



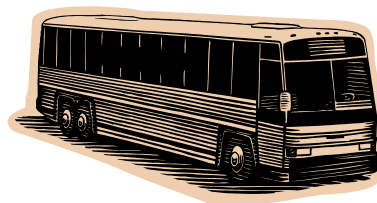
Special Ministries Camp at WHR

"Fear Factor Live" 2011

www.whisperinghoperanch.org

Camper Packet

- Camp Dates:** September 23 - 25, 2011
- Registration Due:** Monday, September 5th
- Cost:** \$100.00 (checks to SBC memo camper's name)
- Check In:** 12:00 p.m. - 12:30 p.m.
Friday, September 23
- Drop Off:** Scottsdale Bible Jr. High Bldg.
North Parking Lot on Shea
7601 E Shea Blvd, Scottsdale 85260
- Questions:** Amy Daniels or Jana Solmen
Office phone: 480.824.7267
Amy email: adaniels@sbcas.org
Jana email: jsolmen@sbcas.org



Bus Returns: 3:30 p.m. Sunday, September 25

Pick Up: Scottsdale Bible South Parking Lot on Miller Rd.

PACKING LIST AND EQUIPMENT

***Please put camper's name on ALL luggage and personal items**

- Pillow
- Sleeping bag **or** blanket/sheets
- Sheets (twin set)

- Bath towel
- Wash cloth
- Shampoo/conditioner
- Soap
- Toiletries

- Closed toe shoes – closed toe shoes are required on the property
- Socks and undergarments
- Jeans or long pants
- Shirts (both short sleeves and long sleeves)
- Shorts (knee length)
- Pajamas
- Jacket

- Sun screen lotion
- Bug repellent
- Sunglasses and/or hat
- Flashlight (very important to most campers)
- Rain jacket
- Camera
- Phone cards are a must in order to make a long distance call (no cell phone service)

IMPORTANT:

Prescription medications must be in prescription bottles with doctor's instructions (even vitamins will be given to the nurse). Place in a plastic baggie with first and last name on bag. Give directly to the volunteer nurse before boarding the bus.

Campers who are not feeling well should not be sent to camp.

Whispering Hope Ranch

Emergency Contact Numbers for Parents/Caregivers

- Main Ranch Office (M-F 9:00 a.m. – 4:00 p.m.) 877.478.0339
- Wellness Center Phone & Answering Machine 928.478.0146

KEEP THIS PAGE THE WKND OF CAMP FOR PICK UP INFO & NUMBERS

Scottsdale Bible Church Special Ministries 2011

Medical Release for ALL campers

This form is filled out for our camp nurse and their buddy

CAMPER'S NAME

ADDRESS

CITY

ST

ZIP

PHONE NUMBER

BIRTHDATE

GROUP HOME or SCHOOL

GRADE

Sex: M F

PARENTS' or CAREGIVERS' NAMES

CELL PHONE

Is camper covered by family medical insurance? YES NO

IF YES, MEDICAL INSURANCE NAME

PHONE

DOCTOR

PHONE

EMERGENCY CONTACT

PHONE

HEALTH HISTORY

Date of last tetanus shot _____

Please list any medical conditions, recent illness or surgery:

MEDICAL RELEASE

If your child should require medical attention at camp for injuries or illness contracted prior to coming to camp, please send us the information necessary to give him/her proper medical service during his/her stay at camp. In the event of a medical emergency in which my child is in need of immediate hospitalization, medical attention, or surgery, and after reasonable unsuccessful efforts have been made to contact me or my spouse, consent for the emergency attention may be given by any person standing in loco parentis to my child pursuant to A.R.S. 44-133.

DISCIPLINARY RELEASE (for campers younger than 18)

I agree to pay any expenses including the cost of my son/daughter being sent home if discipline is deemed necessary.

Parent's Signature

Date

Insurance Company

Name of Insured

Policy Number

Camper's Name (please print): _____

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS
Scottsdale Bible Church - Special Ministry Summer Camp 2011

I hereby give the SBC camp volunteer registered nurse permission to administer the following products according to manufacturer's instructions or as otherwise specified. I trust the volunteer registered nurse to use his/her best judgment as situations arise. If there is any doubt, he/she can call for verification. Food allergies will be listed below.

Please check YES or NO for the medications listed blow.

YES	NO		Specify if desired:
<input type="checkbox"/>	<input type="checkbox"/>	Sunblock	_____
<input type="checkbox"/>	<input type="checkbox"/>	Insect repellent	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lip balm	_____
<input type="checkbox"/>	<input type="checkbox"/>	Rash ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Tylenol	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antiseptic ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Band-aids	_____
<input type="checkbox"/>	<input type="checkbox"/>	Anti-itch cream	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hydrogen peroxide	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cough syrup	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cough drops	_____
<input type="checkbox"/>	<input type="checkbox"/>	Decongestant	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antihistamine	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ipecac syrup	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____

Parent/Caregiver Signature: _____

Printed Name: _____

Phone numbers: (Home) _____ (Cell) _____

Medication schedule and dose-list below each medication/dosage under each (meal) time required

AM	Lunch	Dinner	Bedtime

Camper/Volunteer Full Name: _____

CAMPERS/VOLUNTEERS MUST HAVE THIS FORM FILLED OUT AND RETURNED! WHR NEEDS THEM ALL!

WHISPERING HOPE RANCH FOUNDATION CONSENT AND LIABILITY RELEASE & PHOTO RELEASE

PLEASE READ CAREFULLY BEFORE SIGNING. YOUR LEGAL RIGHTS ARE AFFECTED BY THIS CONSENT AND LIABILITY RELEASE.

A signed release is required of all adults/minors before being granted access to the premises of Whispering Hope Ranch.

The release must be completed by a parent/guardian if the participant(s) is/are under the age of 18.

I hereby request Whispering Hope Ranch Foundation (“WHRF”) to grant me and/or my child(ren)/ward access to the premises and facilities of Whispering Hope Ranch (“WHR”), near Payson, Arizona. In consideration of, and as a condition to WHRF granting me this privilege, I as an individual and as a parent, custodian and/or legal guardian of a minor child(ren) or (“child(ren)/ward”), agree that:

1. The privilege of access is granted only to me and/or my child(ren)/ward;
2. I assume all risks of personal injury and/or injury to property inherent in visiting WHR, which is located in a wilderness area and which houses domesticated and undomesticated animals;
3. I release and hold WHRF and WHR harmless and waive any claim against them for any accident or injury to me and/or my child(ren)/ward and/or our property occurring on WHR premises;
4. I agree to pay all medical expenses incurred for myself and/or my child(ren)/ward arising out of any accident or injury occurring on WHR premises;
5. I agree not to file suit or make any claim against WHR and/or WHRF;
6. This release extends to all officers, directors, employees, servants, agents and assigns of WHRF;
7. I agree that this release applies to me, my child(ren)/ward, my family and any others who may want to assert a claim for accident or injury occurring while visiting WHR;
8. I am aware of the inherent risks associated with equine activities, and am willing and able to accept full responsibility for my and/or my child's(ren's)/ward's safety and welfare and release WHRF and/or WHR from liability;
9. I agree that Arizona law applies to this consent and it is to be interpreted in favor of releasing WHR and WHRF from liability.

WHISPERING HOPE RANCH FOUNDATION PHOTO RELEASE

I consent to and authorize the use and reproduction by Whispering Hope Ranch Foundation (“WHRF”) of any and all photographs and any other audio-visual materials taken of me and/or my child(ren)/ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program. I hereby waive any claim for remuneration for any WHRF of my and/or my child’s(ren’s)/ward’s likeness.

I DO **NOT** CONSENT TO THE PHOTO RELEASE.

I have read the above liability release and sign with full knowledge of content.

Must be completed by a parent/guardian if the participant(s) is/are under the age of 18.

Participant Name(s) - Please print.	Relationship – Please check.
1.	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Self
2.	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Self
3.	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Self
4.	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Self

Signature (Self/Parent/Guardian): _____ Date: _____

Printed Name (Self/Parent/Guardian): _____

