

## Middle School Camp 2018

This year we are, once again, going to Teen Valley Ranch (TVR) for camp. TVR is located in the mountains of NC, in Plumtree – about 45 minutes outside of Boone. For more information about TVR please ask Tim Mascara or check out the TVR website: [www.tvr.org](http://www.tvr.org).

Here are the basics:

**Who:** All rising 7<sup>th</sup> and 8<sup>th</sup> grade students

**What:** Summer Camp – activities, fellowship, FUN

**When:** July 9-14, 2018 (Monday-Saturday)

**Where:** Teen Valley Ranch (TVR) in the mountains of NC.

**Why:** To get to know the Lord, and each other, better

**How Much:** Total cost is \$425. A deposit of \$50 is due by

**APRIL 29<sup>th</sup>.**

The remaining amount (\$375) and forms are due by JUNE 10<sup>th</sup>.

**\*Please note: If you put a deposit down to reserve a spot the last day to back out and not be responsible for the FULL AMOUNT is May 27<sup>th</sup>.**

In this packet you will find information about TVR, and all of the necessary paper work for camp. (NONE of the forms need to be notarized.)

### Money & Form Checklist

- 1. \$50 Deposit (Due 4/29)
- 2. \$375 Final balance (Due 6/10)
- 3. Camp Release Form (Front & Back; Due 6/10)
- 4. TVR Medical Form (Due 6/10)
- 5. StoneBridge Medical Release Form (Due 6/10)
- 6. Copy of Insurance Card (Front & Back; Due 6/10) *Don't forget this one!*

Please let us know if you have any questions or concerns about camp!

Tim Mascara: 704.562.7402  
tim@stonebridge.org



# TVR CHRISTIAN CAMP & RETREAT CENTER

P.O. BOX 10, PLUMTREE NC 28664 • 828.765.7860 • 828.765.0690 FAX • INFORMATION@TVR.ORG

## SUMMER CAMP RELEASE FORM 2018

Guest Name \_\_\_\_\_ Phone \_\_\_\_\_

First Middle Last

Gender:  Male  Female Age: \_\_\_\_\_ School Grade Next Fall \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip Code

Name of Church / Group \_\_\_\_\_

Week: June 11-16 June 18-23 June 25-30 July 9-14 July 16-21 July 23-28 July 30 - August 4  
Please Circle One

I would like to room with: #1 Choice \_\_\_\_\_ #2 Choice \_\_\_\_\_

T-Shirt Size: Youth S Youth M Youth L Adult S M L XL XXL

### PARENT INFORMATION

Parent/Guardian Name \_\_\_\_\_

First Middle Last

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

Email \_\_\_\_\_

Name of Additional Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Person(s) Authorized to Pick Up Camper \_\_\_\_\_

### INSURANCE INFORMATION

Is guest covered by family medical/ hospital insurance?  Yes  No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Relationship to guest \_\_\_\_\_

Effective Date of Coverage \_\_\_\_\_

\*\*\* Please photocopy the front and back of health insurance card and staple it to this form \*\*\*

### IMPORTANT MEDICAL AND ALLERGY INFORMATION

Please check all medications your child is allowed to receive from TVR personnel.

\_\_\_\_\_ Acetaminophen (Tylenol) \_\_\_\_\_ Ibuprofen (Advil, Motrin, etc) \_\_\_\_\_ Antihistamines (Benadryl, etc.)

\_\_\_\_\_ Cold Medicine \_\_\_\_\_ Antacids (Tums, etc.) \_\_\_\_\_ Anti-Diarrheal (Imodium, etc.)

\_\_\_\_\_ Cough Drops

Date of last tetanus shot \_\_\_\_\_

1. Does your child have any allergies related to food, medicine, insect bites, etc. in which we need to be notified? Circle: YES NO IF YES, ALLERGY:

2. Does your child have any health conditions such as heart conditions, asthma, diabetes, etc. in which we need to be notified. Circle: YES NO IF YES, CONDITION:

If allergy or condition noted, please provide detailed explanation and treatment information (use additional sheet and attach if necessary). Please also complete medication sheet if your child has medications taken on a daily basis needing to be administered while at camp.

**Please read carefully. This section must include guest or parent/guardian signature.**

### **EMERGENCY MEDICAL RELEASE AND CAMPER AGREEMENT**

#### **WE DO NOT REQUIRE NOTARIZED FORMS**

1. I/we hereby give permission for my/our child, who is a minor, to attend TVR Christian Camp and to fully participate in the activities offered for his or her age group. In the event of an emergency or sickness, I/we authorize TVR Christian Camp to secure medical treatment for my/our child, to be administered by authorized agents or agencies, as designated by TVR.
2. I/we authorize TVR Christian Camp to administer those medications to my/our child which is indicated by a checkmark on the front side of this form according to the prescribed directions for each. If spaces are left blank, TVR *WILL NOT* dispense that particular medication unless a physician or parent/guardian is contacted for approval.
3. I/we agree to allow TVR Christian Camp to use any photographic image or video taken of named camper for promotional/marketing purposes. *For safety there will be no names or information given about the individuals or groups in the photos.*
4. I/we understand payment for medical bills for my/our child is my/our responsibility and the camper's family insurance plan is responsible for injuries and/or sickness at camp. **TVR does NOT require that a guest be insured while at camp.** We do offer an optional accidental insurance plan through Standard Life and Casualty Insurance Company, which may reduce some of the expenses in the event of an injury to your child (sickness is excluded). Coverage is explained on the separate application from Standard Life (your group leader should have a copy of this form). The cost is \$6.00 for children through 18 years old. **IMPORTANT: Insurance application and a separate check made payable to TVR must be sent directly to TVR 30 days prior to attendance at TVR.** Please send insurance application and check directly to P.O. Box 10, Plumtree, NC 28664. If you have any questions, please call TVR at (828)765-7860.
5. *I/we agree to waive and release TVR Christian Camp, its employees and volunteers from any claim or cause of action that might arise on behalf of myself/ourselves or my/our child as a result of his or her participation in this event. Furthermore, I/we agree to assume all responsibility for my/our child's actions, including, but not limited to, the cost of repair or replacement for items damaged by willful abuse of my/our child and /or transportation costs, should it become necessary for my/our child to be sent home for medical or disciplinary reasons prior to the conclusion of this event.*

*By signing below, I (guest or parent/guardian of guest under 18) agree and consent to all above stated.*

Name of Parent or Legal Guardian \_\_\_\_\_

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



# TVR Christian Camp & Retreat Center

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## MEDICATION FORM

While your child is here for summer camp we want to make sure that you are able to rest at ease in knowing that your camper is well taken care of. Each week of summer camp we have a staff member who administers all camper meds and assesses all injuries. In our medical closet we carry a wide variety of over the counter medications such as allergy meds, pain relievers, ointments, and stomach meds. **Please do not send these items to camp with your child, as well as non-essential (for the week) vitamins and supplements.**

We ask that you fill out the form below and place it in a Ziploc bag ready **to turn in to camp staff on registration day.** **Please do not send form in before check-in.** ALL medicine must be filed and turned in to our staff on the Monday of camp. For those with inhalers, we will discuss the best options for your child with you and our staff.

If you have further questions concerning medications, please feel free to contact Shelia at 828.765.7860, or email her at [soakley@tvr.org](mailto:soakley@tvr.org).

Camper Name: \_\_\_\_\_

Age Group: Circle One

Pioneer (3<sup>rd</sup>-5<sup>th</sup> grade)

Ranger (6<sup>th</sup>-8<sup>th</sup> grade)

Mountaineer (9<sup>th</sup>-12<sup>th</sup> grade)

Please list **all** medication taken routinely. Bring enough medication to last during the entire stay at camp. Please clearly and accurately label medication if not in original packaging, so that the label identifies the name of the medication, the dosage, and the frequency of administration. If at all possible, it is much more feasible on our end to administer bedtime medications at dinner time, if the medication allows for flexibility in administration time (allergy meds, over-the-counter drugs, etc.). This request is due to the volume of campers and medications dispensed, along with the campers' schedule later in the evening. It makes for a smoother process to administer as many medications earlier in the evening as possible.

**Please be as clear as possible as to dosage and timing of administration.**

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Circle one : AM PM BT

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Circle one : AM PM BT

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Circle one : AM PM BT

Parent/Guardian Signature: \_\_\_\_\_

**\*\*For Office Use Only\*\***

Counselor Name: \_\_\_\_\_

Rooming Assignment: \_\_\_\_\_



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## WHAT TO BRING TO TVR

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### What to Bring:

- Sleeping bag or sheets and pillow
- Towels and washcloths
- Toiletries
- Bible, pen, and notebook
- Jacket/sweatshirt
- Plenty of clothing that can get messy
- Long pants and tennis shoes for horseback riding
- Extra pair of shoes for water activities
- Western clothes for Rodeo night (summer camp only)
- Camera other than a cell phone (summer camp only)
- Snack Shack money

### What NOT to Bring:

- Tobacco, alcohol
- Radios/music players
- Cell Phones (summer camp only)
- Bikinis or two-piece bathing suits
- Sleeveless shirts, shorts above mid-thigh (running/cheer shorts), or tight-fitting, revealing clothing, including leggings unless worn under an outer layer
- Magazines
- Televisions or portable DVD players
- Weapons
- Pets
- Nuclear warheads

Your retreat is designed to leave a lot of these things behind for a little while in order to be a part of an atmosphere that is “free from all distractions.” Cell phones service is very limited at camp. We have office phones available for use. TVR is not responsible for lost or stolen items.