

# Knights Camp Information

July 11 to July 16, 2021

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## Check-In Time:

- ➔ Sunday, July 11th
- ➔ 4:00 to 5:00 PM Central Time

## Details:

- ➔ All medication must be brought in its 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).

## Baptisms:

- ➔ Campers who wish to be baptized at camp should sign up at registration
- ➔ Friday, July 16th
- ➔ Approximatey 4:30 PM Central Time

## Details:

- ➔ The campers participating will need their parent's permission BEFOREHAND. Permission slips will be available at registration
- ➔ Parents are welcome to attend. Parents and campers will need to meet with the camp Pastor prior to the baptism (4:00 PM in the Tabernacle)
- ➔ After the baptism, participating parents may stay for the picnic.

## Closing Celebration Time:

Friday, July 16th  
6:00 PM Central Time

## Details:

- ➔ You will experience a taste of what your campers received during the week of camp
- ➔ The Celebration will last about an hour and campers are free to leave afterwards

# What to Pack

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## Bring Things Like This -

- Sleeping bag or bedding for a twin size bed
- Pillow
- Bath towel and personal toiletry items such as soap, shampoo, toothbrush, etc.
- Swimsuit, pool towel, sunscreen, flipflops, bugspray, etc
- Tennis/athletic shoes
- Clothes for the week such as shorts, tees and summer-wear but also sweat shirts, a light jacket, etc.
- Pajamas, underwear, extra socks
- Flashlight
- Stamped, addressed envelopes, pens or pencils
- Bible

## Optional Items to Bring -

- Hat or sunglasses
- Camera
- Book for Horizontal Time
- A loved stuffed animal
- Favorite jokes

## Do *Not* 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

# Miscellaneous Information

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## Camp Meals -

Knights Camp only offers a standard menu. We do not offer celiac friendly or vegetarian menus at this time. If the camper has special dietary doctor-directed meal concerns, please contact our head camp chef before the start of Camp - Jodi Kamman at melindakamman@yahoo.com

## Cost -

\$250.00. Payment is due in full by June 27th.

You can send the registration and payment to:

Santa Claus UMC  
Attention: Knight Camp  
351 North Holiday BLVD  
Santa Claus, IN 47579

Or you may pay and/or register online by  
visiting [santaclausumc.org](http://santaclausumc.org).

## Included in the Cost -

a Tee Shirt  
All meals  
Snacks  
Lodging  
Bow & Arrows (made by the campers)  
Bibles  
and LOADS of FUN!

## How to Register -

[www.santaclausumc.org/kingdom](http://www.santaclausumc.org/kingdom) camp or by picking up a form from the Church office.

## Camp Photos -

You can view pictures of your camper during the week by visiting the camp Facebook page:  
<https://www.facebook.com/santaclauselementarycamp>.

## If You've Got Questions -

Please contact Sally Schaaf at 812-937-2420 or at [k.schaaf@sbcglobal.net](mailto:k.schaaf@sbcglobal.net).

# Medications Authorization and Release

Please Sign & Bring to Camp

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

Allergies: \_\_\_\_\_

## REGULARLY SCHEDULED MEDICATIONS

Medication Name	Date Started	Reason Needed	When is it Given	Dose to be Given	How is it Given
1					
2					
3					
4					

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.

Listed below are some medications commonly kept in stock. Please cross out any medications you DO NOT WISH FOR YOUR CHILD TO RECEIVE. No medications will be given without signed consent of the parent.

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

Ibuprofen (Advil or Motrin)  
Guafensin 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# RELEASE FORM

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

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## PARTICIPANT GUARANTEE OF HEALTH COVERAGE AND HEALTHINESS

I represent, assert and covenant to CHURCH that my child, being a minor un 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 purposes 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 Methoidist Church - for participation in Church Camp, we(I), being 21 years of age or older, do for ourselves (myself) (and for and on 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 y 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 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 transporation 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 my child and to use such photographic likenesses of my child in any and all media, nor or hereafter known, including specifically, but not limited to, the Church's website on the World Wide Web. I further consent that my child's 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 child's 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 transmissions 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 child's participation in this recording, including medical expenss 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**

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Signature

Printed Name

Date

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

**I HAVE READ AND AGREE TO THIS RELEASE**

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Signature of Parent/Guardian

Printed Name

Date

**I HAVE READ AND AGREE TO THIS RELEASE**

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Signature of Parent/Guardian

Printed Name

Date

# Health Information

Santa Claus United Methodist Church Camp July 11 - July 16, 2021

This certificate is to be completed and signed by a parent or guardian within five days before the camp opens. **This from MUST BE BROUGHT TO CAMP with the camper.** Parents are responsible for calling health needs to the attention of the Camp. If your child has a severe illness and you have concerns, please speak with Sally Schaaf prior to Camp by calling (812) 937-2420 or by emailing k.schaaf@sbcglobal.net

Camper's Name Nick Name Age M F

Home Address Height Weight

City/State/Zip Phone

Parent's Name Second Adult's Name

Parent's Work Phone Emergency Contact Name and Phone

Camper's Physician Physician's Phone

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

Medication Allergies

Food Allergies

Environmental Allergies (insect stings or bites, poison ivy, hay fever, etc)

Any Others (please be specific)

**DIET & NUTRITION:** Camper has no restrictions Vegetarian Lactose Intolerant  
Gluten Free Other

**IMMUNIZATIONS:** All Campers Must Have Had a Tetanus Shot Within the Last Ten Years.

Date of Tetanus Shot: Are All immunizations Current (yes or no) If No, why?

Has there been any recent exposure to a contagious disease? (yes or no) If Yes, what?

**GENERAL HEALTH HISTORY:** Please Circle the Numbers of All that Apply

- |  |   |
|--|---|
| 1. Has been hospitalized                   | 11. Has fainting or dizzy spells                        |
| 2. Has had surgery                         | 12. Has passed out or chest pains with exercise         |
| 3. Has recurrent/chronic illness           | 13. Has had "mono" in the last 12 months                |
| 4. Has had a recent infectious disease     | 14. Has problems falling asleep or sleepwalking         |
| 5. Has had a recent injury                 | 15. Has back or joint problems                          |
| 6. Has asthma/wheezing/shortness of breath | 16. Has a history of bedwetting                         |
| 7. Has diabetes                            | 17. Has problems with diarrhea or constipation          |
| 8. Has headaches                           | 18. Has skin problems                                   |
| 9. Has seizures                            | 19. Has traveled outside of the US in the last 6 months |
| 10. Wears glasses or contacts              | 20. If female, has has problems with menstruation       |

Please explain, noting the numbers, here - for number 19, list all countries \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MENTAL, EMOTIONAL & SOCIAL HEALTH:** (please circle yes or no)

Has the camper:

- |   |     |    |
|---|-----|----|
| 1. Been treated for attention deficit disorder or attention deficit/hyperactivity disorder (ADD & ADHD)   | YES | NO |
| 2. Been treated for emotional or behavioral difficulties or an eating disorder  | YES | NO |
| 3. Seen a professional to address mental or emotional health concerns (in the past 12 months)   | 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 any "YES" answers below, noting the number. The camp may contact you for additional information.

\_\_\_\_\_

\_\_\_\_\_

Is this a first time camper? YES NO

How might we best handle homesickness?

\_\_\_\_\_

Any other information that will help ensure the safety and comfort of this camper?

\_\_\_\_\_

\_\_\_\_\_



**EMERGENCY INFORMATION:**

IN CASE OF AN 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

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Date this Form was Filled in and Signed

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Emergency contact other than the one listed on the previous page:

Name \_\_\_\_\_ Phone \_\_\_\_\_

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Name of the Insurance Company covering the camper

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Policy Number \_\_\_\_\_ Phone \_\_\_\_\_

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