

Spring 2018

Dear Parent or Guardian,

We are excited to let you know that registration for Promise Camp 2018 is now open! Our theme for the summer is “Overcomers” and is based around the idea that through Jesus Christ we have power to overcome anything this world may throw at us.

As you may have heard, our former camp director left the ministry last fall. I am so excited to join the ministry, be at camp with your children, and spread the Gospel message to our campers. In addition to myself, we are assembling a wonderful team of staff members and some really cool new activities and games for 2018. We have the same food service team again this year so we’re sure to have yummy and healthy food. All in all, it is lining up to be a fantastic summer of fun and ministry. The goals of Promise Camp are:

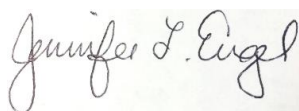
- To share the love of Christ and to model the Christian faith, behavior, and disciplines
- To remain a camp focused on Christian outreach and building campers up in Christ
- Form positive friendships with one another, emphasizing the importance of relationship, loving and serving each other, teamwork, trust and communication
- Develop campers as individuals to increase their self-confidence, and help campers learn their strengths, develop new skills, and to express themselves uniquely and creatively
- To provide on-going mentoring and discipleship to campers after camp is over

The total cost this year depends on yearly household income with the cost of \$30 per camper for families earning less than \$60,000, \$100 per camper for families earning between \$60,000 & \$100,000, and \$400 per camper for families earning more than \$100,000 per year. Available spots will be offered on a first-come, first-served basis with consideration given to children in our mentoring programs and ministry partners.

We have developed a single registration and medical form so please complete the entire form and mail it as soon as possible to ensure a spot. In addition to that form, we have a release form that will need signed and a copy of your child’s current immunizations. Last year we had to turn a lot of campers away and we hate to do that so please don’t put it off. We are NOT requiring physicals.

Once we have received your registration, we will contact you with more details and a list of things to bring. If you have any questions or concerns, please call our friendly Program and Registration Director, Matt Chamberlain at 412-916-9634.

Wishing you God’s peace,



Jennifer Engel - Camp Director

2018 Promise Camp Registration Information (all required)

Camper Name: _____ M F Age: _____ Date of Birth: _____
Home Address: _____
Parent/Guardian Name: _____ Phone(s): _____
Parent/Guardian Email: _____
Emergency Contact 1: Name & Relationship to Camper: _____ Phone: _____
Emergency Contact 2: Name & Relationship to Camper: _____ Phone: _____
Session (only 1): 1 (6/24-6/29) 2 (7/1-7/6) 3 (7/8-7/12) 4 (7/15-7/20) 5 (7/22-7/27) 6 (7/29-8/2 Urban Impact ONLY)
Transportation: East Liberty Home Depot Bus North Side ACAC Bus Aliquippa Linmar Terrace Bus Parent Transportation
Previous Camper? Y N Cabin Mate Request: _____ Annual Household Income: \$ _____
Is camper eligible for free/reduced lunches?: Y N School District camper attends: _____
Camp Fee: \$30 (Annual Household Income (AHI) < \$60,000) \$100 (AHI \$60,000-\$100,000) \$400 (AHI > \$100,000)

Camper Medications

Other medication information is requested on the reverse side. If this information changes before camp, please contact us .

| MEDICATION NAME | REASON |
|-----------------|--------|
| | |
| | |
| | |

Angel Tree Ministry

Campers with at least one parent/guardian currently or recently incarcerated are eligible for an Angel Tree scholarship. If your child receives a scholarship from Angel Tree for Promise Camp, you will receive a refund of your camp fee. The refund will be processed in the fall once confirmation comes from the Angel Tree program. In order to receive the refund, the name of the incarcerated parent must be listed.

Does a child in your home have a parent/guardian that is incarcerated (please circle one)? Yes No
First and last name of the incarcerated parent: _____ Facility of incarceration: _____

Camper Information for Staff to Support Your Child

The information you share will ONLY be shared with your child's counselor, Camp Director and First Aid Director.

Years at Promise Camp _____ Has your child ever attended a resident camp before? Yes/No If so, which one? _____

Campers Interests and Hobbies _____

Does camper have to be encouraged? ____ Yes ____ No In what way _____

Is camper over-sensitive? ____ In what way? _____

Sleep habits? ____ Sleepwalker ____ Night Terrors ____ Bed wetter ____ Other (Please list): _____

State special fears (if any) _____

Please share any other information that will help us support your child. Information could include strategies that work well with your child or anything we should be aware of to work with them for a week. _____

Every part of this form, front and back, **must be complete** in order to register your child as incomplete forms will be returned. In addition to this completed form, the following items are required **at least 2 days in advance** of the camper's session in order for the child to attend:

- Signed release
- Camp session payment

—> —> **PLEASE COMPLETE THE REVERSE SIDE** —> —>

Medical Information Form (all required)

Promise Camp will not accept children who don't have all their up-to-date immunizations, who cannot toilet themselves and/or shower themselves, who are insulin-dependent diabetic, or who have an autism diagnosis. Promise Camp reserves the right to refuse any camper based on any medical, psychological, or other reasons that we deem to be a hindrance to the camper's ability to have a safe and enjoyable camping experience.

Does the camper have any allergies which result in anaphylaxis? Y N If yes, please describe the allergy and symptoms of reaction:

If yes, will you provide an Epi-Pen for administration in case of emergency? Y N

Please list any over-the-counter (OTC) medications the camper is **NOT** permitted to receive while at camp:

Please indicate if the camper has a history of any of the following:

Asthma with Inhaler Seizure Disorder Migraines Back Injury/Pain Sleep Problems Bed Wetting Head Injury
 ADHD, ADD Psychiatric Diagnosis (depression, ODD, OCD, etc.) Other (please specify) _____

If yes to any of the above, please explain: _____

I, as the parent of the camper on the other side of the form, confirm that all my child's immunizations required for school are up to date as of today (please circle one): Yes No What is the year of the camper's last tetanus shot? _____

Is camper currently under care of a physician and/or under psychiatric care? Y N

If yes, please describe: _____

The camper is currently receiving the following medical treatment: _____

Treatment(s) to be continued while at Promise Camp: _____

Dietary Restrictions while at Promise Camp: _____

Known Allergies (to medications, food, latex or other substances) and type of reaction: _____

Treatment for above-listed allergies: _____

Physical limitations or restrictions while at camp: _____

Female Campers Only

Has she menstruated? Yes No If not and is older than 9, has she been told about it? Yes No

Family Guidance, Inc. and Promise Camp ("FGI/PC")

PERMISSION SLIP, RELEASE AGREEMENT, AND AUTHORIZATION



I am the parent or legal guardian of _____ ("my child"). I understand and agree to the following:

1. I understand and agree that FGI/PC can refuse to enroll my child, or send my child home early, if FGI/PC staff feel my child has medical, social, behavioral, or psychological needs beyond FGI/PC's capabilities or ability to provide proper care for my child. These include, but are not limited to, insulin dependent diabetes, autism, inability to self-provide personal care, lack of up-to-date immunizations, etc.
2. I understand and agree there are no refunds for dismissals or withdrawals during program sessions and FGI/PC are not responsible for any costs that my child or others incur because my child is dismissed or sent home early.
3. I give permission for my child to participate in all camp activities, including the following: hiking, rock-wall climbing, adventure games, challenge course, ropes course, club program, canoeing, and any other activities planned for the camp session. I also give permission for FGI/PC to transport my child in vehicles for program approved activities.
4. I understand that participation in camp activities, including transportation to and from activities, involves the risk of personal injury, including death, despite every effort to make the programs and activities safe. I also understand that my child's participation in these programs and activities is entirely voluntary.
5. I understand that FGI/PC is located 30 minutes from a local hospital. In case of a medical emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, I authorize FGI/PC to call an ambulance and/or secure proper medical treatment for my child. I also understand and agree that I am responsible for my child's medical expenses. I give permission for FGI/PC to provide routine healthcare, dispense medications, and seek emergency treatment as necessary.
6. I give permission for FGI/PC camp to take pictures or video of my child during programs and activities for use in FGI/PC promotional materials.
7. I understand and agree that FGI/PC are not responsible for lost, stolen and/or broken items while attending FGI/PC programs or activities.
8. I understand that snacks, other food items, and electronic items are not permitted at camp and will be confiscated at the bus stop or upon the camper arrival at camp and returned to the camper upon their departure for home.
9. **With appreciation of the dangers and risks associated with FGI/PC programs and activities, including transportation to and from activities, on my own behalf and on behalf of my child, I hereby fully and completely release and waive any and all claims, demands or lawsuits for personal injury, death, or loss that may arise against FGI/PC, its volunteers, employees, representatives, agents, related parties, or other organizations associated with any FGI/PC program or activity. I further agree to release, defend, indemnify and hold harmless FGI/PC, its volunteers, employees, representatives, agents, predecessors, successors and assigns from any claims, demands, liabilities or lawsuits by others that arise out of my child's participation in FGI/PC programs or activities.**

Signature of Parent or Legal Guardian

Date

**Promise Camp by Family Guidance
227 Lance Rd.
Clinton PA 15026**