



SEVENTH-DAY
ADVENTIST
CHURCH

Southern New
England Conference

Camp Winnekeag

257 Ashby Rd
Ashburnham, MA 01430
Telephone: (978) 827-4455
Fax: (978) 827-5621

www.campwinnekeag.com

Summer 2014

Dear Parents and Campers:

We, the "Caring Team" of Camp Winnekeag are happy that you have chosen our camp for your camp experience this summer. Camp Winnekeag's slogan is "The Camp That Cares." We want it to be more than just a slogan! We want it to be the underlying theme in everything we do at camp! What is it that we care about? First of all, camper safety is a primary issue and as a result we have a number of policies in place that help to assure a safe (physical, spiritual and emotional) environment.

Secondly, we care about each camper's development and so we offer adventures and new opportunities for learning skills, as well as growing socially by having a positive experience with friends and staff.

Third and not least, Camp Winnekeag's caring ministry is dedicated to the spiritual growth of the camper. We plan opportunities for the camper to discover and renew their relationship with Jesus. Young campers often like to be baptized at camp because of the many special memories they have there.

Please note the following "We Care" items as you prepare to come to Camp Winnekeag this summer:

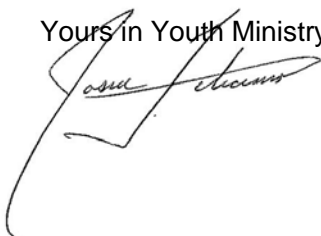
1. Enclosed is your confirmation/receipt showing the week for which your child has been accepted, as well as your balance due. ***All accounts must be paid in full at least two weeks prior to your child's arrival at camp. A late fee of \$50 will be incurred for balances not paid in full two weeks before your child's session.*** You may go online to your account at www.campwinnekeag.com to make a payment with a check (e-check) or credit card/debit card. ***Camper registration will begin on Sunday at 3:00 p.m. Please plan to arrive between 3:00 and 4:45 PM.***
2. Also enclosed is a health/medical form that needs to be filled out completely and brought with your child to registration at the camp. Health regulations require that each camper have a physical examination prior to arrival at camp. The physical exam must have been done within the past 24 months. Any physical exam done more than 24 months ago is not acceptable (even if your child attended last year). Up-to-date immunization records must also accompany the medical form. **Please bring all completed forms to camp when you come. Do not mail.**

If your camper is taking medication at the time they come to camp, you must send the medicine in its **original container** (*with the name of child and directions on the prescription bottle*). *Our nurses cannot give loose medication that is in plastic bags or containers without the original and proper instructions.* Also, the *Authorization to Give Camper Medication Form must be signed and completed.* All efforts will be taken to contact the parent in the event of an accident or major illness which requires continued care in the camp's infirmary or a trip to a medical facility.

3. Be aware that if your child chooses to go home because of home sickness, there will not be a reimbursement.
4. There are permission and also release forms enclosed for horseback riding and the rock climbing wall. Please be sure to complete these forms and bring them with you to camp.
5. Each camper will receive a complimentary camp DVD and cabin photo of the week they attend, given to them on Sunday when leaving.
6. All lost & found items will be kept at the camp for a maximum of two weeks. If your child is missing an item, please contact the camp as soon as you make the discovery. You could stop by to pick it up or pay for shipping the item. Items not claimed within two weeks of your child's departure, will be sent to a local community service center.
7. If you are not sure how to get to Camp Winnekeag, the enclosed directions will be helpful.
8. Please do not send food with or to your camper. There are several reasons for this request. First, food in cabins could cause small animals look for free meals. Please honor this request and help your child to have a healthy and safe camp experience.
9. Please make sure that your camper brings only acceptable items to camp. You may refer to the enclosed "What to Bring" List. Camping is a wonderful experience and we want your child and other campers to enjoy it safely.
10. Also, each camper will need to see the camp nurse during registration upon arrival at camp. Please remain at camp until your child has received medical clearance.
11. In addition, please be prepared to present a photo ID at the camp gate when you arrive to pick up your child on Sunday at the end of the camp week. No child will be released to anyone other than those named and authorized by you. **Campers must exit the campground by 9:00 AM on Sunday morning at the end of their camp week.** If your child is picked up on time, you will be given a \$20 refund, early pick-ups during the week do not qualify. On-time pick-ups give adequate time for our staff to prepare for the next group's arrival. **Campers left after 10:00 AM on Sunday will be charged \$15 per hour.**
12. Lastly, due to the security of all campers, individuals are asked to refrain from coming to the camp during the camp week. Allow your child to experience the camp program in full. Please respect this and wait until Sunday to pick up your child at the end of their camp week.
13. Campers may receive mail or packages (no food please) at (*Your Child's Name*), C/O Camp Winnekeag, 257 Ashby Road, Ashburnham, MA 01430. You may email your camper on your registration account at www.campwinnekeag.com. If you wish other family members or friends to email your child, you must set up a 'friends account', complete with password to use the 'email a camper' feature. Campers may only receive emails and cannot send email replies.

If you have any further questions, please do not hesitate to contact us. We are here to assist you and your child so please let us know if there is anything that we are able to do for you.

Yours in Youth Ministry,



Pastor Josue Feliciano
Youth & Camp Director

General Notice

(this notice is being sent in every camper package)

- All balances must be paid two weeks in advance of the scheduled camp session(s). Accounts that have a balance will incur a \$50 late fee.
- A health examination signed by a licensed physician is required for all camp attendees, including all family campers. Physical examinations are valid for 24 months, and must be current on 1st day of camp, a copy must be brought each year to camp.
- The Department of Public Health of the State of Massachusetts requires immunization records on all campers:
 - Campers younger than 18 years of age*
 - 2 MMR
 - 4 Polio
 - 4 Dtap/3 Td campers 11-12 years Tdap
 - 3 Hep B
 - Adults 18 and older born after 1957*
 - MMR or proof
 - Tdap in the past 10 years

*There are two reason for Immunization exceptions:

- Religious Exception (Release form from camp required)**
- Medical Exception (Health history required by camp includes a certification by a physician that he or she has examined the individual and that in the physician's opinion the physical condition of the individual is such that his or her health would be endangered by such immunization.

**If you need a Release for Exemption from Immunization Requirements, please call the conference office (978-365-4551) and for Youth Department or use this link to print one off www.campwinnekeag.com/campers/family-camp-forms . The form will not be available at camp. We appreciate your cooperation in this matter.

In order to speed the registration process, please fill out these additional medical forms before arriving to camp. Please make sure to give them to the medical personnel at camp. **Note: These forms are not required for Family Camp**

- Food Allergy Questionnaire (If applicable)- Fill out by parent/guardian
- Authorization to Administer OTD (over-the-counter) Medications to Camper- Fill out by parent/guardian
- Camp Winnekeag Medication Record (if child is taking medications)- Fill out by doctor, nurse, or medical office personnel.

Camp Winnekeag

Parental Permission/Release for Camp Attendance



Please Read and Check all that Apply

I give permission for my child to attend Camp Winnekeag during the sessions for which we signed up. I also give permission for my child to engage in regularly scheduled camp activities. I acknowledge that there are inherent risks associated with various activities at camp which may cause temporary or permanent bodily injury, or possibly death. I knowingly and intelligently assume the risks which could cause bodily harm or possibly death to my child. Camp Winnekeag has safety protocols in place, and will do its best to provide a safe and healthy environment for all campers. However, inherent risks are associated with some camp activities, and therefore, I assume full liability and hereby release Camp Winnekeag and its employees and agents, as well as the Southern New England Conference and its employees and agents, of any and all liabilities which may arise from my child's involvement in camp activities, which may result in bodily injury or even death.

I do support and agree to abide by all camp regulations and policies and to uphold the objectives of the camp. Policies are available at the camp office upon request.

Additionally, to provide for the safety of all campers and staff, and to provide an environment free from distraction, we hereby certify that our child has not brought any fireworks, matches or lighters, items of incendiary nature, explosives, gunpowder, firearms, ammunition, knives, or weapons of any kind (including toy weapons) to camp. In addition, our child has not brought any alcoholic beverages, tobacco products, illicit drugs or any other illegal substance. The camp is not responsible for personal items and asks that no electronic devices, gameboys, portable radios, CD/DVD players, TV's, iPods, shuttles, computers or cell phones be brought to the camp. Additionally, my child has not brought inappropriate reading materials.

I agree to release any photos taken of me or my child during camp activities for Camp Winnekeag promotions.

Name of Camper _____

Signature of Camper _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

CAMP WINNEKEAG
The Camp that Cares



AUTHORIZATION TO ADMINISTER OTC MEDICATIONS TO A CAMPER

(To be completed by the parent/guardian)

I give consent for Camp Winnekeag Medical Staff to administer the following over the counter medications to my child (name) _____

- Ibuprofen**
- Acetaminophen**
- Benadryl/ Diphenhydramine**
- Cough Syrup**
- Tums**

Dosages will be administered per camper's weight.

Frequency of medication will be given as needed per product recommendations.

Signature of Parent / Guardian

Date

CAMP WINNEKEAG MEDICATION RECORD

Medication Name, Route, Frequency	Hour Given	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Nurse Initials	Nurse Full Signature	Nurse Initials	Nurse Full Signature

CAMP WINNEKEAG
The Camp that Cares

Food Allergy Questionnaire

Camper's Name: _____ **Age:** _____

Please answer the following questions to better help us with you needs:

Is Epi-Pen needed? _____ Yes _____ No

1. What food(s) is the Participant intolerant or allergic to? Please list food that are to be avoided (dairy, gluten nuts, soy, eggs etc):

2. What are the preferred food substitutions, if any? (Soy butter for peanut butter, gluten-free breads, soy milk etc):

3. What types of contact will cause a reaction? Circle and explain:

Airborne Aerosol Cross Contamination Actual ingestion of food Other Please
Explain:

4. Does the Participant understand the food allergy and what needs to be done to manage it?

5. Is there any other information you would like to share to help us meet the Participant's needs?

Signature of Parent/Guardian

Date



Health History and Examination for Camper/Staff

Directions

- 1) Sections 1, 2, & 3 must be completed by parent/guardian of minor (or by adult camper/staff 18 or older for themselves). (Each year)
- 2) Section 4 must be completed and signed by examining physician (Every 24 months)
 (*If for religious reasons, you cannot do sections 3 and 4, contact (978) 365-4551 x 620 for a legal waiver which must be signed for attendance.)
- 3) **BRING THIS FORM TO CAMP. DO NOT MAIL.**

1 Personal & Emergency Contact Information

Camper/Staff Name _____ Gender M F Birth Date _____ Age _____

Home Address _____
Street Address City State Zip Code

Parent/Guardian Name _____ Email Address _____

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

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Second Parent/Guardian Name _____ Email Address _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name _____ Relationship to Camper: _____ Phone (____) _____

2 Allergies/Health History/Medical Insurance

Allergies: No known allergies. This camper/staff is allergic to: Environment (e.g., insect bites, sun) Food Medicine Other
(Please describe below what the camper is allergic to and their typical reaction.)

Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper/staff:

- | | | | |
|---|--|---|--|
| 1) Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11) Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12) Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) Have a recurrent/chronic illness? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13) Had mononucleosis during the past 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14) Traveled outside the U.S. in the past 9 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5) Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15) Have problems with falling asleep/sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6) Had asthma/wheezing/shortness of breath? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16) Ever had back/joint problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7) Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17) Have a history of bedwetting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8) Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18) Have problems with diarrhea/constipation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9) Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19) Have any skin problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10) Have impaired vision? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20) If female, have problems with menstrual cycle? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Does camper/staff have any current physical, medical, or psychological conditions requiring medication, treatment, or special considerations or activity restrictions while at camp? Yes No If yes, please explain below:

Medical Insurance Information/ Health-Care Providers:

Insurance Company _____ Policy # _____ Group # _____

Name of camper's primary doctor: _____ Phone (____) _____

MEDICAL INFORMATION: PLEASE READ CAREFULLY THEN COMPLETE CONSENT SECTION

In planning for the camping season we have endeavored to create as safe an environment as possible while allowing campers to experience adventure through a variety of activities and by choice physical challenges. In the event a camper needs medical attention, the accompanying **consent to medical treatment** will be used. **It must be completed and signed before the camper is accepted. This form must arrive at camp with the camper.** When your child's camp application is processed, an acceptance letter will be sent along with a consent to administer medications form. If your child is taking medication, this form is mandatory. These completed forms must be presented to the Director of Nurses upon arrival at camp. **If these forms are incomplete, your child will not be permitted to remain at camp.** A licensed nurse will be on site at all times during the camping season. Nurses will be available during camper registration to perform a health evaluation on each camper. **Please plan to wait until your child is approved to remain at camp.** In addition, camper medications will be collected by the nurse at this time. **All prescription drugs or over-the-counter medications must be in the original bottle or packaging, showing the camper's name, dosage, frequency, etc. This also applies to herbal drugs.** In the event of an emergency, the camp will make every attempt to contact the parent or legal guardian.

3 Consent to Medical Treatment & Authorization to Release Information

This health history, found on page 1 of this form, is correct and accurately reflects the health status of the individual to whom it pertains. My signature below indicates that I am giving my consent for any x-ray, examination, anesthetic, medical or surgical diagnosis of treatment, medications (over the counter and otherwise prescribed) and hospital service that may be rendered to individual named herein under the general or special instructions of the primary physician listed above or any physician the camp may call, whether such diagnosis or treatment is rendered at the office of said physician, at a licensed hospital, or at the camp. I also authorize the licensed nurse at Camp Winnekeag to initiate first treatment when medical attention is required according to camp guidelines and protocols. It is understood in the case of a major accident or illness, reasonable effort will be made to reach the doctor listed above before any other physician is called by the camp. It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Camp Winnekeag or the physician to exercise his/her best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing or until said individual's summer camp stay has ended. We/I hereby authorize any hospital or physician, or any other person who attended to or examined this individual to furnish Camp Winnekeag's insurance company or its representative any and all information with respect to any illness, medical history or consultation, prescriptions or treatment, and copies of all hospital or medical records. A photocopy of this form shall be considered as effective and valid as the original.

Camper/Staff Name _____

Signature of Parent or Guardian (or an Adult Camper/Staff Member) _____ Date _____

Witness Signature _____ Date _____

4 Physical Examination - To be completed and signed by licensed physician.

Physical examination is valid for 24 months, and must be current on 1st day of camp **(a copy must be brought each year to camp.)**

Camper/Staff Name _____ Age _____ Gender M F

Height _____ Weight _____ Blood Pressure _____ Hgb. Test _____ Urinalysis _____

Eyes _____ Ears _____ Nose _____ Throat _____ Neck _____ Teeth _____

Lungs _____ Abdomen _____ Hernia _____ Extremities _____ Spine _____

Heart _____ Skin _____ Ano-Genital _____ Cranial Nerve _____ Mouth _____

List All Known Allergies _____

General Appraisal _____

For Females: Has this person menstruated? _____ If not, has she been told about it? _____ If so, is menstrual history normal? _____

Special Considerations/Medical Notes: (Please list all medications, any restrictions, health problems, recent injuries, etc.)

Immunizations: Provide the month and year for each immunization.

Vaccines	Month /Year	Month /Year	Month /Year	Month /Year	Month /Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)					
Tetanus booster (dT) or (TdaP)					
Mumps, measles, rubella (MMR)					
Polio (IPV)					
Hepatitis B					
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____				

I have examined the person named herein described and have reviewed his/her health history. It is my opinion that he/she is able to physically engage in camp activities except as noted above.

Physician's Signature _____ Telephone Number _____

Physician's Name & Address _____ Date _____

Camp Winnekeag

"The Camp That Cares"



Consent and Assumption of Risk Challenge Course

I recognize and am fully aware of the risks associated with *Rock Wall Climbing, Rappelling, and Zipline – Challenge Course*. This sport has inherent risks associated with it and I knowingly and intelligently assume these risks of harm and/or bodily injury to me or my child/ward, which may arise from participation in this sport. Potentially serious falls from a height of up to forty (40) feet are possible in the event of equipment failure. Bodily harm, serious injury or even death may result as an inherent risk in the sport of wall climbing and rappelling.

I, _____,
Printed Name (Adult Camper, Parent, Staff Member)

hereby give consent for myself/my child, _____,
Printed Name (Camper Name if Under 18)

to engage in the sport of Rock Wall Climbing (climbing up a man-made rock wall structure while anchored by a rope and climbing gear), rappelling (lowering ones self on anchored ropes with rappel gear), and zipline. I understand that the camp has a challenge course on its campus, which is operated by qualified, experienced and trained staff members. No one may use this challenge course without the supervision of qualified and trained staff.

Understanding this, I hereby accept full liability for any bodily harm that I, or my child may sustain while engaging in the challenge course. I hereby release Camp Winnekeag, the Southern New England Conference and its employees and affiliates of any and all liability of death or injury resulting from my, or my child's participation in the Challenge Course. Challenge Course staff and instructors possess current First Aid and CPR certification. Climbing and rappelling instructors are experienced and certified. Instructors are able to assess and identify established routes for varying levels of ability.

I knowingly and intelligently assume all risks for me or my child to participate and engage in the sport of rock wall climbing and rappelling as indicated by my signature below. I have read the contents of this form and am in agreement with it. I agree to follow the safety instructions given by staff members in charge of the climbing wall. All climbers are required to wear a camp-issued climbing harness and rock-climbing helmet.

Parent/Legal Guardian Signature (If Signing for Minor) _____ Date _____

Or Adult Climber (Anyone Age 18 or Older) _____ Date _____

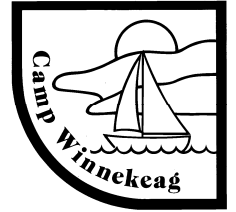
Signature of Witness _____ Date _____

I promise to abide by all rules and regulations which are designed for my safety in this activity. I promise to follow the protocol and safety procedures set forth by the instructors/staff. I will wear a helmet at all times while engaging in rock wall climbing and rappelling. I have read and understand this entire agreement.

Minor's Signature (Under 18 Years of Age) _____ Date _____

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Release Form for Equestrian Activities Horseback Riding/Horse Drawn Carriage/Cart/Sleigh Rides

**WARNING: Please read this document carefully.
Do not sign it unless you fully understand it.**

Name of Camper/Student/Rider/Participant: _____

Please Print

I recognize the inherent risks of injury or even death involved in horseback riding generally, horsedrawn carriage rides or other equestrian activities, and in learning to ride in particular. In taking lessons or horseback riding, carriage rides, or other equestrian activities with Camp Winnekeag's horses, while on or off camp property, I assume any such risk of injury and further, I voluntarily release Camp Winnekeag, its instructors, agents, and affiliates from any responsibility on account of any injury that I or my child or ward may sustain while receiving instruction or while riding in connection herewith, and I agree to indemnify and hold harmless Camp Winnekeag, its instructors, agents and affiliates on account of any such claim. I knowingly and intelligently assume the risks of harm that are associated with or arise out of this activity.

I promise to abide by the safety rules associated with equestrian activities. I understand that safety rules will be reviewed with all persons prior to riding. A helmet will also be provided and I agree to wear it prior to mounting and while mounted on any horse.

WARNING

Under Massachusetts law, an equine professional is not liable for an injury to, or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D of the General Laws.

I have read and understood this entire agreement as indicated by my signature below. My signature indicates that I am giving permission and assuming the risks to my child or myself to engage in equine activities which may include but not be limited to: horseback riding, horse-drawn carriage/cart/sleigh rides, or other equine activities.

Signatures:

_____ Date _____
Student/Camper

_____ Date _____
Parent/Guardian

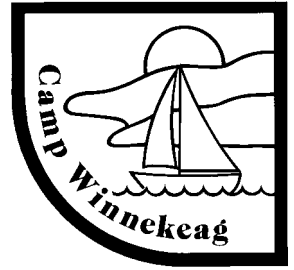
Printed name of Parent/Guardian _____

Emergency Telephone Number _____

Things to Bring

Camp Winnekeag

“The Camp That Cares”



Bring:

Everyday Clothes
Smart casual clothing for Sabbath
Changes of underclothing & socks
Swim suit (modest, one piece)
Coat, jacket or sweater
Pajamas
Extra shoes/sandals

For those planning to ride horseback:

Pants (full length)
Shoes/boots with heel (no open toes)

Washcloth & Towels (at least one for swimming and one for showering)
Toothbrush/Toothpaste
Soap/Shampoo
Comb/Brush
Flip Flops/sandals for showers

Sleeping Bag or Bedding for single size bed
Pillow
Laundry Bag
Bible
Good Attitude!
Fun Spirit!
Lots of Happiness!

Optional:

Flashlight
Water bottle
Pen/Stationery (to write home!)
Money for Camp Store (may be turned in at camp store during registration for safekeeping)

Do Not Bring the following items as they are not permitted at camp:

Electronic Devices including, but not limited to: Radios, walkmans, CD/DVD players, PDA's, cell phones, MP3 players, TV's, gameboys, shuffles, iPods, computers, etc.

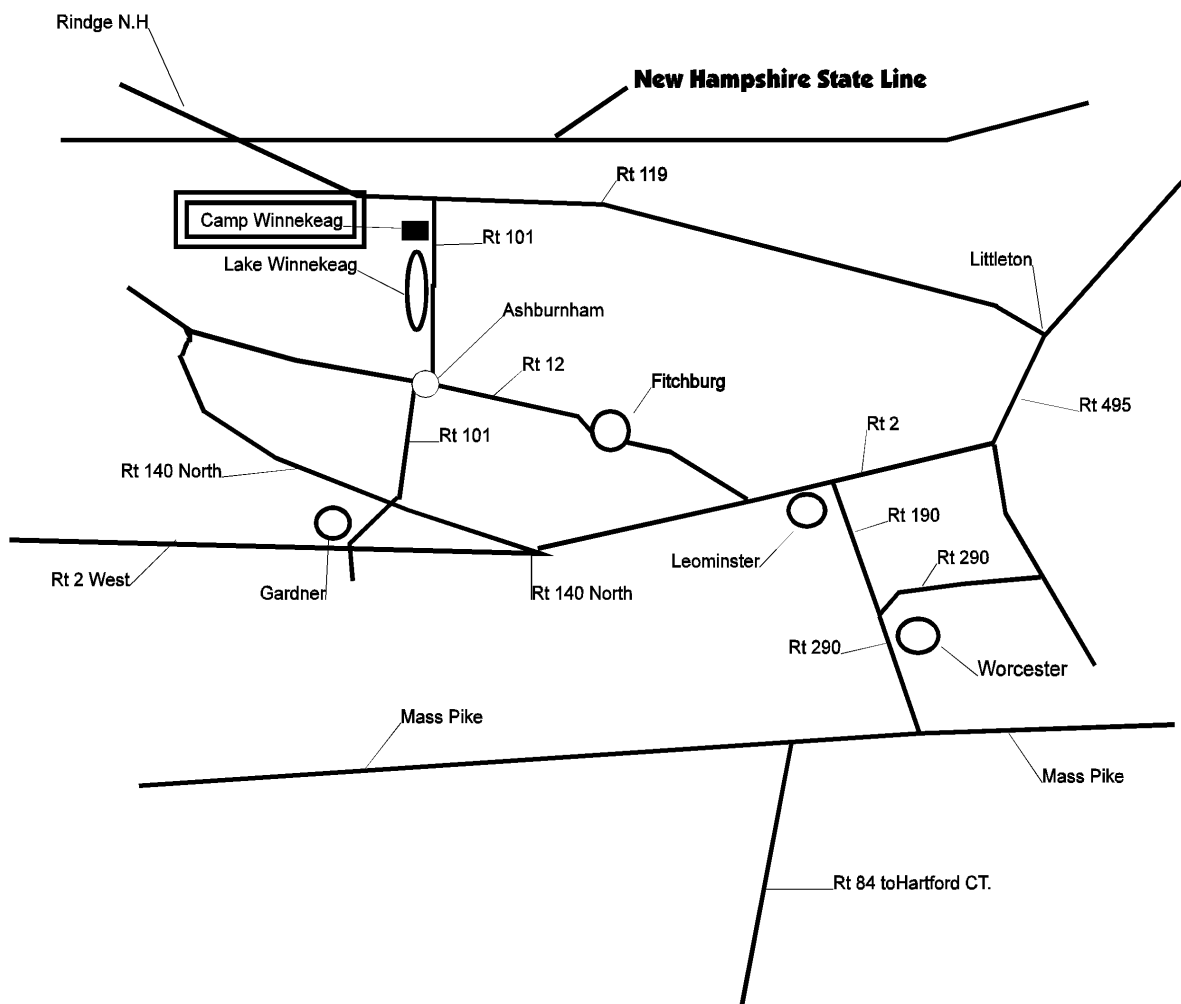
Weaponry of any kind: firearms, ammunition, knives, toy guns, explosives, fireworks, incendiary devices, matches, lighters.

Illegal drugs, alcoholic beverages, tobacco products

Camp Winnekeag

“The Camp That Cares”

Map to Camp Winnekeag



From Route 2 heading West, take Route 140 North to Route 101 North.
 From Route 2 heading East, take Route 101 North.
 The camp is on Route 101 just at the north end of Lake Winnekeag (on your left).
 The street address for Camp Winnekeag is 257 Ashby Road, Ashburnham, MA 01430.
 If you get lost, you may call, (978) 827-4455 to ask for directions.

Camp Winnekeag
257 Ashby Rd.
Ashburnham, Mass.

