



OVERNIGHT CAMPS

Dear Camper,

We received your camp registration and we are delighted you are coming to camp this summer! We know you are going to have a great time meeting new friends, climbing our amazing rock wall, kayaking and so much more. I hope you are as excited as we are! Please pay careful attention to the informational packet that accompanies this letter. All of the information included will aid you in your camp preparations.

Begin to prepare yourself for enthusiastic praise and worship services and inspiring Bible messages. You're guaranteed to experience new things, meet new challenges and learn more about yourself and God through the amazing adventure that awaits you at camp.

In the following pages of information, you will find everything you and your parents need to get you ready for camp. Please **read everything carefully** and have yourselves prepared for your arrival date. Registration can be an extremely busy time here at camp. **Please fill out these forms completely, and bring them with you to check-in for camp.** All campers are required to turn in a health history form.

Please give us a call if you have any questions or concerns at 1 (804) 776-9552. You may also email the camp at piankatankcamp@oonl.com. We ask that you also be in prayer for the ministry of Camp Piankatank as we strive to create the best possible experience for our campers. See you soon!

Your friends at Camp Piankatank,

Steve and Niki Gourley
Camp Directors

CAMP PIANKATANK INFORMATION

Check in: Sunday at **4:30 p.m.** (week 2 check in is Wednesday) Please do not arrive earlier than 4:00 p.m. on Sunday. **No one will be allowed to check-in prior to 4:30 p.m.** Dinner will be served for campers around 6:00 P.M.

Health History and Examination form: This form must be filled out for every camper every year. It allows us access to vital information for each camper in the event of an emergency or illness. If a camper has had a physical within 2 years of the camp date, please complete the history form and have a Physician sign the examination form. However, if a physical examination has not occurred in the past 2 years, one is required before the camper attends camp (unless the Parent Medical Waiver is signed). Do not use a health history form from a previous year for it changes every year with important information.

Parent medical waiver: This allows parents to waive the request that their child be examined by a Physician before coming to camp. And is also required if information from a physical and/or a physician's signature/stamp is not available.

Camper Confidentiality form: This form helps the staff at Camp Piankatank get to know each camper better. It also allows parents/guardians to write down need to know information about their child so that they can have the best experience possible while at camp.

Bay Trails Liability Waiver for (Extreme Escape (for 13-17 year olds) and Water Adventure Campers ONLY): Bay Trail Outfitters will lead campers on a leisurely, safe kayaking trip in the Piankatank River while at camp. In order for your child to participate this form must be signed as a requirement of Bay Trails Outfitters.

Medications: All medications (even over the counter medications) must be turned in at check-in. Make sure medications are in their proper containers with daily dosage instructions. Please put all medications in a Ziploc bag labeled with the camper's name.

Cabin Assignments: We try to honor all Cabin Buddy requests stated on the registration form. However, we cannot change cabin assignments during check-in. Also note that campers in different tracks will not be together often so if you have a friend make sure you are signed up for the same track as well as given us your cabin buddy request.

Trading post: Each day campers get a chance to purchase snacks and camp memorabilia from the camp store. Campers usually bring between \$5.00 and 50.00. This money **must** be turned in at check-in and any left over will be given back during check-out. For fear of loss or theft we do not recommend giving campers extra cash to keep with them while they're at camp.

Mail and E-mail: We do mail call everyday. Mail may be sent to P.O Box 435 Hartfield, VA 23071. To receive mail in return remember to send stationary and stamps with your camper. Emails may be sent through our new email service link at www.camppiankatank.org. This service allows you to send emails and also allows your campers to write an email back to you on special paper (that you purchase). There is a small fee for sending and receiving emails which helps us compensate the cost of printing and sending emails. See attached flyer for more info.

Pictures: After many requests we now have an online photo service (link at www.camppiankatank.org) where you may view and purchase photos of activities at camp. To comply with the Children's Online Privacy Protection Act this is a password protected system only viewable to our camper's families with a pre-approval code given to parents at camper check-in. If you still wish for your child's photos not to appear on this site such request must be made in writing.

Vehicles: After your camper has checked in, they will take their luggage to their assigned cabin. Please park your vehicle in the designated parking areas. **No vehicles will be allowed off of the camp road.**

Check out: We would like to invite all parents to the closing ceremony on **Friday at 10:30 a.m. (Tuesday at 10:30 for Mini Camp campers)** During this time every camper will be recognized and will receive a certificate. All campers **must** be picked up by **11:30 a.m.** If you have an emergency and you know that you will arrive late, please contact us immediately at (804) 776-9552.

Cancellation Policy: All cancellations must reach Camp Piankatank three (3) weeks prior to the scheduled arrival date in order to receive a refund of the camp fee. After the cut-off date, refunds of the camp fee will only be given in special cases of sickness or death of an immediate family member or *major* unforeseen circumstance. The \$50 Deposit portion of all registrations is ALWAYS non-refundable and non-transferable. Refunds will be issued within 15 days of the approved request and are non-transferable.

Questions: For additional questions, please call our office at (804) 776-9552. Our summer office hours are 9:00am-4:00pm. If you have an emergency after office hours while your child is at camp please call 804-921-5578 (Director's cell)



CAMP PLANKATANK

Health History and Examination Form

Directions:

- 1) This form is required for camp attendance and must be updated yearly.
- 2) This form includes 5 pages. You must turn in all pages.
- 3) There are two mandatory signatures on this form, marked by a double asterisk (**), this includes the permission to provide treatment statement, and the parent/guardian authorization; additionally if information from a doctor's physical is not available the medical waiver on page 5 must be signed.
- 4) To help us out immensely please staple or paper clip these forms in numerical order when they are turned in
- 5) DO NOT MAIL ANY PART OF THESE FORMS TO THE CAMP BEFORE ARRIVAL. PLEASE BRING THEM WHEN YOU ARRIVE FOR CAMP. This is not a registration form. This is the health form for those already registered.

CAMPER INFORMATION

Camp Attending _____ Dates _____

Camper Name _____ Birth date _____
First Middle Last

Home Address _____
City State Zip

Parent(s) E-mail address _____ Gender Male Female

Age at camp _____ Camper's Weight _____ Camper's Height _____

PARENT/GUARDIAN INFORMATION

Custodial parent/guardian _____ Home Phone _____
Cell Phone _____
Work Phone _____

Home Address _____
(If different from above) City State Zip

Second parent/guardian _____ Home Phone _____
Cell Phone _____
Work Phone _____

Home Address _____
(If different from above) City State Zip

EMERGENCY CONTACT

If parents are not available in an emergency, notify:

Name _____ Home Phone _____
Cell Phone _____
Work Phone _____

Relationship to camper _____

Home Address _____
City State Zip

Security Information

Who will be picking up your child at the end of the camp session? _____
Relationship to the camper: _____

If the person picking up the camper changes please notify the camp director via e-mail or phone.

PERMISSION TO PROVIDE TREATMENT

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Parent/Guardian Signature Required for camp attendance.

**Signature of parent or guardian _____ Date _____

INSURANCE INFORMATION

Is the camper covered by family medical/hospital insurance? ___ Yes ___ No
If so, Indicate carrier or plan name _____ Group # _____
Carrier Address _____
Name of Insured _____ Relationship to camper _____
Social Security number of policy holder or insurance ID number _____

ALLERGIES

No known allergies.

List all known. Describe reaction and management of the reaction

Medication Allergies

Food Allergies

Other Allergies: Include Insect stings, hay fever, asthma, animal dander, etc.

MEDICATIONS

This person takes no prescribed or over the counter medications.

Please list ALL medications that should be taken at Camp, including over the counter medications.

Medicine # 1 _____ Dosage _____ Times taken each day _____
At what time of the day is this medication taken _____

Reason for taking _____

Medicine # 2 _____ Dosage _____ Times taken each day _____
At what time of the day is this medication taken _____

Reason for taking _____

Attach additional pages for more medications

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

PARENT/GUARDIAN AUTHORIZATIONS

Parent/Guardian Authorizations: All the information has been filled out correctly as far as I know, and the camper described has permission to engage in all camp activities except as noted. I understand that my child's participation in activities at camp is completely voluntary. I recognize that certain hazards and dangers are inherent in Camp activities and particularly, but not limited to, the activities of swimming, sailing, camping out, target archery, canoeing, challenge course, zip-line, v-swing, rock wall climbing, and recreational activities and games. I also acknowledge that although Camp Piankatank has taken safety measures to minimize the risk of injury to camp participants, Camp Piankatank cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I have instructed my child the importance of abiding by the Camp's rules and regulations that are set in place to keep participants safe.

Parent/Guardian Signature Required for camp attendance.

**Signed _____

Printed _____

Date _____

(Form continued to page 5 of health form, page #7)

EXAMINATION FORM

If a camper has had a physical within 2 years of the camp date, have a Physician sign this examination form. If a physical examination has not occurred in the past two years, one is required before the camper attends camp. Parents may choose to waive this request if the parent medical waive section is signed (see below).

Health Care Recommendations by Licensed Medical Personnel:

I have examined the camp participant, _____ Date of last examination _____

BP _____ Weight _____ Name _____ Height _____

In my opinion, the above participant ___ is ___ is not able to participate in an active camp program

Recommendations and Restrictions at camp by Licensed Medical Personnel:

Signature of Licensed Medical Personnel _____

Printed _____ Title _____

Address _____

Phone _____ Date _____

PARENT MEDICAL WAIVE

Signing this waiver is required if information from a doctor's physical from the past 24 months and/or doctor's signature/stamp is not available.

I waive the request that my child be examined by Licensed Medical Personnel. I am willing to make the statement that _____ is in good health and has no physical conditions that would limit participation in any camp activity. I understand that the camp will not be liable in the event that the statement proves to be incorrect.

Parent/guardian signature _____ Date _____

CAMP PLANKATANK



CONFIDENTIAL CAMPER INFORMATION FROM PARENT

We would like to have the following information to help us get to know your camper better and ensure that he/she has the best experience possible while at camp. All the information is confidential and used only for guidance.

CAMP SESSION ATTENDING _____ DATES _____

CAMPER'S NAME _____
Last Middle First

AGE _____ BIRTHDAY _____

PARENT/GUARDIAN _____

HAS CAMPER ATTENDED CAMP BEFORE? _____ IF SO, HOW MANY TIMES _____

CHURCH NAME (IF APPLICABLE) _____

PASTOR'S NAME _____

WHAT ARE SOME OF YOUR CAMPERS PRIMARY INTERESTS?

WHAT ARE SOME THINGS YOU WOULD LIKE YOUR CAMPER TO LEARN AT CAMP?

DOES YOUR CAMPER HAVE ANY FEARS OR BEHAVIORIAL ISSUES WE SHOULD BE AWARE OF?

OTHER INFORMATION THAT WOULD HELP US HELP YOUR CAMPER HAVE A WONDERFUL TIME AT CAMP? i.e Difficulty making friends or difficulty going to sleep.

WILL YOU PERMIT YOUR CAMPER TO BE PHOTOGRAPHED FOR PUBLICITY PURPOSES (2010 camp brochure or ads)? Yes NO

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

CAMP PLANKATANK

PACKING LIST: OVERNIGHT CAMPS

Please do not pack anything with your camper that is irreplaceable or expensive. Do not pack the camper's best clothing. The camp cannot be responsible or liable for lost or damaged items that a camper brings to camp. Lost and Found is kept until December 31, 2010 then donated to a charity. Write the camper's name on everything and instruct them to keep track of their belongings.

CLOTHING:

Tennis Shoes (Campers MUST have tennis shoes for climbing the rock wall and playing sports)

Water shoes (Campers MUST have water shoes that don't fall off easily for water front activities)

Swim wear (Girls are to bring one piece suits only)

Socks

Pajamas

Shirts (no spaghetti strap shirts)

Underwear

Long Pants (at least one pair)

Light Jacket

Shorts

Rain gear

OTHER ITEMS CAMPERS WILL NEED:

Sleeping bag

Sunscreen

Pillow and case

Insect repellent

Towels/washcloths

Soap/container

Beach towel

Paper/Pencil

Flash Light

Dirty clothes bag (trash bag will do)

Bible

Toothbrush/toothpaste

Money for Camp store (candy, drinks, t-shirts, hats, etc.)

Back pack for packing stuff for Island Campout (not needed for Outdoor Outburst Track)

20-30 oz. Drink bottle with name on it in permanent ink

CAMPERS MAY WANT TO BRING THESE ITEMS:

Camera

Stamps/envelopes for mailing letters home

<p>THESE ITEMS ARE NOT ALLOWED AT CAMP: (Parents please make certain that your camper does not bring any of these items to camp) Radio, CD player, I-Pods, comic books, knives, computer games, walkie talkies, cell phones, lap tops, chewing gum, candy and other snacks. Possession of tobacco products, drugs, or alcohol is grounds for expulsion from the camp program.</p>
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This form is only needed for campers signed up for Extreme Escape or Water Adventure Tracks. This is a kayaking release, and only Extreme Escape and Water Adventure campers use the “sea” kayaks with Bay Trails Outfitters.

Camp Piankatank uses Bay Trails Outfitters as a source for kayaking programming. Bay Trail Outfitters requires this release form for participation in kayaking, participation is voluntary.

Bay Trails Outfitters
RELEASE OF LIABILITY—READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Bay Trails Outfitters, Inc. program, its related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Bay Trails Outfitters, Inc., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age: _____ Date Signed: _____
PARTICIPANT’S SIGNATURE

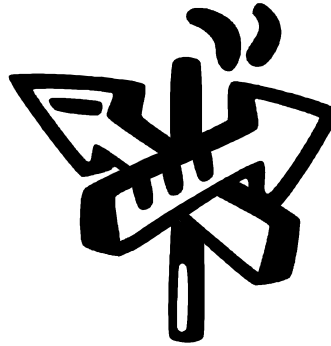
FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release a provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date Signed: _____
PARENT/GUARDIAN’S SIGNATURE (PRINT NAME)

DIRECTIONS TO CAMP PIANKATANK



From Richmond:

Take I-64 East to exit 220. From exit 220 follow Rt. 33 through West Point to Glenss. At Glenss, follow Rt. 33 to the left to Saluda. Continue to follow Rt. 33 by turning right to go through Saluda, and then take another right to continue to the community of Hartfield. In Hartfield, bear right on Rt. 3 East towards Gloucester. Follow Rt. 3 for 1 mile. Turn right onto Rt. 630 or Stamper's Bay Road. The camp is located ½ mile on the right. Look for our sign.

From Hampton Roads:

Take Rt. 17 North over the Coleman Bridge into Gloucester County. There is a \$2.00 toll at the Coleman Bridge. Continue on Rt. 17 North to the City of Gloucester. Take Rt. 3 West from Rt. 17 North in Gloucester. Continue on Rt. 3 over the Piankatank River Bridge into Middlesex County. After crossing the Piankatank River Bridge, continue on Rt. 3 for about 3 miles. Turn left onto Rt. 630 or Stamper's Bay Road. The camp is located ½ mile on the right. Look for our sign.

From Fredericksburg:

Take Rt. 17 South to the town of Saluda. Turn left onto Rt. 33 and follow it through Saluda to the community of Hartfield. Bear right onto Rt. 3 East at the fork in the road and follow it for about 1 mile. Turn right onto Rt. 630 or Stamper's Bay Road. The camp is located ½ mile on the right. Look for our sign.

Warning: Some GPS systems and online map services like MapQuest do not recognize our address or give you incorrect directions. Use these systems with caution.