

JULY 17-20, 2019



CAROLINA CREEK

About:

Peak Week is a 4 day, 3 night, Preteen Camp designed for students who have completed 3rd - 6th grade. Campers will experience interactive Bible studies, high-energy worship, small group discussions, and plenty of wild and fun outdoor activities – all to ensure a mountain top camp experience leading preteens toward knowing Christ and growing in relationship with Him.

Cost:

\$350 if registered by May 31st

\$375 after May 31st

***Online Registration will be available February 3, 2019. Payment options available.

www.restorationchurchwf.org by selecting Preteen Camp >Payments.

*** NONREFUNDABLE Deposit of \$100 is required up front to hold your preteen's spot. Paid in full or partial payment installments by 5/31/19. Please include all *Registration & Medical Release forms at time of Registration.*

Cost of Preteen Camp by **5/31/19** :\$350 **after 5/31/19 \$375**

Something for Everybody:

Rotations show campers how they can use their mind, body and talents for God, and the recreation offers time to get to know other campers! We take care of the planning and implementation so leaders and sponsors can focus on building relationships with your kids!

Theme: Transfigure

And after 6 days Jesus took with him Peter and James and John, and led them up a high mountain by themselves. And he was transfigured before them, and his clothes became dazzling white, as no one on earth could bleach them. Mark 9:2-3

At a turning point in the Gospels, Jesus was transfigured along with Moses and Elijah. The disciples Peter, James, and John witnessed this amazing event and recognized, maybe for the first time, who Jesus really was.

Why PEAK WEEK?

Mountains and hills are mentioned over 500 times in scripture. They are referenced in regards to personal encounters with God. A mountain-top experience is a temporary, uncommon encounter with God that is meant to give us a fresh awareness of His reality and nearness.

At PEAK WEEK, we want our Preteens to KNOW GOD, but also feel overcome by a greater awareness of God's reality and His nearness in their life at a young age. We desire for them to know how GREAT He is, how CLOSE He is, and how REAL He is.

When He shows up in our lives in a powerful, dramatic mountain top way, it's so that we would do something differently, that we would be different. And as we come down off that mountain, we're impacted, not only in what we know and what we feel, but in what we do.

In Mark 9, Jesus' disciples had a mountain-top experience. The goal of our week at camp is to provide an experience for our campers to seek the Lord, and find Him in that same personal way.

Kari Hogan
Restoration Kids Pastor
kari@restorationchurchwf.org



THE "PEAK WEEK" OF YOUR SUMMER!



Medication Administration Record

- ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER WITH PHYSICIAN'S INSTRUCTIONS. OTC MEDS MUST BE IN ORIGINAL MANUFACTURER PACKAGING. MEDS IN UNMARKED PACKAGING WILL NOT BE ADMINISTERED.
- Meds will not be given to minors without a sponsor present. Meds will be given to sponsors to dispense.
- Please place medication bottles in a Ziploc bag clearly labeled with child's first and last name.
- Primary dispensing times for medications will be at each meal unless otherwise noted by a physician.
- Medication must be turned in to medical personnel upon arrival at camp for security purposes. **NO** medications (prescribed or OTC) or vitamins are allowed to be kept in the cabins.
- Please circle at which meal your child takes his/her medication.
- **Fill out shaded column only;** daily columns are for the medical personnel use only.

Camper Name: _____ DOB: _____ M/F: _____

Parent/Guardian Name: _____ Phone Number: _____

Medical Allergies: _____

Parent/Guardian Signature: _____

| Medication Name and Times Taken | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|--|-----|-----|------|-----|-------|-----|-----|
| <div style="border: 1px solid black; height: 25px; width: 100%; margin-bottom: 5px;"></div> <input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bed Time | | | | | | | |
| <div style="border: 1px solid black; height: 25px; width: 100%; margin-bottom: 5px;"></div> <input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bed Time | | | | | | | |
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Restoration Church and Carolina Creek Christian Camp Participation Agreement & Waiver



Name of Camp Participant _____

(I am above the age of 18 and am signing this agreement as a camp participant.)

I, _____, am the parent/legal guardian of a camp participant, who is a minor. I hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child my permission to attend Peak Week: Restoration Church and Carolina Creek Christian Camp.

Furthermore, I give my child permission to participate in all activities including, but not limited to, climbing, repelling, low rope elements, high rope elements, swimming, other water activities, and all indoor and outdoor events and activities. I understand all activities are optional and that my child or I have voluntarily applied to participate in the events and activities of the Camp. I understand the foregoing activities and all other events, hazards or exposures connected with the Camp and the indoor and/or outdoor activities, involve risk of harm and that accidents or illness can occur in places without medical facilities, physicians, or surgeons. **I am aware of the risks and damages inherent with those activities and I knowingly and willingly assume the risk of injury.**

Medical Information

Participant Name: _____ Male Female

Church Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____

Person to notify in case of an emergency: _____

Phone number(s) of emergency contact person: _____

Name of doctor and phone number: _____

General Health Information: Do you currently have any of the following?

1. Recent serious injury: Y N _____
2. Recent surgery: Y N _____
3. Allergies to medications: Y N _____
4. Food Allergies: Y N _____
5. Asthma: Y N _____

If yes to any of the above, please describe: _____

7. Do you take any medications regularly? Y N If so please list here: _____

(All medications must be in originally labeled containers)

8. If yes, will you have these with you? Y N _____

9. You/Your camper must have received all required vaccinations, to enter school in the state of Texas, in order to attend this camp. Have you/has your camper received all of the required vaccinations? Y N

10. Date of last Tetanus Shot _____

11. Add any other necessary medical information: _____

(Attach separate sheet if needed)

12. I give permission for my camper to receive age appropriate over the counter medication. Y N

Insurance Information:

1. Medical Insurance Company: _____
2. Plan or Group Number: _____
3. Insured Name: _____
4. Insured I.D. # or Member #: _____
5. Insurance Company Phone Number: _____
6. Insurance Company Address: _____

* You may copy both sides of your insurance card and attach it if it includes all of the above information.

Authorization for Emergency Medical Treatment

I have listed above my/my child’s physical conditions or medical problems that may need attention and all medications regularly used by myself or said minor. I understand failure to disclose medical information/condition may result in dismissal from Peak Week:Restoration Church and Carolina Creek Christian Camp. In case of the illness of myself or my child, Peak Week:Restoration Church and Carolina Creek Christian Camp will try to notify whoever is listed as the emergency contact person. In the event there of a medical emergency concerning myself or my child, at a time where the emergency contact cannot be notified, I authorize Peak Week:Restoration Church and Carolina Creek Christian Camp to consent to any necessary X-ray examination, anesthetic, medical or surgical diagnosis and/or treatment, or hospital care. I hereby give my consent to the Peak Week:Restoration Church and Carolina Creek Christian Camp staff or any attending physician the authority to make such decisions and to perform such medical treatments and/or surgery upon myself or my child that may, in their sole discretion, be deemed necessary and proper under the circumstances.

General Release and Waiver of Liability

I DO RELEASE, ACQUIT, DISCHARGE, AND COMMIT TO HOLD HARMLESS THE RESTORATION CHURCH AND CAROLINA CREEK CHRISTIAN CAMP STAFF, PERSONNEL, OR ANY OF ITS REPRESENTATIVES FROM ANY ACTIONS, DAMAGES, OR LIABILITIES ARISING OUT OF ANY INJURIES OR PROPERTY DAMAGE SUSTAINED DURING THE PARTICIPATION IN THE CAMP AND/OR RESULTING FROM THE TREATMENT OF ANY ILLNESS, SICKNESS, OR ACCIDENT, INCURRED BY MYSELF OR MY CHILD DURING HIS/HER STAY AT KIDS LIFE KAMP AND CAROLINA CREEK CHRISTIAN CAMP.

In consideration for being permitted to attend Peak Week and Carolina Creek Christian Camp and participate in the activities conducted by the Camp, I, on behalf of myself, my child, my legal representatives, heirs and assigns, do hereby release, waive, and forever discharge the Restoration Church and Carolina Creek Christian Camp and its officers, employees, volunteers, and agents, of and from any and all loss, damage, claim, demand, action or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident that may occur as a result of my or my child’s participation in the camp activities or any activities in connection with the Restoration Church and Carolina Creek Christian Camp, whether by negligence or not.

I, personally, or on behalf of my child (if the camp participant is a minor), hereby give the Restoration Church and Carolina Creek Christian Camp permission to use my and/or my child’s name, photograph, quotes and likeness in any advertisements or promotions performed in connection with the camp and agree that neither I nor my child shall be entitled to any compensation for such use.

I agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and that if any portion of this agreement is determined to be invalid, it is understood and agreed that the balance shall, notwithstanding, continue in full legal force and effect.

X _____
Adult Participant or Parent/Guardian Signature

Printed Name and Address of Signatory:
X _____

Date: X _____

| STUDENT OR SPONSOR T-SHIRT SIZE | |
|---------------------------------|----------|
| ___ YM | ___ AS |
| ___ YL | ___ AM |
| ___ | ___ AL |
| ___ | ___ AXL |
| ___ | ___ A2XL |
| ___ | ___ A3XL |

