



Blue Ridge Region CBC
SUMMER CHURCH CAMP

DATES: Jr. Camp / Completed Grades 4-7 / June 16-21

Senior Camp / Completed Grades 8-12 / June 23-28

FEES

\$160 per camper. Help is available. Check with your church youth representative.

REGISTRATION

Deadline: June 2, 2024 **Early registration is encouraged.**

Return completed registration form and copy of insurance card to your church camp representative.

Church Camp Representatives Only: Please send registration forms and copy of insurance cards to:

**Antioch Church
C/O Becky Leland
23502 Senedo Road
Woodstock VA 22664**

Forms Must be received by June 12, 2023. – Thank You!

Held at Shenandoah Meadows

443 Meadow View Ln. Fort Valley, VA

Directions to Shenandoah Meadows:

FROM I-81 (N or S): Take exit 279 (Edinburg), turn East to Route 11 and at the intersection with Route 11, turn left (N). Go approximately 1 mile and turn right at the car dealership on Route 675. Go approximately 6 miles to the intersection of Route 675 and 678 in the town of King's Crossing. Turn left onto Route 678. Go 4.2 miles and turn left onto 443 Meadow View Lane (across from Faith Lutheran Church). Take the middle gravel road approximately .4 miles to The Retreat at Shenandoah Meadows.

FROM 522: Drive 522 South to Route 55 between the two bridges in Front Royal. Travel Route 55 West to Fort Valley Road and turn left. Go 16 miles on Fort Valley Road until you see Faith Lutheran Church on your left. Just after the church turn right onto 443 Meadow View Lane. Take the middle road approximately .4 miles to The Retreat at Shenandoah Meadows.

Additional Information

Keep this paper!

VISITORS:

IMPORTANT NOTICE: Due to insurance restrictions, additional costs incurred by surprise visits, schedule disruptions and camp security, **all** visitors to the camp must have permission from that week's Camp Director before coming. **Visitors who do not receive this permission can expect to be asked to leave by that week's Camp Director.** **All** visitors will also be required to sign a medical release, liability waiver and code of conduct form upon arrival.

HOW SICK IS TOO SICK TO COME TO CAMP?

- Keep your child home for 24 hours when their temp is 100.0 or higher in the past 24 hours. If your child has a fever the morning before camp please don't give Tylenol or Motrin and send them to camp.
- If your child is vomiting or having diarrhea (3 or more loose stools) the night before or 4 hours before camp starts please keep them home for 24 hours.
- If your child has persistent green/yellow nasal drainage
- If your child has a heavy persistent cough with sputum
- If your child has skin eruptions or an undiagnosed skin rash
- If your child has redness of the eye lining or an irritation of the eyes accompanied by a swelling and drainage or eyes are matted shut in the morning
- If your child is taking antibiotics keep them home for 24 hours after the first dose of medications

OTHER IMPORTANT DETAILS:

CHECK-IN: Campers will be checked in at the Chapel at 5p.m. on the Sunday of their camp week. If you arrive early you are welcome to check out the camp, **but counselors and directors will not be available for questions and check-in until 5.** Medications and store money should be turned in and the staff will verify that all fees and forms have been turned in and are on file at that time.

CHECK-OUT: Campers will be checked out at the Chapel at 7 p.m. on the Friday evening of each camp. Any remaining medications or store money will be returned and any information from the week that needs to be discussed with parents/guardians will be provided at that time. **The name of the person(s) picking up each camper must be on the registration form and a photo I.D. may be required to be shown.**

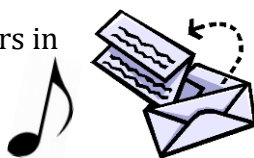
LEAVING CAMP: We highly discourage campers from leaving the camp **at all** before Friday evening. If you know beforehand that your camper will be leaving during the week you must report that at check-in to the Camp Director to have on file. Of course, emergencies will be handled on a case-by-case basis.

PHONE: There is a phone available at the camp for emergencies only. To protect camper morale, no outgoing or incoming phone calls are allowed (except for emergencies). **The number is 540-933-6650.**

MAIL

We encourage cards and letters from parents, church members, family, teachers and friends. We recommend sending mail early to ensure your camper receives your well wishes. Please address mail to your camper as follows:

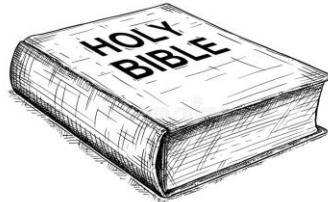
**If your child receives a package or 3 letters in one day, they must sing for their mail. ☐



(Camper's Name)
c/o The Retreat at
Shenandoah Meadows
443 Meadow View Lane
Ft. Valley, VA 22652

WHAT TO BRING

- ✓ Bedding for Twin Size Bed
- ✓ Towels for Shower & Pool
- ✓ Shower Shoes
- ✓ Toiletry Articles
- ✓ Clothes/Shoes for Rain/Shine and Indoor/Outdoor Activities Jacket/Long Pants
- ✓ One Piece (not Speedo) Swimsuit
- ✓ Flashlight
- ✓ Sunscreen
- ✓ Bug Repellent
- ✓ **Bible**
- ✓ Notebook
- ✓ Pens/Pencils
- ✓ Money for Camp Store



Other optional items:

Camera, Musical Instrument, Kite, Fishing Gear and other Sports Items

***Please label belongings with camper's name.** Shenandoah Meadows, Inc., The Retreat at Shenandoah Meadows and the Central Blue Ridge Region are not responsible for lost, stolen or damaged items.*

For questions, please feel free to contact Becky Leland at

540-459-3661, adminassistant@antiochcob.org,

or your church camp representative.

See you at church camp!



Central Blue Ridge Region Summer Camp Registration Form

Please print and fill out all the information completely before returning this form to your church camp representative.

Camper's Full Name: _____

Gender (circle): M F **Birthday/Age:** _____ **Grade Completed by June:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent/Guardian Name(s): _____

Address (if different): _____

Primary Phone: _____ **Email Address:** _____

Church Membership/Sponsoring Church: _____

Week Attending:

____ Jr. Camp / Completed Grades 4-7 / June 16-21

____ Senior Camp / Completed Grades 8-12 / June 23-28

T-Shirt Size: (only **guaranteed** for those registered **by May 15th**)

Child: Small _____ Medium _____ Large _____ X-Large _____

Adult: Small _____ Medium _____ Large _____ X-Large _____ Other _____

Name of Person Picking up Camper: _____ (may be required to show photo I.D.)

Relationship to Camper: _____ **Phone #:** _____

Emergency and Medical Contacts:

1. Name: _____ Relationship to Camper: _____

Daytime #: _____ Evening #: _____ Cell #: _____

2. Name: _____ Relationship to Camper: _____

Daytime #: _____ Evening #: _____ Cell #: _____

Physician: _____ Office #: _____

Dentist: _____ Office #: _____

Insurance Information:

Company Name: _____ Policy and/or Group #: _____

Please attach a copy of your insurance card, as Shenandoah Memorial Hospital would require that to treat your camper if needed.

Medical Information: Adequate disclosure of health history is crucial to our ability to provide a supportive, safe and healthy environment for your camper. Please fill out this medical portion as completely as possible.

Please list **any medical conditions or limitations**, including recent illnesses or operations:

Please list **any current medications**, prescription and over-the-counter: (All medicines **must** be in a **pharmacy labeled container** with the camper's name accompanied by detailed dosage and administration instructions.)

Please list **any allergies and description of reactions**, including medications, substances and foods:

Date of last tetanus shot: _____

Medical, Photo and Transportation Consent:

I, the undersigned, have legal custody of the camper named previously, a minor, and have given my consent for him/her to attend this camp. I understand that there are inherent risks involved in any ministry or camp event, and I hereby release Shenandoah Meadows, Inc, The Retreat at Shenandoah Meadows, the Central Blue Ridge Region of the Covenant Brethren Church, affiliated churches, their pastors, employees, agents and volunteers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my child's involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the camp or camp staff, I agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by my health insurance provider or the secondary insurance of Shenandoah Meadows, Inc. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the child named above. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the camp director.

I understand that any photographs, video and/or audio taken during the camp week may be used for future promotional and report purposes via print, video and web. I understand to exclude my child that I must submit a written request to the camp director prior to or at check-in of my child's camp week.

I understand that some camp weeks include transportation to field trips away from the camp property, and I give permission for my child to attend these field trips and leave the camp in said provided transportation. I also release The Retreat at Shenandoah Meadows, Shenandoah Meadows, Inc, Central Blue Ridge Region, affiliated churches, camp staff and drivers from any and all liability for any injury, loss or damage to person that may occur during the course of my child's involvement in said field trips.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____

CODE OF CONDUCT

***Please read over the following with your camper and sign verifying that you both have read and agree to the following:**

All (regardless of race, creed, color or disability) campers, staff, volunteers and visitors are expected to abide by the following rules of conduct:

-Respect and compliance with event schedules by participating in **all** scheduled activities.

-Respect of **all** campers, staff, volunteers and visitors.

-Respect of **all** property including camp, camper, staff, volunteer and visitor property; recognizing campers and their parents are financially accountable for any damages for which they are directly responsible.

-No immodest clothing for **girls** (no spaghetti strap/halter or bare-midriff tops, no undergarments exposed, only 1-piece bathing suits and only waist to middle finger tip shorts) or **boys** (no saggy pants, no undergarments exposed, only modest boxer-type swim trunks and shirts worn at all times). Any clothes, jewelry or other personal belongings with messages that relate to drugs, alcohol, tobacco, sex and vulgarity are **NOT** permitted.

-Things to leave at home include hand held or laptop games, audio equipment, personal CD/MP3/iPod headsets and cell phones.

-If leaving the camp in provided transportation for a camp activity, it is prohibited to do anything that would compromise the safety of anyone or be distracting to the driver.

-Grounds for **automatic dismissal** include:

- possession or use of alcohol/drugs/tobacco/weapons/fireworks/lighters/explosives
- bullying, fighting, vandalism or stealing
- sexual harassment or inappropriate sexual behavior

-Each Camp Director has the right at any time to send anyone home without refund or reimbursement if they are found in violation of this Code of Conduct or if they do anything that would jeopardize the testimony, reputation or safety of the Central Blue Ridge Region camping program, Shenandoah Meadows, Inc. or The Retreat at Shenandoah Meadows.

I have read over the previous guidelines with my camper and understand each of the expectations.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____

I, the camper, have read over and understand the rules of conduct, the above evaluation of my health and permission to participate in camp activities. I agree to abide by the stated personal limitations and code of conduct.

Camper Signature: _____ **Date:** _____

Printed Name: _____