



Summer 2015

Dear Family Campers:

We, the “Caring Team” of Camp Winnekeag are happy you have chosen our camp for your summer camping experience. This letter is to inform you that your family has been accepted to attend the Family Camp indicated on your invoice. ***Please note that full payment is due two weeks before your arrival at camp. A late fee of \$50 will be incurred for balances not paid in full two weeks before your session.*** You may make a payment to your account online at [www.campwinnekeag.com](http://www.campwinnekeag.com). You may use a check, or credit or debit card.

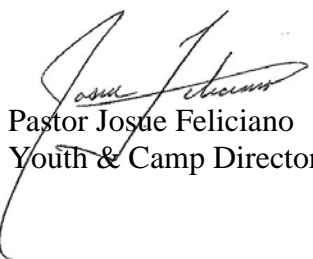
Please note the following “We Care” items:

1. Enclosed is a health history and physical examination form for each family member. ***Every person in attendance must complete the form in its entirety – all questions must be answered (Each attendee must bring a completed physical examination form with immunization record signed by a licensed physician.)*** Please do not mail the forms in—bring them with you when you come to camp. Since you are at camp with your children, you assume all responsibility for any medical situation that may arise. A First Aid and CPR certified staff member or a nurse will be on call at all times to assist should there be an emergency.
2. Registration will be from 3:00 PM-5:00 PM on Sunday. Please do not plan to register until that time. When camp ends on the following Sunday, you should plan to vacate the campground by 9:00 AM as we must prepare for the next incoming group.
3. If your family would like a complimentary family camp photo, please sign up for one at check-in time. One complimentary DVD will also be provided per family at the end of the camp week.

4. Directions to Camp Winnekeag - Take Route 2 to Route 140 North and proceed to Route 101 North. Follow north for two miles. Camp Winnekeag is on the north end of the lake on the left. A map is enclosed.
5. Please do not bring food items with you. Having food in the lodge or cabins could attract small animals and pests such as rodents. Many rodents carry diseases and we do not want to expose campers to this risk. Please abide by this request to help you have a healthy and safe camp experience. Our cafeteria provides healthy, well-balanced meals for campers. Vegan meals are available. Please let us know during check-in time if you need vegan meals. Also, if you have other special dietary needs, please let us know when you check in at camp.
6. We ask that skate boards, radios, TV's, personal CD players, alcoholic beverages, illicit drugs, tobacco products, inappropriate reading material, weapons of any type such as knives, firearms or ammunition (including toy guns/weapons), fireworks, candles, matches, and incendiary items *not* be brought to camp. We want to provide a safe, Christian environment and do not want anything to hinder or detract from your camp experience. Camping is a wonderful thing and we want your family to enjoy it to the fullest.
7. In order to keep camp prices low and help keep our dining room clean and tidy, we are asking each family to sign up to help clean up after meals. There will be a sign-up sheet at check-in for you to decide when you would like to help with dining room clean-up. We appreciate this extra bit of help each year and thank you in advance!
8. Copies of the camp's policies on sexual harassment, child abuse, staff hiring, camper discipline, emergency health care, and filing grievances are available upon request.

We look forward to serving you at Family Camp this summer! If you have further questions, please do not hesitate to contact us. We are here to assist you and will do what we can to insure a good camping experience at Camp Winnekeag. See you soon!

Sincerely yours,



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](http://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**  
PO Box 1169  
South Lancaster, MA 01561  
(978) 365-4551 x20



**Family Camps**

I give permission for my child(ren) to attend Camp Winnekeag during the sessions for which we signed up. I also give permission for my child(ren) to engage in all camp activities. I acknowledge that although Camp Winnekeag provides as safe an environment as possible, 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 me or my child(ren). I assume full liability and hereby release Camp Winnekeag and its employees, as well as the Southern New England Conference and its employees, of any and all liabilities which may arise from my or my child's involvement in camp activities, which may result in bodily injury or death.

I am taking full responsibility of the below-named individuals who are in my care during our stay at family camp. I am also assuming full medical responsibility and will seek medical care in the event of sudden illness or injury of those in my charge while on the grounds of Camp Winnekeag.

I do support and agree to abide by all camp regulations and policies and to uphold the objectives of the camp.

Additionally, to provide for the safety of all campers and staff, and to provide an environment free from distraction, we hereby certify that our family members have 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, we have 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, iPods, shuffles, gameboys, portable radios, CD/DVD players or TV's be brought to the camp. Additionally, our family has not brought inappropriate reading materials to camp.

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

List all family members attending. Family Name \_\_\_\_\_

- |          |          |           |
|----------|----------|-----------|
| 1. _____ | 5. _____ | 9. _____  |
| 2. _____ | 6. _____ | 10. _____ |
| 3. _____ | 7. _____ | 11. _____ |
| 4. _____ | 8. _____ | 12. _____ |

Name of Adult who is taking responsibility for Family \_\_\_\_\_

Signature of Responsible Adult \_\_\_\_\_ Date \_\_\_\_\_

## Family Camp Information

Thank you for choosing to spend a week with us at Camp Winnekeag. We look forward to serving you. Please let us know if there is anything that we can do to make your time with us more enjoyable.

We have some announcements we would like to share with you to help us all have the best week possible. Thank you for taking time to read this list. Have a wonderful week.

### CURFEW

- Camp QUIET TIME begins at 10:00 p.m. Minors must be with parents from 10:00 p.m. on.
- Camp LIGHTS OUT begins at 11:00 p.m.
- Thank you for being respectful and considerate of each other's rights for peace and quiet.

### SUPERVISION

- Parents are responsible for the supervision of their children.
- Parents are required to stay with their children (ages 9 and under) for activities.
- Please make sure you know where your children are at all times.

### GUESTS

- If you have guests coming to visit they must sign in at Headquarters.
- Day guests are allowed and will be charged \$30. Day guests can arrive at 8:00 a.m. and must leave by 10:00 p.m. Those who remain after 10:00 p.m. will be charged an additional fee of \$30. This is monitored by signing out. Day pass guests may have meals and enjoy the spiritual programming but are NOT allowed to participate in activities due to medical liability.

### MEALS

- Meals are served in the cafeteria. All food served in the cafeteria should be eaten in the cafeteria; please do not take food out of the cafeteria.
- Please be seated; tables will be dismissed for each meal.

### LAUNDRY

- The laundry facility located at the Bathhouse is for your use. Laundry detergent will be provided. A sign out sheet will be provided to help with the availability of the washer machine.
- The laundry facility at the Lodge is for STAFF USE only. We appreciate your cooperation in this matter.

### ACTIVITY SIGN-UP

- Morning activity selection will typically occur during breakfast. Afternoon activity selection will occur the same day during lunch. You will be called up by groups for sign-ups.

### BIKES

- Helmets are required at all times (both on your head and strapped).
- Closed toe shoes are required at all times.
- Stay on roads only (no sidewalks please).
- Watch your speed (other cyclists/walkers are moving about too).
- Night time riding allowed only if you have a headlight and tail light for your bike.
- Park in grassy areas (no parking on porches, sidewalks, roadways).

### HORSES

- Pony rides will be offered first (1<sup>st</sup>) period only (no test needed).
- Trail rides for 2<sup>nd</sup>- 4<sup>th</sup> period.
- Sunday, from 3:00-6:00 p.m. there will be riding tests for campers 10 and older
- Stables/riding arena are OFF LIMITS to all campers unless accompanied by a wrangler (horse staff member).
- Closed toe shoes are required at all times.
- Jeans are required to ride horses.

### SWIM TESTS

- Sunday 3:00 – 6:00 p.m. and Monday 10:15 – 11:30 a.m. ONLY.
- You will receive a red band if you do not make one of these two times.

### WRISTBANDS

- Wear wristbands at all times, it grants you permission to be involved in activities/meals.

### UNAUTHORIZED SALES OR DISTRIBUTION OF MATERIALS

- There will be no unauthorized sales/selling, or distribution of sale promos/brochures, or unapproved literature distribution at camp.

I have read the family camp information listed above and acknowledge that my family & I will abide within the guidelines specified.

Signature: \_\_\_\_\_

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 1<sup>st</sup> 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 \_\_\_\_\_



# Camp Winnekeag

"The Camp That Cares"



## 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

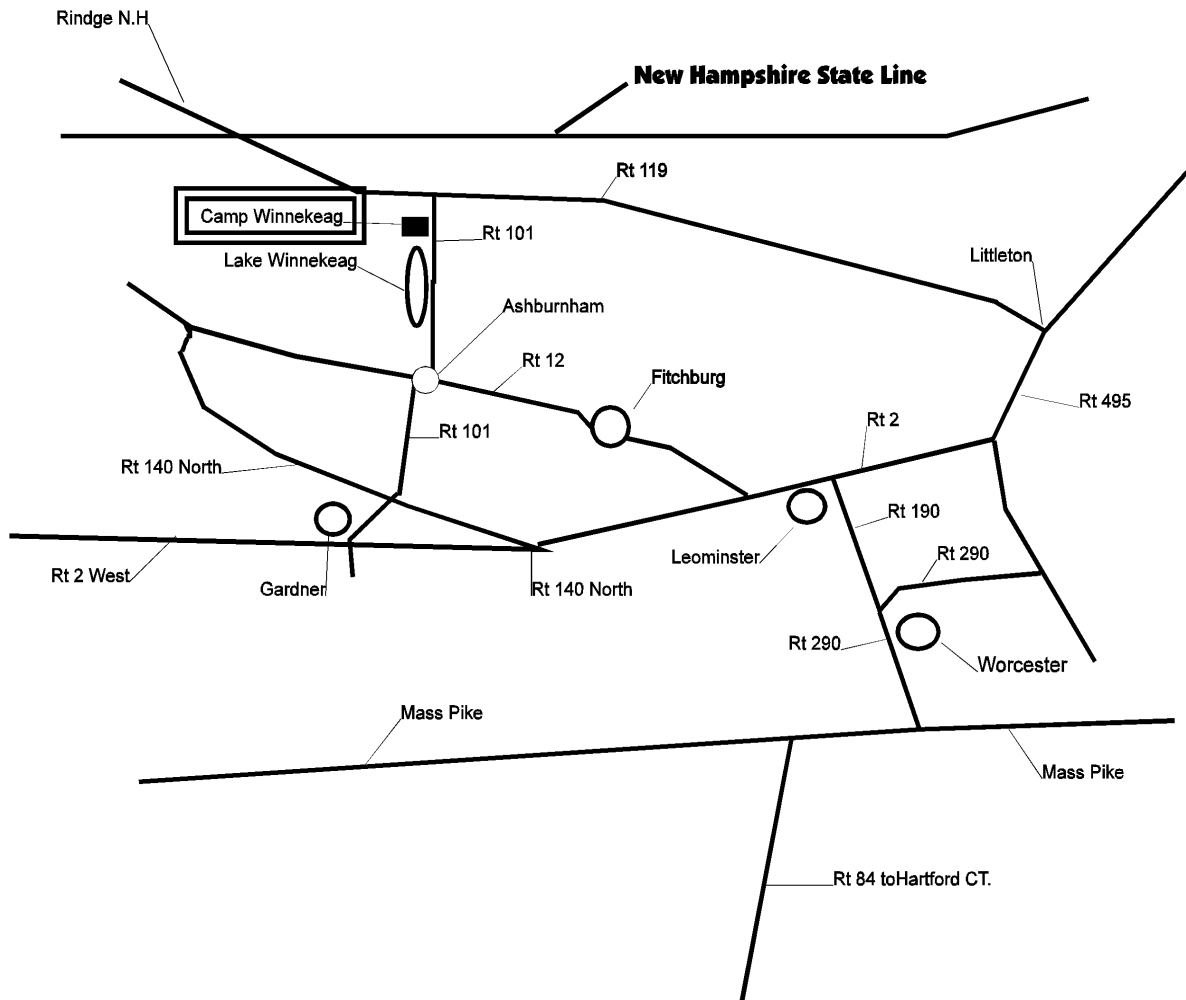
Printed name of Parent/Guardian \_\_\_\_\_

Emergency Telephone Number \_\_\_\_\_

# 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.

