional, psychological problems, dietary regime, or physical restrictions? If yes, please describe \_\_\_\_\_

**As a parent/guardian I acknowledge that individual will be checked by the nurse at the start of camp for any condition that might be contagious. I also understand that should individual have to be sent home due to such a condition I will be responsible for any and all transportation cost.**

**Permission For Medical Treatment**

*I, the undersigned, being the parent, legal next-of-kin, or guardian of \_\_\_\_\_ hereby authorize any necessary medical treatment for this person. I also guarantee payment of all charges incurred during this medical treatment for Physician, hospital, x-ray tab, drugs, ambulance, etc.)*

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_