

2010 Student Life Summer Mission Camp  
Information Packet  
Table of Contents



**Note to Parents:**

This packet has been carefully put together for your use. Please print the entire packet and read thoroughly over Item's I and II, as these documents contain all you and your youth need to know in regards to this year's camp experience. The remaining permission forms (items II – IV) should be completed as directed on your postcard. Your respective permission forms and the balance due for your youth should be returned to Christie Armstrong or Courtney Koogler in the CLC no later than **Friday, June 11<sup>th</sup>**.

- I. The "411" on Student Life Mission Camp
- II. Student Life Daily Camp Schedule
- III. CUMC Parent Permission Form (*only complete and have notarized as noted on your postcard*)
- IV. Student Life Waiver Release (*only complete and have notarized as noted on your postcard*)
- V. Outdoor Adventure Rafting Liability Release Form (*only complete and have notarized as noted on your postcard*)



The "411" on  
Student Life Mission Camp  
*(including whitewater rafting trip)*

Friday, June 25<sup>th</sup> – Wednesday, June 30<sup>th</sup>  
Lee University in Cleveland, TN

- I. **Contact Information for CUMC Trip Chaperones (all numbers listed are cell phones)**
  - Christie Armstrong - 334.701.2132
  - Eve Fabbrini – 334.714.2017
  - Jessica Green – 334.596.8877
  - Bobby Moore – 334.790.5953
  - Kennon Chambers – 334.790.2662
  
- II. **Traveling Info (all times listed are CDT (Alabama time); youth will be operating on EDT (Tennessee time):**
  1. Depart CLC at **5am** on **Friday, June 25<sup>th</sup>** headed to Benton, TN for our whitewater rafting trip.
  2. Return to CLC on **Wednesday, June 30<sup>th</sup>** by **5:00pm (we will call on our way home)**.
  
- II. **Accommodation Information**
  1. Friday night, June 25<sup>th</sup>
    - Whitewater Inn in Ocoee, TN
    - [www.ocoeewhitewaterinn.com](http://www.ocoeewhitewaterinn.com)
    - Phone # 888-716-2633
  2. Saturday, June 26<sup>th</sup> – Wednesday, June 30<sup>th</sup>
    - Lee University in Cleveland, TN
    - Phone # - 423.614.8390
    - Mailing address should you want to send your student mail while at camp:  
**Student Life**  
**Christie Armstrong/Covenant UMC**  
**Your Student's Name**  
**Lee University**  
**1120 N. Ocoee Street**  
**Cleveland, TN 37311**
  
- III. **Additional Parent Communication option via studentlife.com**

Visit [www.studentlife.com/experience10](http://www.studentlife.com/experience10). Choose the Mission Camp at Lee University from the drop-down menu and our dates. Here you will be able to send an email to your youth, view photos of our week and listen to live evening worship.
  
- IV. **Daily Camp Schedule**

1. Youth will have full days at camp, beginning with breakfast at 6:45am(EST) and ending with "lights out" at 11:30pm. A detailed camp schedule has been included for your convenience.
2. Youth will be allowed to call home during their free time (between approximately 3:30pm and 6pm) or at 10pm each evening. Youth will be asked to not to use their cell phones during the rest of their time at camp as it can be a distraction to how God wants to use them during their time away.

V. **Mission Projects**

1. We currently only know that we will be working with children again this year at camp. We will receive specific instructions regarding our mission site(s) in a few weeks at which time I will let your youth know additional information.

VI. **Rooming**

1. Girls – 2-4 girls per room sharing a hall or suite bathroom.
2. Guys – 2-4 guys per room sharing a hall or suite bathroom.

VII. **What to Bring**

1. **Willing Attitude and Servant Heart** – Please encourage your youth to begin praying now for their camp experience and to ask God to show them how He wants to use them during their mission opportunity. Remind them that this experience is not about "getting" something from God, but more about "giving" something to those who need it most.
2. **Money** – Each youth should bring enough money for 5 meals (meals on our trip up to Ocoee for our rafting portion of the trip, lunch the day camp starts and ends) and money for lunch on the way home, as well as \$6 tip for driver and money for souvenirs (t-shirts are between \$15 and \$20).
3. **Snack Food** -
  - **Guys** need to bring a 12-pack of water and a salty snack to share.
  - **Girls** are asked to bring a 12-pack of drinks (soda or Gatorade type) and a sweet snack to share. We will provide coolers.
4. **Donation of Hygiene Items** – As part of this year's camp, Student Life has asked each group to donate basic necessities to be given out to the underprivileged living in the Cleveland, TN area. We are asking each youth to bring the following as part of Covenant's donation to this effort: **Bar of Soap, Deodorant, Shampoo & Conditioner, and Toothpaste & Toothbrush.**
5. **Clothing** - Our dress should be representative of who we are as Christian students and adults. As such, all youth and adults MUST follow the dress code noted below. Student Life Staff (as well as Covenant adult leaders) reserve the right to request a youth change their attire if it goes against the requested dress code. ***In addition, parents are strongly encouraged to check their youth's luggage to ensure they have enough clothing for each daily activity.***

- **Rafting Clothing** (Each youth should pack a small bag/backpack with their rafting clothes, toiletries, pj's & a change of clothes for the following day for the rafting portion of our trip to prevent unloading the entire bus before we arrive at camp.)
  1. Closed toe shoes (*Tevas, Chocos and the like are OK; flip flops are NOT OK*)
  2. Swimsuit
  3. Beach Towels
  4. Sunscreen
  
- **Work clothing** – For our mission project time, t-shirts and shorts are appropriate attire and each youth will need enough for three days of mission projects.
  1. T-shirts should be free of questionable sayings, slogans, or other inappropriate items.
  2. Girls should refrain from bringing any “short” shorts, i.e. if your youth stands with her arms by her side and her fingertips are touching her skin, her shorts are too short and should not be packed for camp.  
**Spaghetti strap tops, halter tops, tube tops or tank tops are also NOT allowed, nor is any tight clothing.**
  3. All youth are asked to bring closed toe shoes for their work site (tennis shoes, Sperry’s or the like). **No flip flops on Mission Sites!!**
  
- **Worship Clothing** – Four days of casual clothing including shorts, skirts, pants or jeans.
  1. Shorts and skirts for girls should meet standard discussed above.  
**Spaghetti strap tops, halter tops, tube tops or tank tops are NOT allowed, nor is any tight clothing.**
  2. Flip flops are allowed for worship.
  
- **Free-time Clothing** – In addition to t-shirts and shorts that meet standards discussed above, swimsuits may be worn for pool activities.
  1. For girls, two-piece swimsuits MUST be covered with a dark t-shirt. Otherwise, a one-piece is acceptable.
  2. For guys, Speedos are NOT allowed. Swim trunks are acceptable.

## 6. Bedding and Linens

- Twin Sheets and Blanket **OR** Sleeping Bag
- Pillow
- Towels and washcloths
- Personal Hygiene Items (including shower shoes)
- Hoodie or jacket (some rooms may be cold)
- Extra set of contacts for those who wear them and glasses
- Alarm Clock
- Sunscreen and bug repellent
- Bible, notebook and pen

## VIII. Absolute NO, NO's (*all are obvious but need to be stated*)

- Bad attitudes need to be left at home.

- Tobacco, drugs, alcohol or weapons are not allowed.
- Fireworks are not allowed.
- Damages to any facilities, including dorm rooms. If any damages occur by your youth while at camp, appropriate disciplinary action will be taken and payment for these damages will be requested upon return to Dothan.
- **NO** girls in guys' rooms and **NO** guys in girls' rooms.
- Youth must remain in groups of 3 or more at ALL times while at camp to ensure adequate safety.
- *Please note that Covenant Chaperones reserve the right to send any youth home at any given time should they choose to break the stated rules of camp. Should this become an issue, the respective parent will be notified and required to drive to camp to pick up their student.*



# MISSION *camp* 2010

CHANGE YOUR PERSPECTIVE. CHANGE SOMEONE ELSE'S LIFE.

## Student Life Mission Camp Daily Schedule

### FIRST DAY

11:45 AM – 1:45 PM	Registration with Student Life / Supply Pick-Up
3:00 PM	Orientation
3:45 PM	Family Group Leadership Meeting
4:30 – 6:00 PM	Dinner
6:15 PM	Family Group Bible Study
6:15 PM	Mission Camp Youth Ministers' Meeting
6:45 PM	All Youth Ministers' Meeting
7:45 PM	Corporate Worship
9:00 PM	Church Group Time
11:30 PM	Lights Out

### OTHER DAYS

6:45 – 8:00 AM	Breakfast
7:00 – 7:30 AM	Supply Trailer Open
8:15 AM	Family Group Leadership Meeting
8:15 – 8:45 AM	Quiet Time with Church Group
9:00 AM	Celebration
10:00 AM	Mission Camp Rally Point
10:15 AM	Leave for Work Site / Lunch / Family Group Prayer Gathering – TBD by site
3:30 PM	Back on Campus (Supply drop-off on Day 4)
3:30 PM	Free Time
3:45 – 4:45 PM	Free Time Options available
4:30 – 6:00 PM	Dinner
6:00 – 6:45 PM	Family Group Bible Study
6:00 PM	Youth Ministers' Meeting
7:00 PM	Corporate Worship
<b>Night 2</b> 9:00 PM	Late Nite / Church Group Time
<b>Night 3</b> 9:00 PM	Church Group Time / Student Showcase
<b>Night 4</b> 9:00 PM	Church Group Time
11:30 PM	Lights Out

### LAST DAY

6:45 – 8:00 AM	Breakfast
8:00 – 8:45 AM	Quiet Time with Church Group
9:00 AM	Celebration
10:00 AM	Dismiss

# Covenant United Methodist Church Student Ministry



## Parent Permission, Medical Release and Consent and Medical Information Forms

### Parent Permission, Medical Release and Consent Form

We the undersigned are the parents, the parent(s) having custody, or the legal guardians of \_\_\_\_\_, a minor and have given our consent for him/her to attend/participate in this event/trip, being operated by the Student Ministries of Covenant United Methodist Church (CUMC) of Dothan, AL. We agree to hold such persons and CUMC free and harmless of any claims, demands, or suits resulting from this event/trip. In the event that he or she is injured while participating on this event/trip and requires the attention of the camp doctor, or other medical professional we consent of any reasonable medical or dental treatment as deemed necessary by a licensed physician or dentist. In the event treatment is called for which a physician or dentist refuses to administer without our consent, we hereby authorize the group leader of CUMC to give such consent for us if we cannot be reached by telephone at one of the numbers indicated on the Medical Information Form, or because of an emergency, there is not time to make a telephone call. In the event it becomes necessary for the group leader to give consent for us, we agree to hold them and CUMC free and harmless of any claims, demand or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician or dentist.

**PHOTO RELEASE:** Furthermore, I give Covenant United Methodist Church the right to use my child's photo on any and all church-related materials, web pages, advertisements, or bulletin boards.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date signed

My commission expires \_\_\_\_\_

Seal of Notary

***(Please include a copy (front and back) of insurance card.)***

# Medical Information Form



**Please print in ink**

## **General Information**

Student Name: \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Year in school \_\_\_\_\_  Male  Female

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Pager / cell \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

---

---

## **Medical Information Specific to your Student**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form.

**Check the following areas of concern for this student.** If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a:

good swimmer     fair swimmer     non-swimmer

2. Does your child have allergies to:

pollens     medications     food     insect bites

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma     epilepsy / seizure disorder     heart trouble     diabetes  
 frequently upset stomach     physical handicap

4. Date of last tetanus shot: \_\_\_\_\_

5. Does your child wear :     glasses     contact lenses

6. Please list and explain any major illnesses the child experienced during the last year:

---

---

---

7. Please list any medications by name as well as dosages to be disbursed for your child:

Medication Name _____	Dosage Required _____	Times per day _____
Medication Name _____	Dosage Required _____	Times per day _____
Medication Name _____	Dosage Required _____	Times per day _____
Medication Name _____	Dosage Required _____	Times per day _____

8. Should this child's activities be restricted for any reason? Please explain:

---

---

---

9. Additional comments:

---

---

---

**Form Completed by:**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date Signed**

FOR OFFICE USE ONLY  
 Code: \_\_\_\_\_  
 Team: BRN AQU BLU  
 ORG YLW



WE ARE HELPING PEOPLE KNOW CHRIST THROUGH HIS WORD  
 WWW.STUDENTLIFE.COM

## Waiver & Release

*All participants in Student Life Events must have a signed and notarized Waiver & Release Form, including adults 19 years and older. Participants under 19 must have the authorized signature of a Parent/Guardian. This form cannot be faxed or mailed to the Student Life office. It must be brought to registration.*

Name of Church: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Work/Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Camp Location (herein after "camp location"): \_\_\_\_\_

**Event attending:**

Student Life Camp   
  Student Life Mission Camp   
  Student Life @ Events  
 Student Life For Kids Camp   
  Student Staffer (Volunteer)

**Please check which one best describes the attendee (more than one may apply):**

Student   
  Family Group Leader   
  Student Leader  
 Adult   
  Youth/Children's Minister

**Consideration.** I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

**Release / Indemnification.** I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Student Life, Inc., and camp location (including colleges, universities and conference centers), its directors, employees, agents, volunteers, and affiliates ("Student Life" and "camp location") from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify and hold harmless Student Life and camp location for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

**Assumption of Risk.** I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

**Medical Emergency.** In the event of injury or a medical emergency, I understand that the church's group leader, not Student Life and camp location, will be responsible for the medical care of all attendees. It will be the church group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release Student Life and camp location from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all Student Life and camp location events.

**Missions Authorization Addendum** – I acknowledge that during my (or my child's) participation in Mission Camp or as a Student Staffer volunteer that certain risks do exist. These include, but are not limited to, the hazards of being in a construction type setting, travel by automobile, the risks involved in leading recreation games and those existing because of consent of these programs. In consideration of this acknowledgement, I voluntarily have and do hereby, assume all risk associated with my (or my child's) participation in these programs.

**Student Life @ Events Authorization Addendum (Student Life @ Branson, Daytona, Gatlinburg, Orange Beach)** – I acknowledge that during my (or my child's) participation in Student Life @ Events that certain risks do exist. These include, but are not limited to, the hazards of public beaches (where applicable), travel by automobile or shuttle service, public condos and hotels, recreation activities and swimming in the ocean (where applicable). In consideration of this acknowledgement, I voluntarily have and do hereby, assume all risk associated with my (or my child's) participation in this program.

**Camp Location Recreation Addendum** - The recreation programs at summer event locations strive to offer fun, safe, and challenging activities that engage the whole person--body, mind and soul. Program staffs are trained and as a team committed to your rewarding experience with safety as their highest priority. They have done everything possible to mitigate any risks involved in their recreation programs. However there are inherent risks to participation in recreation activities, including but not limited to, initiative games, high and low challenge course, outdoor education, paintball and aquatics. You could experience any of the following - elevated heart and respiratory rates, uncomfortable group dynamics, climbing or descending unpredictable and possibly slick or uneven terrain, crossing narrow wires and logs, jumping, running, climbing/descending steep rock faces, traveling long distances in remote settings, carrying weight on your backs and shoulders, unforeseen forces of nature or weather, any of which could result in injury/illness that could result in loss of life, limb, and/or property. For more detailed information about the recreation programs offered at summer event locations, go to [www.studentlifecamp.com](http://www.studentlifecamp.com) and follow the specific location Recreation Program link.

**Understanding.** I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

**Media Consent.** I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to Student Life and camp location. Student Life and camp location, as the sole owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

**Copy to Camp Location.** It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of same shall be provided to camp location.

**CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.**

**Please check, which applies:**

Parent/Guardian                       Attendee 19 years of age and older

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

If you are a Parent/Guardian of an attendee who is under 19 years of age, please include the following.

Your Name: \_\_\_\_\_

Relationship to Attendee: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Notary Information**

The following is to be completed by the notary witnessing parent/guardian's signature.

The State of \_\_\_\_\_ the County of \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of the office this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

Notary Public, Signature \_\_\_\_\_

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

# Outdoor Adventures of Tennessee

## Read Carefully: Waiver and Release of Liability

In consideration of OUTDOOR ADVENTURES OF TENNESSEE furnishing services and/or equipment to enable me to participate in WHITEWATER RAFTING , I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (A) inherent risks, dangers and hazards and such exists in my use of **(Circle One)** RAFTING, RAPPPELLING, CLIMBING, ROPES COURSE, TUBING, MOUNTAIN BIKING, CANOE/KAYAK LIVERY equipment and my participation in WHITEWATER RAFTING activities; (B) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; (C) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of, but not limited to, OUTDOOR ADVENTURES OF TENNESSEE, the State of Tennessee, the Tennessee Valley Authority; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, guide decision making, including that a guide may misjudge terrain, weather, trail or river route location, and water levels, risks of falling out of or drowning while in a raft, canoe/kayak and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (D) by my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, or employees of OUTDOOR ADVENTURES OF TENNESSEE, or by any other person.

I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify OUTDOOR ADVENTURES OF TENNESSEE, the State of Tennessee, the Tennessee Valley Authority and their owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of rafting equipment or my participation in WHITEWATER RAFTING, RAPPPELLING, CLIMBING, ROPES COURSE, TUBING, MOUNTAIN BIKING, or CANOE/KAYAK LIVERY activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of OUTDOOR ADVENTURES OF TENNESSEE.

**I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE OUTDOOR ADVENTURES OF TENNESSEE FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.**

SIGNATURE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF ACTIVITIES from 06/ 25 /2010 to 06/ 25 /2010

ADDRESS OF PARTICIPANT (please print)

Street: \_\_\_\_\_ City/State: Dothan, AL Zip: \_\_\_\_\_

E-mail: (optional) \_\_\_\_\_

(if less than 18 years old)

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

**(Please Print) Name:** \_\_\_\_\_