

# WARRIOR CAMP INFORMATION

## JULY 9<sup>TH</sup>-14<sup>TH</sup>, 2023

THIS YEAR AT Warrior Camp WE ARE PURPOSELY TRAINING AND EQUIPPING OUR CAMPERS WITH GOD'S PERSONALIZED WEAPONRY- THE SWORD OF THE SPIRIT (GOD'S WORD) AND PRAYER.

IN ORDER TO GET INTO THE SPIRIT OF OUR THEME OUR CAMPERS WILL HAVE FUN CREATING THEIR OWN "SWORDS" ESPECIALLY DEVELOPED FOR THIS YEAR'S CAMP. CAMPERS WILL ALSO EXPLORE THE WARRIOR- HEART-OF-JESUS AND MAY DISCOVER THEIR VERY OWN WARRIOR- HEART-FOR-JESUS IN THE PROCESS.

### CHECK-IN TIME:

- Sunday, July 9<sup>th</sup>
- 4:00-5:00p (central time)

#### Details:

- All medication must be brought in their original labeled container and given to the Camp Nurse at Check-In.
- Please have all Medical Forms and Release Forms completed and signed.
- At registration you will receive contact information for sending notes or letters, emergency phone numbers, etc. **Please do not send care packages** ( they will be held until Campers leave the Campground)
- The Camp Address is:  
Your Campers Name  
Historic Santa Claus Campground  
16670 North 625 East  
Santa Claus, IN 47579
- You will find directions to the campground at:  
[www.historicsantaclauscampground.org](http://www.historicsantaclauscampground.org)

### BAPTISM:

- Friday, July 14<sup>th</sup>
- Approximately 4:30p (central)

#### Details:

- Those participating will need their parent's permission beforehand. Permission slips will be available at registration.
- Parents may attend. Parents and campers will need to meet with the camp pastor prior to the baptism (4:00p in the Tabernacle).

## **CLOSING CELEBRATION TIME:**

- Friday, July 14<sup>th</sup>
- 6:00p (central time)

### Details:

- You will experience a taste of what your campers received during the week of camp.
- The Celebration will last approximately 1 hour. Campers are free to leave after the celebration.

## **WHAT TO PACK:**

### Bring Things Like This:

- Sleeping Bag or Bedding for Twin Bed
- Pillow
- Towels and Personal Toiletry Items (Soap, Shampoo, Brush, Etc.)
- Swimsuit, Towel, Sunscreen, Flip-Flops, Bug Spray
- Tennis Shoes
- Clothes for your Stay including Sweat Shirts or Jackets
- Pajamas, Underwear and Extra Socks
- Flashlight
- Stamped and Addressed Envelopes, Pens or Pencils

### Optional Items to Bring:

- Hat/Sunglasses
- Camera
- Book for Horizontal Time
- Favorite Stuffed Animal
- Joke or Riddle

### Don't Bring Things Like This:

- Food
- Valuables
- Non-Prescription or OTC Medications
- Gaming Devices, MP3 Players, etc.
- Cell Phones
- Inappropriate Clothing
- Knives or Weapons of Any Kind

## **MEALS?**

Warrior Camp only offers a standard menu. We do not offer celiac friendly or vegetarian menus at this time. If you have special dietary doctor-directed meal concerns, please contact our head camp cook before the start of camp: Mary Callahan, [mcallahan@nspencer.k12.in.us](mailto:mcallahan@nspencer.k12.in.us) .

## **COST?**

- \$260.00
- Payment and Registration Deadline:
  - June 23, 2023 OR when spaces are full
- Send Registration and Payment to:

*Santa Claus UMC  
Attention: Warrior Camp  
351 N Holiday Blvd  
Santa Claus, IN 47579*

## **WHAT'S INCLUDED IN THE COST?**

- T-shirt
- All Meals
- Snacks
- Lodging
- Sword
- Bible
- LOADS OF FUN

## **HOW DO I REGISTER?**

- [www.santaclausumc.org/news/2023-summer-warrior-camp/](http://www.santaclausumc.org/news/2023-summer-warrior-camp/)

## **CAN I VIEW PICTURES OF MY CHILD[REN] DURING CAMP WEEK?**

- <https://www.facebook.com/SCElemCamp/>

## **QUESTIONS?**

Sally Schaaf  
812-937-2420 / 765-434-1714  
[k.schaaf@sbcglobal.net](mailto:k.schaaf@sbcglobal.net)

**Health Information Santa Claus United Methodist Church Camp July 9 - July 14, 2023**

This Certificate is to be completed and signed by parent or guardian within five days before the camp opens. **This form MUST BE BROUGHT TO CAMP with the camper.** Parents are responsible for calling the health needs to the attention of the camp. A physician may fill in this form if the parents wish.

Campers Name \_\_\_\_\_ (NickName) \_\_\_\_\_ Age \_\_\_\_ M F  
Home address \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Mom's Name \_\_\_\_\_ Dad's Name \_\_\_\_\_  
Parent's Work Phone (\_\_\_\_) \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_  
Camper's Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**ALLERGIES:** (Please describe below what the camper is allergic to and the reaction seen.)

No Known Allergies \_\_\_\_\_  
Medication (List): \_\_\_\_\_  
Foods (List): \_\_\_\_\_  
The Environment (insect stings, poison livy, hay fever). (List)  
\_\_\_\_\_  
Other (Be specific): \_\_\_\_\_

**Diet, Nutrition:** Camper is on a regular diet \_\_\_\_\_ camper vegetarian \_\_\_\_\_ camper lactose intolerant \_\_\_\_\_ camper gluten intolerant \_\_\_\_\_

**Immunizations: All Campers Must Have Had a Tetanus Shot Within the Last 10 Years,**

Date of Last Tetanus Shot: \_\_\_\_\_ Immunizations Current YES NO, If No, why \_\_\_\_\_  
Has there been any recent exposure to a contagious disease? NO YES If Yes, what \_\_\_\_\_

**General Health History:** (Circle all that apply)

- |   |        |  |        |
|---|--------|--|--------|
| 1. Ever been hospitalized?                        | Yes No | 11. Had fainting or dizziness?                         | Yes No |
| 2. Ever had surgery?                              | Yes No | 12. Passed out/had chest pain during exercise?         | Yes No |
| 3. Have recurrent/chronic illness?                | Yes No | 13. Had "mono" during the past 12 months?              | Yes No |
| 4. Had a recent infectious disease?               | Yes No | 14. If female, have problems with periods/menstruation | Yes No |
| 5. Had a recent injury?                           | Yes No | 15. Have problems falling asleep/sleepwalking          | Yes No |
| 6. Had asthma/wheezing/shortness of breathe?      | Yes No | 16. Ever had back/joint problems                       | Yes No |
| 7. Have diabetes?                                 | Yes No | 17. Have a history of bedwetting?                      | Yes No |
| 8. Had seizures?                                  | Yes No | 18. Have problems with diarrhea/constipation?          | Yes No |
| 9. Had headaches?                                 | Yes No | 19. Have any skin problems?                            | Yes No |
| 10. Wear glasses, contact, or protective eyewear? | Yes No | 20. Traveled outside the country in the past 9 months? | Yes 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mental, Emotional, and Social Health:** Circle "Yes" or "No" for each statement

Has the camper:

- |   |        |
|---|--------|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder(AD/HD)?   | Yes No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?  | Yes No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?  | Yes No |
| 4. Had a significant life event that continues to affect the camper's life?<br>(history of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster etc) | Yes No |

Please explain "Yes" answers in the space below noting the number of the questions. The camp may contact you for additional information.

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First time camper? YES NO How might we best handle homesickness? \_\_\_\_\_

Any other information that will help insure the safety and comfort of this camper? \_\_\_\_\_

**EMERGENCY INFORMATION:**

IN CASE OF EMERGENCY, I understand every effort will be made to contact me. In the event I cannot be contacted, I hereby give permission to the physician selected by the camp director or site manager to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature of parent or guardian: \_\_\_\_\_

Emergency contact other than the one listed above: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Insurance Company under which camper is covered \_\_\_\_\_

Policy # \_\_\_\_\_ Company Phone \_\_\_\_\_

## MEDICATIONS AUTHORIZATION AND RELEASE

Please sign and bring with you to camp

Camper's  
Name \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

### REGULARLY SCHEDULED MEDICATIONS

Medications need to be in original pharmacy container with labels which shows the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.

Name of medication	Date Started	Reason for taking it	When it is given	Amount or dose to give	How it is given
1.					
2					
3					
4					

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All Medications (with the exception of inhalers for severe Asthma) will be kept by the camp nurse and distributed to the camper at the proper times. All Narcotic Medications will be kept by the nurse.

Listed below are some medications commonly kept in stock. **Please cross out any medications you DO NOT WISH YOUR CHILD TO RECEIVE.** No medication may be given without signed consent of parent or guardian.

Acetaminophen (Tylenol)  
Antihistamine/allergy medicine  
Sore throat spray  
Antibiotic cream  
Aloe  
Saline eye drops

Ibuprofen (Advil, Motrin)  
Guaifensin cough syrup (Robitussin)  
Generic cough drops  
Calamine Lotion  
Tums

Parent or legal guardian releases Santa Claus United Methodist Church of any legal liability resulting from the above medications.

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

**RELEASE – Please sign and bring with you to camp**

**PARTICIPANT GUARANTEE OF HEALTH COVERAGE AND HEALTHINESS**

I represent, assert, and covenant to CHURCH that my child, being a minor under 18 years of age, has eligible health insurance that will cover any accidents or injuries that may be suffered while engaged in the Events. I also warrant and affirm that my child is physically able to engage in the participated activities, and I hereby assume the responsibility of physical fitness and capacity to take part, in any manner whatsoever, in the participated activities.

**EMERGENCY MEDICAL TREATMENT AND OTHER PROVISIONS**

In the event that emergency medical treatment is required due to illness or injury during my child's participation in camp, I authorize the Church to secure and retain medical treatment, and transportation, if necessary. The authorization alluded to herein includes x-rays, surgery, hospitalization, medication, and any other treatment procedure to be deemed, by the attending physician, for the purpose of saving one's life. However, the expenses or costs incurred in such an event will be the responsibility of the undersigned, and not the Church. This provision shall only be invoked if the child and all emergency contacts are unable to consent for treatment.

**LIABILITY RELEASE** (Release of All Claims)

In Consideration for being accepted by the Santa Claus United Methodist Church - for participation in Church Camp, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on the behalf of my child-participant, if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless the Santa Claus United Methodist Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while the said child is participating in Church Camp. Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

**MEDIA RELEASE**

I, the undersigned, do hereby consent and agree that Santa Claus United Methodist Church, its employees, or agents have the right to take photographs, videotape, or digital recordings of me and to use such photographic likenesses of me in any and all media, now or hereafter known, including specifically, but not limited to, the Church's website on the World Wide Web. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I hereby release to Santa Claus United Methodist Church, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me or my likeness, either for initial or subsequent transmission or playback. I also understand and agree that Santa Claus United Methodist Church is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

**I HAVE READ THE ABOVE RELEASE, UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY.**

I HAVE READ AND AGREE TO THIS RELEASE

X \_\_\_\_\_  
Signature Printed Name Date

If the above-named person is a minor, the undersigned hereby acknowledge and agree to this Release for and on behalf of said minor, and acknowledge, agree and certify that the undersigned are the legal guardian(s) of the above-named minor.

I HAVE READ AND AGREE TO THIS RELEASE

X \_\_\_\_\_  
Signature of Parent or Guardian Printed Name of Parent or Guardian Date

I HAVE READ AND AGREE TO THIS RELEASE

X \_\_\_\_\_  
Signature of Parent or Guardian Printed Name of Parent or Guardian Date