



CAMP HUSTON

Episcopal Diocese of Olympia

14725 Ley Road • P.O. Box 140

Gold Bar, WA 98251

Ph: (360) 793-0441 • Fax: (360) 793-3822 • registrar@huston.org • www.huston.org

Greetings from Camp Huston!

You are registered for **Discovery Camp 2**. Camp will begin with Check-In at **3:00 p.m.** on **Sunday July 22, 2012**. The session ends at **10:00 a.m. Saturday morning, July 28, 2012** with a closing service. Families are invited and encouraged to attend the service.

We're glad that you will be joining us **July 22-28** for a week of fun, friendship, and discovery! We believe that the Discovery Group experience is the most important part of camp and the most fun. The process of sharing, learning, and growing together with the other campers and staff can result in experiences which are new and exciting for everyone. During your session, you will have the opportunity to go on hikes, cook out and camp out with your group, share in group discussions, and a chance to plan some of your group's activities. You will also be able to do arts and crafts projects, archery, swim in the outdoor pool, participate in chapel, and more! Come with lots of energy, ideas, and a desire to have fun with others!

An important part of the camp experience is living simply and in harmony with the natural surroundings, so *please leave iPods, hair dryers, electronic games, cell phones, and personal sports equipment at home* – digital cameras are welcome!

CAMP HUSTON PACKING LIST

Please make sure your name is on each item of clothing and equipment. There is no laundry facility, so pack enough clothing to last the entire camp session. Also remember that **socks are mandatory and must be worn at all times**.

- | | | |
|--|--|--|
| <input type="checkbox"/> Warm sleeping bag | <input type="checkbox"/> Shorts | Optional Items |
| <input type="checkbox"/> Pillow | <input type="checkbox"/> Swim Suit | <input type="checkbox"/> White T-shirt for tie-dye (100% cotton works best) |
| <input type="checkbox"/> Tennis Shoes | <input type="checkbox"/> Warm pajamas | <input type="checkbox"/> Pen, pre-addressed envelopes, writing paper, stamps |
| <input type="checkbox"/> Hiking Boots or 2 nd pair tennis shoes | <input type="checkbox"/> Toilet articles: towels, soap, toothbrush, toothpaste, comb, tissues, shampoo, etc. | <input type="checkbox"/> Shower shoes/flipflops |
| <input type="checkbox"/> Sweater/Sweatshirt | <input type="checkbox"/> Flashlight with extra batteries | <input type="checkbox"/> Sunglasses |
| <input type="checkbox"/> Jacket | <input type="checkbox"/> Sun Screen | <input type="checkbox"/> Daypack |
| <input type="checkbox"/> Rain Coat/Poncho | <input type="checkbox"/> Hat | <input type="checkbox"/> Bible |
| <input type="checkbox"/> Underwear & Socks (at least one pair for each day at camp) | <input type="checkbox"/> Insect Repellent | <input type="checkbox"/> Camera |
| <input type="checkbox"/> Shirts | | |
| <input type="checkbox"/> Jeans/Long Pants | | |

Items to Leave at Home

Candy, gum, or food

Money

Any electronic devices such as video games, iPods, radios, cell phones

Weapons, including pocket knives

Pets or animals

SEE YOU THIS SUMMER!

CAMP HUSTON STAFF ☺

INFORMATION FOR PARENTS

Camp will begin with Check-In at 3:00 p.m. on Sunday July 22, 2012. The session will end at 10:00 a.m. on Saturday morning, July 28, 2012 with a closing service. Families are invited and encouraged to attend the service.

VEHICLES: Please be advised that the speed limit inside Camp Huston's main gate is posted at 10 m.p.h. On check-in and pick-up days, a staff member will direct you where to park. During session, no personal vehicles are allowed into lower camp.

REGISTRATION: If you have any questions about your registration, please contact the Camp Registrar at registrar@huston.org or mail Camp Huston Registrar / PO Box 140 / Gold Bar, WA 98251 or phone (360) 793-0441.

HEALTH: Complete, sign, and return both sides of the Health Form to Camp Huston *before the beginning of the camp session*. Be sure to sign the Release for Emergency Treatment. Your camper *will not be allowed to check-in* if this Release is not signed. A physical exam within the past 24 months with a doctor's signature is NOT REQUIRED. **The signed and completed Health Form must be returned to Camp Huston before your arrival.** During camp, parents will be contacted in the event of a health concern that does not progress as expected, or a situation requiring medical treatment outside of camp. *Please make a copy of the signed medical form for your records.*



MEDICATION: All prescription and non-prescription camper medications are collected by the Camp Nurse at Check-In, for your child's and everyone's safety. Medications must be in the original containers, with the original label showing the camper's name and doctor's directions for administration. Our medical staff fully controls medication dispensing in accordance with the doctor's prescription. Be sure to pack enough for the entire camp session. Please have prescription and non-prescription medications, such as vitamins, herbal supplements, pain relievers, creams, etc., readily available to hand in to the Camp Nurse at Check-In. **INHALERS:** Even if your camper doesn't frequently need his or her inhaler, please bring it! The environment and activities at camp can affect breathing differently than at home. Campers on therapeutic prescription medication must be on the prescribed therapeutic dose for a minimum of three months prior to arrival at camp.

PAYMENT: Final payment and all completed forms are due 30 days before Check-In. You are responsible for the full camp fee, unless cancellation is made as described below. If you paid your deposit by credit card, we will also charge your card for the remaining balance 30 days prior to session start date, unless we receive alternative payment in full. Please make checks payable to *Diocese of Olympia* and send to: **Camp Huston Registrar, P.O. Box 140, Gold Bar, WA 98251.**

CANCELLATION: Cancellations must be received in writing 15 days before the session begins. We will refund your fee, less the \$75.00 deposit, if we receive written notice as requested. If you must cancel, please let us know as soon as possible, so that others may attend Camp.

COMMUNICATION FROM HOME: Letters, postcards, emails, and non-food care packages to campers are encouraged! Snacks are provided - please do not send food (candy, gum, etc.). Your camper will not need money, as there is no camp store. All campers receive a Camp Huston T-shirt on the last day of camp. Campers will not be called to the telephone, although arrangements can be made to talk to your camper in an emergency. E-mail may be sent to your camper at registrar@huston.org with your campers' full name in the Subject box. E-mail will be delivered that day if received before 11:00am or the following day if received after 11:00am. E-mail sent the last day of the session will not be delivered.

EARLY DISMISSAL: In the event a camper must return home early, for a medical or behavioral reason, parents or guardians are responsible to pick up the camper immediately upon notification. Smoking is not permitted and possession of illegal drugs, alcohol, or weapons will result in immediate removal from camp. There is no refund for campers who must leave early.

If your child has any special needs or requires special attention in any way, please let us know. We want to provide the most enjoyable and rewarding experience possible. Please have your child read the letter on the other side of this page. Thank You!

SINCERELY,
CAMP HUSTON STAFF ☺

BILL TUBBS, DIRECTOR
SAMANTHA BORKOVIC, ASSISTANT DIRECTOR & REGISTRAR

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HUSTON CAMP AND CONFERENCE CENTER

HEALTH FORM 2012

P.O. Box 140, Gold Bar, WA 98251 ~ Ph: 360-793-0441 ~ Fax: 360-793-3822

The Release for Emergency Treatment on the reverse side must be signed by a parent/guardian.

Without your signature, your camper will not be allowed to check in at camp.

CAMPER NAME: _____

PERSONAL INFORMATION

Camper's Name: _____ Birth date: _____ Sex: _____ Age: _____

Parent/Guardian/Spouse: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone(s) - Cell: _____ Work/Home: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Camper's Doctor/Clinic: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Do you carry medical insurance? Circle: Yes No Policy #: _____ Carrier: _____

Primary Insured Social Security # _____

PARTICIPANT'S HEALTH HISTORY: PLEASE CHECK

Asthma	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ADD/ADHD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Headaches	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Heart Defect/ Disease	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Head Lice (past 6 months)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Tuberculosis	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Seizures	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Bed Wetting	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Ear Infections	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Diabetes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Sleep Walking	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Allergies	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Recent Hospitalization	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Fainting	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other (explain Below)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PLEASE GIVE THE DATE OF THE FOLLOWING IMMUNIZATIONS OR ILLNESSES:

	Immunization	Illness		Immunization	Illness
DPT, TD or Tetanus	_____	_____	Rubella (German/3-day measles)	_____	_____
Sabin (oral polio)	_____	_____	Chicken Pox	_____	_____
Measles	_____	_____	Other: _____	_____	_____
Mumps	_____	_____			

List all allergies (food and/or drugs): _____

List recent illnesses or past medical treatment: _____

List current medications (prescribed or over the counter) and dispensing instructions: _____

Is there any special medical or dietary care or restrictions needed? _____

Describe any camp activities from which the camper should be exempted for health reasons (swimming, hiking, games, etc.?) _____

Use this space to provide a description of any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp. _____

RECOMMENDED MEDICAL EXAMINATION: We strongly encourage a physical examination by a licensed medical examiner within 6 months of your arrival at Huston. This will help ensure the safety of every child who attends camp.

PLEASE NOTE – HEALTH EXAMS ARE NOT REQUIRED TO ATTEND CAMP HUSTON

Check the: nose __, throat __, skin __, heart __, hernia risk __, abdomen __. Comments: _____

List any prescription medications to be sent to camp, and conditions they are treating: _____

I examined the individual named above on _____ (date) and have reviewed the Health History. It is my opinion that this person is physically able to engage in camp activities except as noted. Restrictions: _____

Signature: _____

Date: _____

SESSION #:

**NO ONE WILL BE ADMITTED WITHOUT THIS FORM
Please Complete Both Sides**



THE FOLLOWING MUST BE COMPLETED

UNLESS THIS FORM IS SIGNED BY A PARENT OR GUARDIAN, THE CAMP CANNOT GET EMERGENCY HELP FOR YOUR CHILD IN CASE OF INJURY. THANK YOU FOR YOUR COOPERATION.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

PARENT'S AUTHORIZATION: This Health History is correct so far as I know and _____ (camper's name) herein described has permission to engage in all described camp activities except as noted by me and the examining physician. I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to dispense medications and to seek emergency medical treatment; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

CAMPER AND PARENT/GUARDIAN SECTION

PARENT'S AUTHORIZATION: I, the undersigned parent/person having legal custody/guardianship of the above named minor, hereby give permission for the minor to participate in the Camping Programs of Camp Huston. I give permission for individual or group photographs or video footage of my child to be used by the camp for historical and/or promotional purposes. I have read the description of the program in the camp brochure, and camp session letter. I understand that the program includes such activities as long hikes, sleeping outside in tents, cooking around a campfire and group discussions. The minor is physically able and mentally prepared to participate in all camp activities. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the camp program. I will not hold Camp Huston or the Dioceses of Olympia Inc. liable for any injuries incurred during the program whether caused by equipment or the acts of omission of others excepting damage or injury solely caused by the willful misconduct or negligence of Camp Huston or its employees or agents.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

CAMPER AGREEMENT

I have read the letter for my session at Camp Huston and am looking forward to my stay. I am willing and able to participate fully in all camp activities. I will do my best to work with others, to respect the property of Camp Huston, other campers, and the camp staff. I understand that failure to live up to this agreement might result in early dismissal from Camp Huston without a refund.

SIGNATURE OF CAMPER _____ **DATE** _____



**NO ONE WILL BE ADMITTED WITHOUT THIS FORM
Please Complete Both Sides**



FOR OFFICIAL USE ONLY	
How are you feeling?	Health House Screening
	Hair <input type="checkbox"/>
Any changes since you sent in your form?	Hands <input type="checkbox"/>
	Feet <input type="checkbox"/>
Have you been exposed to any communicable diseases?	Toes <input type="checkbox"/>
	Comments:
Do you have any prescription or over the counter medications?	