

CAMP SANDY COVE



CHRISTIAN CAMPING AT ITS BEST!

SINCE 1950

Summer 2018

Dear Camp Sandy Cove LIT and Parents:

Greetings from Camp Sandy Cove! Thank you for registering for the LIT program at Camp Sandy Cove this summer. Attached you will find a packet of information to read and complete. Please follow the instructions below concerning this packet.

Return these forms to me:

Exertion Letter. The letter explaining the physical demands of your trip must be signed by the parents or guardian and by a licensed physician and returned to camp.

Cedar Ridge Adventures Wavier. As a part of the LIT trip, your child will be visiting Cedar Ridge Adventures to experience their ropes course. Please sign their waiver and return it.

The LIT's **Health Form** must be completed by the parents or guardian and signed by a licensed physician. **Your child will be required to have a physical if he/she has not had one within the last twelve months.** Please attach a photocopy of your child's insurance card.

To further assist you as you prepare for camp, you will also find a list of what your child should and should not bring with them. I have also provided directions to camp to help you find your way.

Registration will take place from 4:00 pm to 5:00 pm on each Sunday. The balance of your camp fee must be paid **by June 1**. You can schedule the payment to be deducted from your credit card at this time. We accept Visa, MasterCard and Discover cards. Reservations for the **Shuttle Bus** may also be made at this time. Space is limited, so please call as soon as possible.

In the event that your child is removed from a trip due to health concerns, you will be notified immediately. If they are able, they will remain in camp to recuperate. I hope you are as excited about the summer as I am. The LIT program is an experience that your child will never forget!

In Christ,

Tim Nielsen

Tim Nielsen
Director



Summer Address (May - September):
436 Reflection Ln
High View, WV 26808-9601
Phone: 304 856-2959
Fax: 304 856-1683
www.campsandycove.org

Corporate Address (October - April):
60 Sandy Cove Rd
North East, MD 21901-5436
Phone: 443 674-9454
Fax: 410 287-3196
www.campsandycove.org

Member

Christian Camp and
Conference Association



Summer of 2018

Exertion Letter

Dear Camp Sandy Cove LIT and Parents,

Greetings from Camp Sandy Cove! Thank you for your interest in the Leadership Training program at Camp Sandy Cove. I'd like to take time to give you a clearer picture of the trip.

There are three different aspects to your trip. You will spend 5 days on the Potomac River and paddle approximately 50 miles with your gear in the canoe. This is one of the most beautiful rivers in Virginia. It will take you through some beautiful swimming holes, gorgeous scenery, and even a few class 2 rapids all along the foothills of the Appalachian Trail.

Another part of your trip will take place in the mountains. You will be hiking approximately 60-70 miles with all your gear in backpacks as you look over awesome vistas along the way. The terrain does vary in height, so expect to climb in elevation as you go. We have experienced a diversity of weather conditions on hiking trips. Please be prepared for the unexpected rain storm, possible temperature drops due to the elevation, or the sun and all of its burning intensity.

The third part of your trip is rock climbing and a ropes course. This portion is designed to help you work together as a team and to challenge yourself as individuals. You will be going to a nearby outdoor rock face for rock climbing and to Maryland for a low and high ropes course experience.

As this trip does involve a lot of physical activity, we would like you to inform your family physician of your plans to participate. At the bottom of this letter, a space has been provided for your physician to sign his/her name informing us that he/she believes you are physically capable of such an experience. Please also sign your names in the designated area.

If there are any special needs that you should make known to us, please do not hesitate to call. We are looking forward to a great time serving you in God's creation and hope that you enjoy it as much as we do.

In Christ's Love,

Tim Nielsen

Tim Nielsen
Director

Physician's Signature

Parent's Signature

Camper's Signature



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The following is a list of suggestions for getting gear together:

1. It is not necessary to run out and buy new things. Things get dirty, lost, etc. on trips. If you do not have an item such as a lightweight sleeping bag, ask around. One of your friends will probably loan you one.
2. Please use biodegradable products whenever possible.
3. No I-pods, cell phones, electronic games, comic books, cards, etc.
4. Gallon sized Ziploc storage bags are excellent for packing things inside your duffel bag or backpack. Your things will stay dry and it is easy to see through the bags.
5. Pack as lightly as possible. You are responsible for carrying everything you bring.

GEAR LIST FOR THE LIT TRIP

NECESSITIES

COMPLETED HEALTH FORM and WAIVERS

BIBLE (small one if possible)

DUFFEL BAG (to stow your gear)

SLEEPING BAG (it must be in a stuff sack, a pillow case will work)

HIKING BOOTS OR OTHER STURDY SHOES (be sure they are well worn)

SHOES FOR AFTER HIKING (must cover heel and toe)

SHOES TO WEAR IN THE WATER (no open-toed shoes)

5 LARGE TRASH BAGS

3-5 PAIR OF HIKING SOCKS

7 PAIR OF REGULAR SOCKS

NOTEBOOK AND PEN

LIGHTWEIGHT FLASHLIGHT AND EXTRA BATTERIES

SMALL PERSONAL CARE ITEMS

UNDERWEAR

8 T-SHIRTS

8 SHORTS (no denim)

SWEATSHIRT, LONG SLEEVE SHIRT, OR A LIGHTWEIGHT JACKET

LONG PANTS (no blue jeans, they are too heavy and take too long to dry)

RAIN GEAR (a big poncho is recommended because it fits over you and your backpack)

1-2 BANDANNAS

HAT

POCKETKNIFE

SUNSCREEN

PLASTIC WHISTLE

TOWEL

SWIMSUIT

SHOWER SHOES

OPTIONAL

BUG SPRAY (no aerosol cans)

CAMERA

SUNGLASSES

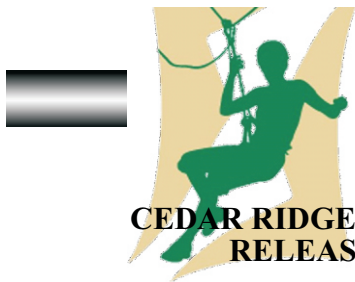
\$5-\$10 SPENDING MONEY

* THIS LIST OF CLOTHES WILL BE TAKEN WITH YOU ON THE TRIP. YOU WILL PROBABLY WANT TO BRING ALONG ANOTHER SET OF CLOTHING FOR THE RIDE HOME FROM CAMP. WE WILL LEAVE IT AT CAMP DURING YOUR TRIP.

PLEASE NOTE

The Trip Leaders will help you pack all of your personal and group gear and answer any questions you may have. Remember that you will be carrying all of your gear, in addition to the food and tents that we will be using on this trip. Don't load yourself down with too many extra items.

***** PLEASE DO NOT PACK GUM OR CANDY *****



Cedar Ridge Adventures

Making a Difference...One Adventure at a Time

www.cedarridgeadventures.org

CEDAR RIDGE ADVENTURES CHALLENGE COURSE AND ADVENTURE PROGRAMS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of being permitted to participate in the Cedar Ridge Adventures Challenge Course Program (hereinafter referred to as "program") and activities of the Adventures Department of Cedar Ridge Children's Home and School Inc (hereinafter referred to as "CRA") the undersigned is aware that the program involves a variety of activities including warm-ups, group initiatives, low and high challenge course elements, and other potentially rigorous physical adventure activities and is aware of the physical and emotional risks inherent in the participation in such activities and in the use of CRA equipment and facilities.

Furthermore the undersigned has been advised of the voluntary nature of the program and is aware that they may decline to participate in the program, or in any part of the program, if they so choose.

In further consideration of being permitted to enter CRA property for any purpose including, but not limited to, observation or use of facilities or equipment or participation in any off-site program affiliated with CRA, each of the undersigned hereby agrees to the following:

1. To release, waive, discharge, and hold harmless CRA, its directors, employees, representatives, affiliates, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin from any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, unless caused by the negligence or willful misconduct of the releasees while the undersigned is in, upon, or about the premises or facilities or equipment therein or participating in any program affiliated with CRA.
2. To indemnify and save and hold harmless the releasees from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon, or about the CRA premises or in any way observing or using any facilities or equipment of CRA or participating in any program affiliated with CRA unless caused by the negligence of the releasees.
3. To assume full responsibility for any risk of bodily injury, death, or property damage due to negligence of participant or otherwise while in, upon, or about the premises of CRA and/or while using the premises or facilities or equipment therein or participating in any program affiliated with CRA.
4. To approve and release to CRA the use for purposes related to the business and promotion of Cedar Ridge Adventures of any photographic or video recorded image of the participant listed below.
5. To give permission for transportation to any medical facility or hospital, and to authorize any qualified instructor or medical personnel to render necessary emergency medical care for the participant listed below.

The undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement is unconditional and is intended to be as broad and inclusive as is permitted by the law of the State of Maryland and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, the undersigned as participant and/or parent or guardian of the named participant, have read and voluntarily sign this release and waiver of liability and indemnity agreement with the intent of affirming and making effective all representations made herein. I further attest that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

PARTICIPANT (print name)

PARTICIPANT SIGNATURE

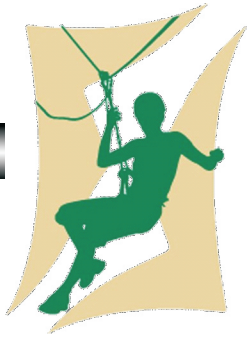
DATE

PARENT OR LEGAL GUARDIAN MUST SIGN BELOW FOR ANY PARTICIPANT UNDER 18 YEARS OF AGE

PARENT OR GUARDIAN (print name)

PARENT OR GUARDIAN SIGNATURE

DATE



Cedar Ridge Adventures

Making a Difference... One Adventure at a Time

www.cedarridgeadventures.org

Disclosure:

Cedar Ridge Adventures involve a variety of activities that often include warm-ups, games, group initiative problems, high and low challenge ropes course elements and other rigorous physical adventure activities. (The level of participation in a Cedar Ridge Adventure activity is at all times completely up to the individual's choice). Yet there is a risk, which must be assumed by each participant, that he/she may suffer an emotional or physical injury of disability.

Cedar Ridge Adventures' policy for participation in all activities requires that the participant's health and accident insurance provide the primary coverage for participants. CRA reserves the right to refuse services to those persons not covered by health and accident insurance.

Certain health/medical information must be made known to the Facilitator/s conducting the programs so that they are prepared to respond appropriately if the need arises.

Please complete this form and return to CRA prior to participating on the course. *PLEASE PRINT!*

Name: _____ Age: _____ Phone: (____) ____ - _____

Address: _____ Health/Accident Insurance Co. : _____

City: _____ State: _____ ZIP: _____

1. Do you have any limiting physical disabilities, handicaps, or chronic back and/or joint conditions (temporary or permanent)? ☐ Yes ☐ No If yes, please explain: _____

2. Are you currently taking medication? ☐ Yes ☐ No If so, list the type of medication, for what condition it is prescribed, and recommended dosage. The participant must bring adequate amount of medication in waterproof, non-breakable containers. _____

3. Have you had or do you have asthma, diabetes, thyroid trouble, bleeding problems, epilepsy, or any type of arthritis? ☐ Yes ☐ No If so, please provide details and present condition: _____

4. Allergies:

☐ Yes ☐ No Medications, (ex. penicillin, aspirin, sulfa, etc.)

☐ Yes ☐ No Insect bites, (ex. bees, wasps, spiders, etc.)

☐ Yes ☐ No Foods, (ex. milk, seafood, etc.)

☐ Yes ☐ No Other substances (ex. dust, ragweed, poison ivy, hard work, etc.)

If yes, please give details, date of last reaction, and any treatment given: _____

5. Do you have any special dietary restrictions? ☐ Yes ☐ No If so please give details: _____

I have read the enclosed information and understand the physical and stressful nature of Cedar Ridge Adventures. I have noted any medical or physical conditions which might affect my ability to participate in any activity. As a participant, I will at all times wear any required equipment, and follow the directions of the CRA Facilitators and Instructors.

Permission is granted by those signed below for any emergency medical care, anesthesia and/or operation which might become necessary.

Permission is also granted to Cedar Ridge Adventures to use audio and/or visual recordings for promotional purposes.

Applicant Signature: _____

Date ____/____/____

Parent / Guardian Signature: _____

Date ____/____/____

Emergency Contact Phone No. _____

If applicant is under the age of 18, challenge course participation will not be allowed without signature of parent/guardian. This policy is strictly enforced. No Signature = No Participation!

12146 Cedar Ridge Road / P.O. Box 439 / Williamsport, MD 21795

PHONE 301-582-0282

FAX 301-582-0828

EMAIL adventures@cedarridge.org



Camp Sandy Cove

LIT HEALTH HISTORY FORM

Summer Address:
436 Reflection Ln
High View, WV 26808
Phone: (304) 856-2959
Fax: (304) 856-1683

Corporate Address:
60 Sandy Cove Rd
North East, MD 21901
Phone: (410) 287-5433
Fax: (410) 287-3196

PLEASE BRING COMPLETED HEALTH FORM, INCLUDING DOCTOR'S PHYSICAL & IMMUNIZATIONS (OR RELIGIOUS EXEMPTION) WHEN YOU BRING YOUR CHILD TO CAMP

Camper Name	_____	Birth Date	____/____/____	Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Age	_____
	<small>Last First Initial</small>						
Parent/Guardian	_____	Phone	_____	Area Code & Number			
Home Address	_____						
	<small>Street & Number</small>	<small>City</small>	<small>State</small>	<small>Zip</small>			
Business Phone	_____	Cell Phone	_____	Area Code & Number			
	<small>Area Code & Number</small>						
2nd Parent/Guardian if applicable	_____						
Home Address	_____						
	<small>Street & Number</small>	<small>City</small>	<small>State</small>	<small>Zip</small>	<small>Phone</small>	<small>Area Code & Number</small>	
Business Phone	_____	Cell Phone	_____	Area Code & Number			
	<small>Area Code & Number</small>						
Emergency Contact's Name & Relationship:	_____						
	<small>Contact this person if parents cannot be reached</small>						
Home Phone	_____	Cell Phone	_____				

ALLERGIES

- ☐ No known allergies
☐ Medicine allergies
☐ Food allergies
☐ Environment allergies
Please describe all that the LIT is allergic to and the reaction seen.

Please select the dates your child will be attending:

____ 6/24-7/1/2018 ____ 7/1-7/8/2018 ____ 7/8-7/15/2018
____ 7/15-7/22/2018 ____ 7/22-7/29/2018 ____ 7/29-8/5/2018 ____ 8/5-8/12/2018

Name of family physician _____
Phone _____ Fax _____
Name of dentist/orthodontist _____
Phone _____ Fax _____

MEDICAL INSURANCE INFORMATION

If my child is not covered by an insurance policy, or I fail to provide the necessary information, I am financially responsible.

LIT is covered by medical/hospital insurance ☐ Yes ☐ No

Please supply a copy of your insurance card.

Insurance Company: _____ Insurance Company Phone Number: _____
Policy Number: _____ Group Number: _____
Subscriber: _____ Policy Holder's Date of Birth: _____
Name of Policy Holder

PARENT AUTHORIZATION FOR HEALTH CARE

IMPORTANT - This box must be completed by parent/guardian if LIT is to attend camp

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of parent or guardian _____ Date _____
Relationship to camper: _____

Name of Medication	When it is given	Amount or dose given	How it is given
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		



Leader In Training Name _____ Birth Date ____/____/____
Last First Initial

TO BE COMPLETED BY A LICENSED PHYSICIAN

This exam must be within 12 months of the LIT's arrival to camp. Date Examined: _____

Height: _____ Weight: _____ Blood Pressure: _____

The LIT is under the care of a physician for the following condition(s): _____

Current Treatment (include medications): _____

Treatment to be continued at camp: _____

Does the LIT have epilepsy? Yes ☐ No ☐

Does the camper have diabetes? Yes ☐ No ☐

Medications to be administered at camp (specific dosages): _____

Medically prescribed meal plan or dietary restrictions: _____

Allergies (food, drug, plants, insects, etc.): _____

Do you feel that the LIT will require limitations or restrictions while at camp? Yes ☐ No ☐

Please list restrictions or limitations on specific activities (specify): _____

What have we forgotten to ask? On a separate piece of paper, please provide any additional information about the LIT's health that you think is important or that may impact their ability to fully participate in the camp program.

Do you have important questions or comments for our nurse? Feel free to email her at:
campnurse@sandycove.org

Licensed Physician's Signature: _____

Licensed Physician's Printed Name: _____

Address: _____ Phone: _____
Street & Number City State Zip Area Code/Number

Date of Form Completion: _____ By: _____

Indicate completed by a nurse or physician's assistant.