

## **Family Camp Schedule September 1-3, 2018**

### **Saturday, September 1<sup>st</sup>**

- 9:30 – 10:30 Registration  
11:00 Opening Assembly & Group Picture  
12:00 Lunch  
1:00 Recreation Time
- Swimming
  - Lake (Canoeing, Kayaking, and Zip Lining)
  - Climbing Wall
- 4:00 Snack Shack & Free Time  
5:00 **Worship #1**  
6:00 Supper  
7:00 Evening Activity  
10:00 Cabin Time

### **Sunday, September 2<sup>nd</sup>**

- 8:00 – 8:45 Breakfast  
10:00 **Worship #2**  
10:30 Family Devotion  
12:00 Lunch  
1:00 Recreation Time
- Swimming
  - Field Games
  - Creek Stomping
- 4:00 Snack Shack & Free Time  
5:00 **Worship #3**  
6:00 Supper  
7:00 Evening Activity  
10:00 Cabin Time

### **Monday, September 3<sup>rd</sup>**

- 8:00 – 8:45 Breakfast  
9:15 Family Devotion  
10:00 **Worship #4**  
11:00 Depart / Quay's Place Open

**Things to Bring:** All participants need to bring sleeping bag or linens for a single bed, pillow, towels, personal toiletries, flashlight, water shoes, and spending money for use at the Snack Shack.

## ADULT Health/Release Form

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church: \_\_\_\_\_ District: \_\_\_\_\_

Male       Female      Age: \_\_\_\_\_

*The purpose of this form is to have a brief medical history of each participant on hand should an emergency arise. Parents will be contacted in the event of an emergency. Each participant must have a signed "Health/Release Form" in order to attend this retreat.*

1. Are all immunizations current? \_\_\_\_\_ Tetanus? \_\_\_\_\_

2. Allergies (please list):

Medications: \_\_\_\_\_

Food: \_\_\_\_\_

Insect bites poison ivy/oak: \_\_\_\_\_

Other: \_\_\_\_\_

3. Any recent surgery? \_\_\_\_\_ If yes, what kind and when? \_\_\_\_\_

4. Any physical condition which would prevent full participation in all activities? \_\_\_\_\_

If yes, what? \_\_\_\_\_

5. Diabetic? \_\_\_\_\_

6. Asthma? \_\_\_\_\_

7. Under a doctor's orders to take medication? \_\_\_\_\_ If yes, please list all prescription medications student needs to bring to camp: \_\_\_\_\_

8. Is there anything else conference staff needs to know about physical condition? \_\_\_\_\_

I, the undersigned, hereby agree to indemnify and hold harmless Camp Lake Stephens, its Board of Directors, its officers, employees and staff, from any liability as a result of either intentional acts or negligence, or failure to act on the part of any of the above named entities or persons as a result of the use of the premises while I am participating in any activities while camping.

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

Emergency Contact: \_\_\_\_\_

Phone Number for Emergency Contact: \_\_\_\_\_

## CHILDREN & YOUTH Health/Release Form

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church: \_\_\_\_\_ District: \_\_\_\_\_

Male       Female      Age: \_\_\_\_\_

*The purpose of this form is to have a brief medical history of each participant on hand should an emergency arise. Parents will be contacted in the event of an emergency. Each participant must have a signed "Health/Release Form" in order to attend this conference.*

1. Are all immunizations current? \_\_\_\_\_ Tetanus? \_\_\_\_\_

2. Allergies (please list):

Medications: \_\_\_\_\_

Food: \_\_\_\_\_

Insect bites poison ivy/oak: \_\_\_\_\_

Other: \_\_\_\_\_

3. Any recent surgery? \_\_\_\_\_ If yes, what kind and when? \_\_\_\_\_

4. Any physical condition which would prevent full participation in all activities? \_\_\_\_\_  
If yes, what? \_\_\_\_\_

5. Diabetic? \_\_\_\_\_

6. Asthma? \_\_\_\_\_

7. Under a doctor's orders to take medication? \_\_\_\_\_ If yes, please list all prescription medications student needs to bring to camp: \_\_\_\_\_

8. Is there anything else conference staff needs to know about physical condition? \_\_\_\_\_

I, the undersigned, give the youth named above permission to attend this retreat. I also give the event staff permission to authorize emergency surgery on the participant named above if the participant is in serious danger and the parents cannot be reached.

I, the undersigned, hereby agree to indemnify and hold harmless Camp Lake Stephens, its Board of Directors, its officers, employees and staff, from any liability as a result of either intentional acts or negligence, or failure to act on the part of any of the above named entities or persons as a result of the use of the premises while the above named youth is participating in any activities while camping.

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

Mother's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number for Emergency Contact: \_\_\_\_\_

## **LOW ROPES/HIGH ROPES/ZIP-LINE RELEASE FORM**

Thank you for choosing Camp Lake Stephens for your Ropes/Zip-line adventure! Everyone who participates in the ropes courses or zip-line must sign a release form. Persons under 18 must have a parent or legal guardian sign for them.

I, the undersigned, recognize that there are risks, including those of injury and even death, in the activities initiated and carried out at CLS high ropes/adventure course. I freely assume those risks on my own and my child's behalf. I agree to release and hold harmless from liability the workers, and other employees and agents in the event of injury or death of myself, my son(s)/daughter(s) listed below resulting from any theory of liability while engaging in adventure course or related activities. I agree not to make any claim or file any lawsuit against Camp Lake Stephens, its staff members, volunteer workers, employees and agents, for injuries or damages related to my/my child's participation in adventure course activities. I understand that this is a legally binding contract and that the camp activities are provided in consideration for this signed Release of Liability Agreement. I agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Mississippi, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I have carefully read this release of liability agreement and fully understand its contents. I sign this contract of my own free will.

**Name of Participant (please print):**

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**Signature of Participant (if 18 years of age) or of Parent/Guardian:**

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