



## Camp Caraway for Children-Letter for the Church Leader

Updated: 11-4-16

Dear Church Leaders,

We are thankful you and your church have chosen to attend Camp Caraway for Children! Join me in praying for God to do mighty things as we Discover who He is and who we are in Him. Thank you for your attention to detail as you read these important documents. Please let me know if you have any questions: [mmoore@caraway.org](mailto:mmoore@caraway.org) or 336.521. 9207.

**Program:** We are intentional to use fun to share the love of Jesus, develop healthy relationships, create lasting teachable moments, and learn about the importance of missions.

Our camp staff have been carefully screened and prayerfully selected. We find joy in helping you and your group have the most rewarding experience possible. Campers will be encouraged to participate and do their best in each activity, but the level of participation is always the choice of the camper. If you haven't already please visit our website and read about our program and look at our brochure: [www.campcaraway.org](http://www.campcaraway.org). We want you to be as well informed as possible. Please contact us with questions.

**Camp Theme:** This summer we will go on an adventure together as we DISCOVER more about who God is and who we are in Him. Our theme verse is Acts 17:27-28 "that they should seek God, and perhaps feel their way toward him and find him. Yet he is actually not far from each one of us, "for ""In him we live and move and have our being"; as even some of your own poets have said, ""For we are indeed his offspring.' Please stay tuned as we develop this theme. More to come!

### **New Payment Policy:**

- *Your deposit is due within 2 weeks of your registration.* The deposit equals \$75 for every spot you reserve (children and chaperones). Registration is not attached to a particular participant's name. If one of your group is not able to attend, you may transfer the balance to another participant.
- *If we do not receive your deposit within the 2-week timeframe, your registration will be voided.* Every attempt will be made to contact you regarding your registration. You will be sent a final notice in writing once your registration is cancelled. *If you need to wait for the new budget year, please contact Kailyn Eskridge at [keskridge@ncbaptist.org](mailto:keskridge@ncbaptist.org) or Mark Moore at [mmoore@caraway.org](mailto:mmoore@caraway.org) to request an extended deadline.*
- *You may drop your numbers by 3 with no penalty before the balance-due deadline.* The \$75 deposits for those three spots will be applied toward your final deposit.
- *Any drops past the allotted 3 result in voided deposits.* This means that only up to \$225 of your deposit will be contributed toward your final balance if you reduce your numbers by more than three.
- *Full balance is due 4 weeks before camp.* You will be sent a reminder email for when balance is due.



- *If you reduce your numbers after the balance due date, you will incur a \$100 late drop penalty. This is in an effort to make sure everyone who would like to enjoy a week at Camp Caraway is able to.*
- *No fees are refundable except in the event of illness, injury, or death in the immediate family. Please contact Kailyn Eskridge at [keskridge@ncbaptist.org](mailto:keskridge@ncbaptist.org) or call the office at 800-395-5102 ext. 5596*
- *If you need to raise your numbers at any point, please contact the office at 800-395-5102 ext. 5596. We will be able to accommodate further registrations if there is availability. If you increase in number before the balance-due deadline, you will need to send in the deposits for them as soon as possible. If you increase in number after the balance-due deadline, the full balance for those additions will be required as soon as possible.*

**To Do:** As the church group leader it is your job to ensure everyone gets the information that they need. Please be sure that each parent receives these items in the spring: parent information letter, packing list, health history form, medication form, and waiver form. It is required that these forms be completed by the legal parent or guardian of each camper. The legal guardian must sign these forms, not you. Please schedule a time with your group to have parents sign forms. **Campers cannot stay at camp without properly completed forms. As the group leader, you should inspect every form to ensure it is legible and completed correctly.** These forms are included near the end of this document. I suggest that the parents complete these forms in your presence so that you can have them make corrections easily. It would be a major hardship on everyone if you got to camp on check in day and a parent did not complete the form properly. All adult chaperones must complete the health history form, and waiver form and each adult chaperone must complete a back ground check. See below.

**Arrival:** Arrive Monday morning between **10-11a.m.** on your scheduled day. See check in information below. Directions are included in this letter, see below.

**Friday:** Camp will be completed right after lunch on Friday. Lunch will be around 12:30p.m. and you can leave as soon as you are loaded after lunch which we estimate to be around 1:30p.m. Please communicate to your student's parents about estimated times of arrival, etc. During most weeks, luggage will need to be removed from your cabins right after breakfast on Friday morning.

**Check-in:** Included in this document are directions to our campus. There will be signs and people directing you to the camp gravel parking lot next to the Rye staff house. When you arrive please wait for a staff member to give you instructions. Children and most adult chaperones will wait at your vehicles briefly while the main group leader and an assistant will bring the paper work to the check in table.

Please have one or two leaders bring all camper forms and medication with you to the designated check in table (waiver form, health history form, medication form, back ground check form, and all camper medications including over the counter medications). Our staff will store and administer all medications so that the chaperones can focus on engaging with kids and relaxing. **To help reduce check in time please organize forms in this order attaching them with a paper clip, not a staple: waiver form, health history form, copy of health insurance card, medication form (if they have meds), and all medications including over the counter medications.** All medications should be in original packaging in a labeled zip bag.



**Chaperones:** There must be one adult chaperone for every 6 campers and they must be gender specific. I encourage you to choose mature Christian adults who are already active in your children's ministry. These adults need to be healthy enough to be able walk around the rolling hills of our several hundred acre campus. The chaperones have three main roles. 1. To engage with students and set a Christ like example. 2. Help transitions flow smoothly (such as helping campers go to bed on time, wake up on time, attend all functions on time, finding their chosen recreation area, etc.). 3. Lead the campers in a morning quiet time devotion, and help debrief the day with you, the group leader by participating in a church group devotion/discussion each evening. We will provide quiet time and devotion guides that go along with the theme.

There will be times daily that our staff will be responsible for your children, such as during skill classes. The chaperones may be involved as you see fit during the times where our staff are responsible for your children. We welcome the chaperones to consider taking a break during one of the morning sessions on Tue., Wed., and Thursday. We think you will appreciate the opportunity to rest away from the children and have a time to communicate with those at home if desired. During the remainder of the day the chaperones will be with the children from their church. We will need the assistance of the chaperones to ensure campers are arriving at their chosen recreation areas on time, etc. In the evenings, our staff will lead worship and small group Bible Study times, but we want the chaperones to be a part of this time so that you can mentor them throughout the week.

**Chaperone Back Ground Checks:** We must take every measure of precaution to protect our children. One of these measures is requiring a back ground check for every adult that attends as a chaperone. All adults must have a back ground check completed by the church within the last year to attend. Please see the included back ground check letter and be sure you communicate this with each adult that will attend.

**Chaperone Cell Phones:** Chaperones may have cell phones as long as they do not distract from the program. Their cell phones must be silenced or muted. Campers are not allowed to have cell phones or electronics, please remember this. The church group leaders should make the decision if a child is to be allowed to call home or not. In many cases, calling home increases their anxiety. If a chaperone needs to use their phone they need to ensure that they are not being a distraction and that they move to an area away from where campers are enjoying their experience. If a parent needs to be contacted for an emergent or urgent reason, please communicate this with the camp leadership so that we may assist as needed.

**Sleeping Arrangements:** Our cabins have twin sized bunk beds with air conditioning. Most cabins will hold about 16 people. We will work with you to have most of your group in the same cabin or in cabins near each other. If you have a group of one gender that exceeds 16, we will work with you to choose a small group with a chaperone to stay in a different cabin nearby. We have staff members that are assigned to your group that will serve you throughout the week.

**Special Food Needs:** If there is anyone in your group that has special diet requests or allergies to food, please let me know when you confirm your numbers or at least three weeks before your camp start date. We will work with you to provide that person with the assistance they need with special food needs such as food allergies or special medical related diets. If you must have food in the cabin, it must be in a hard, spill proof container.



**Safety & First Aid:** Our staff are trained very thoroughly to do their jobs well. Each staff is trained in First Aid and CPR. There are basic first aid kits in most buildings. We will have a Registered Nurse on call if needed. Our trained staff will be responsible for camper medication administration and will be available to assist during injuries or emergencies. We ask that you not give your campers medication. We provide at no cost most common over the counter medications and the Nurse or an administrator will follow our medical protocol about administering medications to campers. If a camper parent needs to be called, we will make sure you know what is going on.

**More Info to Come:** We are in the process of finalizing the program, theme, devotion booklets, recreation options, and skill classes. We will have more information to you about these items in the month of February. One of those items will be for you to collect sign up forms for each recreation and skill class that will be due 4 weeks before your arrival date.

Serving The Son,

Mark Moore  
Camp Caraway Summer Director  
336.521.9207  
[mmoore@campcaraway.org](mailto:mmoore@campcaraway.org)



## DIRECTIONS

Caraway Conference Center and Camp  
4756 Caraway Mountain Road Sophia, NC 27350

Caraway is located in Randolph County, North Carolina.  
We are 7 miles west of Asheboro in the community of Sophia.

### **FROM RALEIGH:**

- Take 64 West to Asheboro
- Take Interstate 73 North toward Greensboro  
(also called 220 bypass North, Not 220 business North).
- Get in the left lane as the exit will be a left exit.
- Proceed 1 ¼ miles and take the first exit, "Asheboro Hwy 42".
- At the end of the exit ramp, turn Left onto Old Lexington Rd.
- Proceed 5 miles, bear Rt at speedway sign onto Caraway Mtn Rd.
- Follow Caraway Mountain Road for 3 miles and
- The Caraway entrance will be on your Right.

### **FROM CHARLOTTE/LEXINGTON:**

- From I-85 North, take Exit 96 (Hwy 64 East, Zoo) toward Asheboro.
- Go 17 miles to flashing caution light.
- Turn Left onto Spenser Meadow Rd (Amity Hills Church on left).
- Drive 2 miles to stop sign.
- Turn Right onto Old Lexington Rd
- Drive a tenth of a mile to Green Farm Rd.
- Turn Left onto Green Farm Rd
- Drive 2 miles to flashing light at the intersection of Caraway Mtn Rd.
- Turn Left onto Caraway Mountain Road and drive 2 miles.
- The Caraway entrance is on the Right.

### **FROM GREENSBORO:**

- From I-40 or I-85, take 220 South
- Take Hwy 42 Exit at Asheboro
- Turn Right (West) onto Old Lexington Rd.
- Proceed 5 miles, bear Right at speedway sign onto Caraway Mtn Rd.
- Follow Caraway Mountain Rd for 3 miles.
- The Caraway entrance will be on your Right.

### **FROM ASHEBORO:**

- From 220 Bypass (North) take Hwy 42 exit. This is a LEFT exit.
- At the end of the exit ramp, turn Left (West) onto Old Lexington Rd.
- Proceed 5 miles, bear Right at speedway sign onto Caraway Mtn Rd.
- Follow Caraway Mountain Rd for 3 miles.
- The Caraway entrance will be on your Right.

### **FROM HIGH POINT:**

- Take 311 South.
- After passing Fairfield Dr & K-Mart, bear right onto Archdale Rd.
- Follow this road for approx. 13 miles through various name changes.
- This road becomes Caraway Mountain Rd.
- The Caraway entrance will be on your left.



## Camp Caraway Background Check Policy

***Please read the following background policy information below, issued by John M. Butler, Executive Leader of Business Services for the Baptist State Convention of North Carolina. The forms mentioned can be found in this document.***

To: Churches providing volunteers for events for children, youth or developmentally challenged adults

From: Baptist State Convention of North Carolina (BSCNC)

Date: All 2017 camps and conferences

Background checks on all adults – anyone under age 18 cannot be a volunteer from a church or chaperoneing a group - who will be chaperoneing, participating in group activities or accompanying children, youth or developmentally challenged adults from your church to BSCNC events are a necessary part of protecting them and your church. The Baptist State Convention believes that you, as a church, need to know that you are doing everything you can to protect the children, youth and developmentally challenged adults of your church and also the assets of your church. It is our hope that you have already put in place a policy that requires background checks for anyone working with children from cradle roll up to those who have reached age 18 and developmentally challenged adults.

**The Baptist State Convention must have a form from your church on adults who are attending or working at such events.** We have formatted a sheet on which you can list people who have had background checks and are cleared to work or chaperone. It will be the responsibility of your church to get the background checks completed on all adults going with your group at least one week prior to departure. Any adult from your church working or chaperoneing children, youth or developmentally challenged adults whose name is missing from this sheet will not be allowed to stay on the premises where the event is held or to work with the event in any capacity. This must be done for the protection of all attendees, your church and the BSCNC!! Your church can choose any background company that you like. The BSCNC realizes that if you have not done background checks in the past, you may need to get in touch with a reputable company. At the BSCNC, we have used FirstPoint Resources in Greensboro, N.C.

Scott Hall, manager of FirstPoint Resources, is a Baptist and he attended North Carolina Baptist Assembly as a youth. Scott has told the BSCNC that he will give churches a special rate of **\$10 per person** for a criminal background check and a sexual misconduct check. That is a real bargain!! FirstPoint does charge a **one-time \$25 set up fee** and FirstPoint requires an **on-site inspection** to be sure that the information you receive is safe-guarded both for the potential volunteers and for your church's security. FirstPoint will arrange with your church for the on-site inspection. Questions should be directed to Scott Hall – not the Baptist State Convention.

Scott has asked the BSCNC to emphasize that FirstPoint needs time to set up your account and complete the background screening reports. You cannot call them on Wednesday or Thursday to set up a new account before volunteers are leaving on Sunday or Monday to go to camp or a Deep Impact event and expect to have the reports back. Please contact them to set up your new account a minimum of 30 days before your volunteers leave for camp. Then, FirstPoint should be able to process the background checks within a six to ten day time frame.

For those who routinely drive to such events, you may want to also include a driving record – that would be an additional expense. If you would like to use FirstPoint, you must call Scott Hall directly at (800) 288-7408 ext. 3037 or email at shall@firstpointresources.com to set up an account for your church. Please identify yourself as a church that received the letter from the BSCNC regarding adults helping at events for children, youth or developmentally challenged adults.

For your convenience, I am attaching a FirstPoint form (use this form only for FirstPoint Resources) that every candidate will have to complete VERY LEGIBLY. If it is not highly readable (all numbers and letters must be clear and readable because FirstPoint does not know your name, address, etc.) when faxed to FirstPoint, your staff will be called to clarify information or you will have to ask the adult to resubmit the form to you. You will need to maintain a file with copies of all forms and a copy of the report on each person cleared in the background check. This will be valuable information in a court of law should your church ever be sued for the actions of any adult working with children, youth or developmentally challenged adults.

Thank you for your cooperation. Again, I remind you that you can choose any company you wish to do the background checks; however, the names of all adults attending these events must appear on the form to be presented to Registration when your group arrives at the site of the event. **Otherwise, the adults who accompany your church group will not be allowed to remain on campus!**





**Form for church to keep in its files with First Point or other company form:**

I, \_\_\_\_\_, have volunteered to work with youth (youth being anyone from birth to age 18) and developmentally challenged adults at my church or at any functions in which my church participates with youth and developmentally challenged adults. I realize that to safeguard these people and the church a background check must be performed by a professional company and a file kept at the church for future reference. I want to fully comply with this request by my church.

I am given the following opportunity to tell and or explain to my church prior to the background check of any problems that may be found. I realize that if I fail to disclose any that might be found, I will not be allowed to work with youth at my church. (Note: Things that one has been told are expunged from public records usually have not been!)

\_\_\_\_\_ I do not know of any problems that may be found.

\_\_\_\_\_ I voluntarily choose to disclose the following:

Signed: \_\_\_\_\_

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





You must print legibly and hard enough for the information to be read when faxed. No markouts please

NAME (First, Middle, Last) \_\_\_\_\_ Gender Male / Female

MAIDEN NAME (If applicable) \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

1ST PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

APPLICANT SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVER'S LICENSE # AND STATE ISSUED: \_\_\_\_\_

**APPLICANT AUTHORIZATION**

I hereby authorize FirstPoint, Inc. ("FirstPoint") to prepare an INSIGHT report that will include my present and previous employment information including salary as well as work performance. I also authorize FirstPoint to verify my past and present driving records, education records, credit history, and professional credentials. I further authorize FirstPoint to perform a criminal records search.

I understand that FirstPoint does not guarantee the accuracy or timeliness of the information obtained from other sources and that FirstPoint will not be liable for any inaccuracy in the information obtained from other sources that are included in the INSIGHT report.

Further, I authorize my current and former employers, as well as other organizations to provide such information to FirstPoint and I hereby release and hold harmless FirstPoint, my current and former employers, as well as other organizations that have provided information in connection with my INSIGHT report.

**CONSUMER DISCLOSURE**

I understand that a pre-employment consumer report (Insight) may be obtained from the FirstPoint, Inc for employment purposes.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (IF APPLICANT IS UNDER 18 YEARS OLD) DATE

**Reports requested by Name of church:** \_\_\_\_\_

Criminal Records  Credit Report (Persona)  Motor Vehicle Record  Sexual Misconduct



## Parent Information Letter

Dear Parents,

**Thank You** for choosing Camp Caraway for Children! We have an awesome week planned for your children. This is our 55th summer of camp at Caraway! What a blessing it has been to serve children, and churches at Caraway. I pray this summer has a life time of growth and memories for your child. Please take time to thoroughly read the below information so that you and your child will have the best experience possible.

**Camp Theme:** This summer we will go on an adventure together and DISCOVER who God is and who we are in Him. Our theme verse is Acts 17:27-28 More theme details to come to the group leader.

**Program:** We are intentional to use fun to share the love of Jesus and make disciples, develop healthy relationships, create lasting teachable moments, and learn about the importance of missions. The camp counselors that will be with your children have been carefully screened and trained. We as a staff will do everything that we can to help make this week the best experience possible. During the week campers will be encouraged to participate and do their best in each activity, but the level of participation is always the choice of the camper. If you haven't already, please visit our website and read about our program: [www.campcaraway.org](http://www.campcaraway.org). We want you to be as well informed as possible. Please contact us with questions.

**Medical & Release Forms:** Included with this letter are a health history form, a medication form, and a waiver form. Please bring the included forms to your church whenever your children's leader instructs you to. The legal parent or guardian must be the one to sign all of the forms. Campers will not be allowed to stay at camp without a properly completed form. Thank you for writing very legibly as you complete the forms. Please place all medication in a zip bag in the original packaging with your child's name and age written on the bag.

**Contacting Campers:** We encourage you to write a letter or post card and give it to your church leader. They can give the letters to us at check-in, and we can give it to your child during the week. You may also mail a letter the week before to ensure it arrives on time. The address is P. O. Box 36 Asheboro, NC 27204. See below about sending free e-mail through Bunk 1 and how you can purchase e-mail replies for your camper. We will post pictures daily on our facebook page: [www.facebook.com/campcaraway](http://www.facebook.com/campcaraway).

**Emergency Contact:** Campers are not allowed to have cell phones or call home, unless they have permission from their church group leader or camp administrator. We will keep you well informed if needed and can deliver any important messages to your camper if necessary. We will call you using the numbers you provided in the health form any time we have concerns about your child's health or behavior. Chaperones are allowed to have cell phones and can deliver messages if needed. Thank you for not sending cell phones with your camper.

**Money:** Your child, with the close assistance of their chaperone, will be responsible for his or her money. This money needs to be in a zip bag labeled with his or her full name and age. They will have the opportunity to visit the Camp Canteen up to twice daily to purchase optional Caraway gifts and snacks. We will also receive a missions offering to teach the importance of giving. \$40-60 should be all the money your child will need for the entire week.



**Canteen:** Camp Canteen items approximate costs: snacks, ice cream, & drinks (\$.75-\$2 each), New Caraway T-shirts (\$10), New Caraway Hats (\$10), Sun Shades (\$5), Camp DVDs highlighting your child's week of camp (\$12), Bracelets (\$3 or \$5), New water bottles (\$4), Hydration Packs (\$20), Back Packs (\$12), Necklaces(\$10), Variety of Stuffed Animals (\$10-15), Flashlights (\$8), Caraway picture frames (\$5), and other items.

**Special Concerns:** The church leaders and adult chaperones that brought your child are responsible for them. Our staff are trained to approach special concerns with campers such as medical conditions, bed wetting, or home sickness with the utmost respect and confidentiality and will gladly assist the church leaders as requested. We will also seek the advice and assistance of the adult chaperones from your church that will attend with your child. You can help us prepare your child for success with these needs.

**Medical Conditions:** Please document all medical conditions, needed medications, and other pertinent information on the health history form. If needed, please have a church leader share any clarifications or special concerns with us at the medication check in table on Monday. If your child has any special food needs please contact me the week before his or her camp arrival so we can make arrangements to serve him or her best.

**Bedwetting:** document this on the health history form so the camp chaperone will be prepared for the possibility to assist your child. We suggest you consider pull up absorbent overnight undergarments or disposable bed linen covers. Both of these can be discreetly used. If a child does soil his or her bed our staff will discreetly assist the chaperone and camper by washing the linens and in giving the child reassurance and support when needed.

**Homesickness:** Homesickness is normal and many campers may experience a little homesickness at some point during their camp session. Parents can help with homesickness with patience and preparation. Please consider some of these tips to help your camper deal with homesickness in a healthy way at camp: Encourage your child's independence throughout the year, such as sleepovers at a friend's house; Discuss what camp will be like before you leave and call us with questions; Please honor our no cell phone policy, we will call you if needed; Send your camper a letter or e-mail throughout the week; Please do not bribe, linking a successful stay at camp to a material object may send the wrong message. Your child's confidence and independence will be a great reward for completing a week at camp; During the week, if you are worried about how your child is adjusting please call us and speak to us about your child. We will gladly check on your child for you; don't feel guilty about encouraging your child to stay at camp. Camp can be a great first step towards independence and can play an important role in the growth and development of your child.

**Behavior & Bullying:** Campers and adults are given clear expectations and rules for the week when they arrive. We expect campers to follow these expectations and to treat each other as they want to be treated. Our staff is trained well in motivating and disciplining campers appropriately and will assist the church chaperones when needed. Bullying or picking of any kind is inexcusable and not tolerated here. If your child does not follow our expectations and rules after disciplinary action, we will call you to make a plan of action.



**Friday:** Camp will be complete after lunch on Friday around 1:30. The church group leader will give you an estimated time of arrival. Please contact your church group leader with questions about transportation.

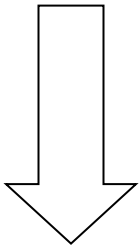
I am looking forward to your child's arrival at camp. I, as well as our entire staff, am praying that your child will have many enjoyable, growing and rewarding experiences this summer at Camp Caraway for Children.

Sincerely,

*Mark Moore*

Mark Moore  
Director  
Camp Caraway for Children  
336.521.9207  
[mmoore@caraway.org](mailto:mmoore@caraway.org)

**Scroll Down for more info:**





## Packing List

Please Label all items with the camper's name

- Bible
- Clothes (t-shirts & shorts)
- 1 pair of long pants
- underclothes
- twin sheets & blanket or a sleeping bag
- pillow
- 3 towels
- toiletry articles (toothpaste, toothbrush, shampoo, soap, etc.)
- insect repellent
- sunscreen
- 2 tennis shoes (one pair should be shoes that can get dirty)
- shower shoes or flip flops (not to be worn during recreation times)
- 1 light weight rain coat or poncho
- 2 large dirty clothes bags (1 for dirty clothes and 1 for wet clothes)
- 1 light jacket or sweatshirt
- 1 pair of pajamas or sleep wear
- 1 bathing suit (very modest one piece)
- flashlight with extra batteries
- Water bottle (we will have Caraway bottles & hydration packs for sale at the canteen)
- Letter writing supplies
- Canteen and missions offering money in a plastic zip bag labeled with their name and age



## What Not To Bring

- Cellular phones, tablets, any electronics
- any animals or pets
- fireworks of any kind
- firearms or weapons
- Any type of illegal drugs, tobacco, electronic cigarettes, or alcohol
- Thank you for not sending any food to camp with your child. If special arrangements for snacks need to be made for medical reasons, please make this known at check in and we will gladly accommodate the request.
- Personal recreation or athletic equipment is not allowed without prior approval.

**Thank you for following these and all camp guidelines!**



Church: _____
Cabin: _____

## Camp Caraway Summer Programs Waiver Form

Dates of Camp \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Camper's Printed Name & Age \_\_\_\_\_

(Parents, please read these statements to your child or youth to be sure there is an understanding of what is expected. Your signature indicates that you and your child or youth agrees with these statements. This signed form is required to participate at camp)

**Agreement to Participate**

I understand the program goals and theme of the camp which I will attend and agree to participate in the programs and activities to the best of my ability. I agree and hereby state that I am aware and understand that all of the program activities are strictly voluntary and it is my own choice to participate in each activity to whatever degree I deem appropriate and after due consideration of my own physical health, physical abilities and medical conditions. I have informed the Camp Director, and/or medical personnel of any medical conditions I may have. I further state that in choosing to participate I am not under the influence of any chemical substances including alcohol.

**Liability Release**

I willingly and knowingly assume for myself, my heirs, family members, executors, administrators and assigns all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the programs and hereby agree to hold Camp Caraway and NC Baptist Men, its employees, its instructors, facilitators, Board members and agents harmless for any liability arising out of my participation in the programs. I have read, or have had read to me, all information regarding the event my camper is attending at Camp Caraway, including policies, procedures, limitations, and possibilities, and have discussed these with my camper as named above. My camper, as named above, has permission to participate fully in all camp activities. Any exceptions are designated here:

**Photography of Campers**

Photography/video may be taken of campers as they participate in the Baptist State Convention of NC ministries. These photographs will only be used for promotion of these ministries through brochures, web pages, social media, video, and special mailings. At no time will the full names of campers be used in any of these promotions. Your signature gives us permission to use photographs/videos taken at camp for use in promotion of Baptist State Convention ministries.

**Pick-up Information**

Unless otherwise noted, my camper will be picked up by the church approved driver that brought them to camp.

If early pick-up please list date, time & driver name : \_\_\_\_\_

**Parent-Guardian Signature**

Parent or Guardian Printed Name	Parent or Guardian Signature	Date
---------------------------------	------------------------------	------

List any exceptions: \_\_\_\_\_

***This form must be completed and signed and must accompany a health history form to participate in camp programs. Please bring it to check in on the first day of camp.***



<i>Office Use Only</i>	
Church _____	Checked: _____
Week # _____	

### Camp Caraway Health History Form 2017

This form is to be completed by the custodial parent or guardian and must accompany a signed waiver. If participant has not had a medical physical within the past 24 months, you are encouraged to have one before camp. **CAMPERS WILL NOT BE ALLOWED TO STAY WITHOUT A SIGNED AND COMPLETED WAIVER AND HEALTH HISTORY FORM.**

**BRING FORM TO CAMP – DO NOT MAIL**

Participant Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age/Gender \_\_\_\_\_  
last first middle

Home address \_\_\_\_\_  
Street address City State Zip

Social Security number of participant \_\_\_\_\_ (this SS# is for medical treatment only and will not be distributed)

Custodial parent/guardian \_\_\_\_\_ Email Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home address \_\_\_\_\_  
(if different from above) Street address City State Zip

Are parents Separated?  yes  no Divorced?  yes  no Is any parent Deceased?  Mother  Father

Second parent/guardian/contact \_\_\_\_\_ Email Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home address \_\_\_\_\_  
(if different from above)

If not available in an emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street address City State Zip

Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Parent/Guardian Authorizations:** This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent/guardian \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

#### Insurance Information

Is the participant covered by family medical/hospital insurance?  yes  no SS# of named insured \_\_\_\_\_

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

**◆ Photocopy of front and back of health insurance card must be attached to this form.**

#### HEALTH HISTORY

Allergies List all known. Medication allergies (list)	Describe reaction and management of the reaction.
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_____	_____
_____	_____

Food allergies (list)	_____
_____	_____

Other allergies (list) – Include insect stings, hay fever, asthma, animal dander, etc.	_____
_____	_____





**MEDICATIONS BEING TAKEN**

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely \_\_\_\_\_  
 Bring enough medication to last the entire time at camp only. Also fill out the

medication form that will go with the medication.  This person takes NO medications on a routine basis

This person takes medication on a routine basis  
 Identify any medications taken during the school year that participant does/may not take during the summer: \_\_\_\_\_

**GENERAL HEALTH QUESTIONS**

- | Has/does the participant:                                      | Yes                      | No                       |  | Yes                      | No                       |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Had any recent injury, illness or infectious disease? ..... | <input type="checkbox"/> | <input type="checkbox"/> | 15. Ever been diagnosed with a heart murmur? .....         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition? .....        | <input type="checkbox"/> | <input type="checkbox"/> | 16. Ever had back problems? .....                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ever been hospitalized? .....                               | <input type="checkbox"/> | <input type="checkbox"/> | 17. Ever had problems with joints (knees, ankles)? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ever had surgery? .....                                     | <input type="checkbox"/> | <input type="checkbox"/> | 18. Have an orthodontic appliance being brought to camp? . | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have frequent headaches? .....                              | <input type="checkbox"/> | <input type="checkbox"/> | 19. Have any skin problems (itching, rash, acne)? .....    | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ever had a head injury? .....                               | <input type="checkbox"/> | <input type="checkbox"/> | 20. Have diabetes? .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ever been knocked unconscious? .....                        | <input type="checkbox"/> | <input type="checkbox"/> | 21. Have asthma? .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Wear glasses, contacts, or protective eye wear? .....       | <input type="checkbox"/> | <input type="checkbox"/> | 22. Have mononucleosis in the past 12 months? .....        | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Ever had frequent ear infections? .....                     | <input type="checkbox"/> | <input type="checkbox"/> | 23. Had problems with diarrhea/constipation? .....         | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Ever passed out during or after exercise? .....            | <input type="checkbox"/> | <input type="checkbox"/> | 24. Have problems with sleepwalking? .....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ever been dizzy during or after exercise? .....            | <input type="checkbox"/> | <input type="checkbox"/> | 25. Have a history of bed-wetting? .....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ever had seizures? .....                                   | <input type="checkbox"/> | <input type="checkbox"/> | 26. Ever had an eating disorder? .....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Ever had chest pain during or after exercise? .....        | <input type="checkbox"/> | <input type="checkbox"/> | 27. Ever had emotional difficulties for which professional |                          |                          |
| 14. Ever had high blood pressure? .....                        | <input type="checkbox"/> | <input type="checkbox"/> | help was sought? .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" answers, noting the number of the questions:

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Which of the following has the participant had?

- Measles     Chicken pox     German measles     Mumps     Hepatitis A     Hepatitis B     Hepatitis C

Date of last Tetanus: \_\_\_\_\_

Name, City of Physician & Phone number: \_\_\_\_\_

Name, City of Dentist & Phone Number: \_\_\_\_\_

**Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware. Also list any activities to be encouraged or discouraged.**

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## Medication Form

Please list all medications that a Camper will be taking at camp including prescription and over the counter medications. Please make copies of this form as needed to add more than 3 medications. Bring enough medication to last the entire time at camp only. **Keep the medication in the original packaging/bottle that identifies the prescribing physician** (if a prescription medication), the name of the medication, the dosage, and the frequency of administration. Place medications in a zip bag with camper's full name and age listed on bag. **Attach this form to the health form with a paper clip. Bring the forms and medications to check in.**

Please indicate in the correct box when to administer each med or give specific additional times:

Full Name of Camper: \_\_\_\_\_ Cabin: \_\_\_\_\_

Medication #1: \_\_\_\_\_

Exact Dosage: \_\_\_\_\_

DAY	BREAKFAST	<i>RN</i>	LUNCH	<i>RN</i>	SUPPER	<i>RN</i>	EVENING	<i>RN</i>	Additional Times	<i>RN</i>
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										

Medication # 2: \_\_\_\_\_

Exact Dosage: \_\_\_\_\_

DAY	BREAKFAST	<i>RN</i>	LUNCH	<i>RN</i>	SUPPER	<i>RN</i>	EVENING	<i>RN</i>	Additional Times	<i>RN</i>
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										

Medication # 3: \_\_\_\_\_

Exact Dosage: \_\_\_\_\_

DAY	BREAKFAST	<i>RN</i>	LUNCH	<i>RN</i>	SUPPER	<i>RN</i>	EVENING	<i>RN</i>	Additional Times	<i>RN</i>
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										



## KEEP UP WITH CAMP ALL SUMMER LONG!

Stay in touch with your camper this summer with Bunk Notes & Bunk Replies. **Camp Caraway** and Bunk1 have partnered to make it easy for you to send and receive messages. No need to wait for snail mail: Bunk1 makes it easy to communicate with your child and receive handwritten responses direct to your Bunk1 account. Sending Basic Text Notes is Free. You will need to purchase credits to receive Bunk Replies or to enhance your Bunk Notes with borders, puzzles, photos, and baseball box scores.

### GET STARTED TODAY!

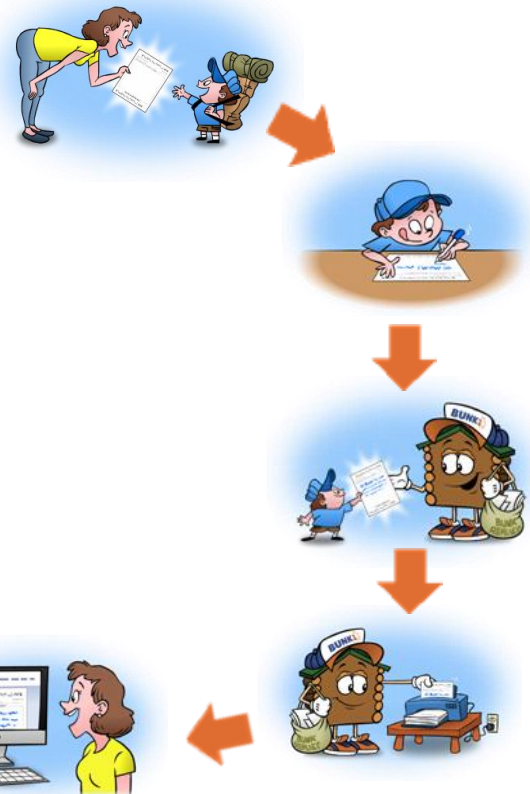
- Go to [www.Bunk1.com](http://www.Bunk1.com)
- **RETURNING PARENTS** will login using their email address and password.
- **NEW PARENTS** will click “[Need an account or have an invitation code?](#)” and complete the basic form. The Invitation Code for **Camp Caraway** is: **B1CARAWAY**
- You will be prompted to select a bundle for access to your Parent Portal. Bundles include credits for you to send Bunk Notes and enhance your notes with borders, photos, sports scores, and puzzles.

### SENDING BUNK NOTES

Send **Basic Text Bunk Notes** day or night for **FREE!** Your camp receives a pdf at **6am EST** each day containing all Bunk Notes received in the last 24 hours. You will only need to purchase credits

if you want to add puzzles, photos and borders to your notes.

**On the go?** Purchase **Bunk Notes Express** and receive a unique email address for your camper. Simply send your camper an email and have it delivered as a Bunk Note.



### RECEIVING BUNK REPLIES

Receive a handwritten note from your camper into your Bunk1 account.

1. Register for Bunk1 prior to camp, purchase Bunk Reply stationary and print out enough copies to last the summer. Or use credits and add the stationary when you send a Bunk Note.
2. Make sure your camper knows to write on the barcoded stationary.
3. Camp staff collect in Bunk Replies.
4. Camp staff fax all Bunk Replies back to Bunk1.
5. Bunk1 scans the barcode & sends the Reply to your account.

### FREQUENTLY ASKED QUESTIONS:

**Can other relatives use these services?** Absolutely! In your **Quick Links** you’ll select **Invite Family Members**, enter their details and they will be sent an email. **PLEASE NOTE** this will prompt them to set up their own account. It does not provide them access to your account OR your Bunk Note Credits.

**Questions or Problems?** The Bunk1 team is available to support you 7 days a week during peak season. They guarantee a response within 24 hours and it’s usually much quicker than that. Please call Bunk1 at **1-888-465-2267** or email [support@bunk1.com](mailto:support@bunk1.com).

For all the latest FAQ’s related to the services above, visit [www.bunk1family.com/faqs](http://www.bunk1family.com/faqs)