



## REGISTRATION PACKET

Thank you for registering with Elevate. We are looking forward to an incredible summer camp experience. Rather than a service Elevate serves along side you in partnership with your church and student ministry. Our goal is to provide the platform for you and your leaders to build relationships, have deeper conversations and spur students on in their relationship with God. The gospel will be clear and come with the opportunity to respond. We will encourage campers to read the bible and attend your student ministry to continue to grow in their faith.

We are both responsible for the safety and well being of each camper. We have updated our Memorandum of Understanding and medical forms this year. Be sure to read them over. The MOU is intended to clarify expectations and the requirements imposed on us as an organized camp. Please find and use the following documents.

- 1. Checklist**
- 2. Memorandum of Understanding**
- 3. Health Form**
- 4. Special Medical Conditions Form**
- 5. Counselor “Principles of First Aid”**
- 6. Departure Day Screening**
- 7. Medication Check in Form**



## REGISTRATION CHECKLIST

- ☐ Register your group using the **Group Registration Form**
- ☐ Send in your **deposit** with registration form to secure space
- ☐ Receive **confirmation** from Elevate
- ☐ Sign and send in the **Group Memorandum of Understanding**
- ☐ Start **promoting camp**
- ☐ Check our website for **promotional graphics** and theme information
- ☐ Recruit **counselors**, conduct screening, back ground check and have them complete the training.
- ☐ Send out health forms and collect them prior to arrival at camp.
- ☐ Download the **Counselor Handbook** or invite counselors to read it online
- ☐ Have counselors complete the **Principles of First Aid** training.
- ☐ You will receive a link to a google doc to start the **housing process** for your campers. Fill it in even if not final, this must be completed 2 weeks prior to arrival. (we will work with you up to arrival on changes)
- ☐ Use the suggested departure day **health screening** form.
- ☐ Collect medications during the screening.
- ☐ Arrive at camp, after 2pm.
- ☐ Upon arrival check in at camp registration. Leave your students in the parking lot. Bring all paperwork, final payment and health forms/medications.

\*Upon arrival encourage your campers to take the swim test so they are set for the week.

\*Housing preferences based on receipt of deposit and housing list. Housing lists can be adjusted, so do not wait for it to be final before sending it in.

\*The counselor application is for individual counselors that have not been background checked or vetted by your church. Your counselors do not need to fill out this form as long as you have vetted them.



3300 Bridger Drive - Redding CA 96002

## MEMORANDUM OF UNDERSTANDING

### *Church/Group*

Organization \_\_\_\_\_

Address \_\_\_\_\_

Group Leader \_\_\_\_\_

### **PURPOSE**

The purpose of this MOU is to clarify the expectations and requirements for group leaders bringing campers to Elevate Camps.

Elevate Camps partners with local churches and other organizations to provide a quality Christian camp experience for their students. We offer a unique arrangement whereby groups maintain supervision of their students in cooperation with Elevate staff. To ensure the safety and wellbeing of all campers Elevate is asking all our groups to acknowledge and agree to the terms of this memorandum of understanding.

### **STAFF/COUNSELORS**

Groups will do due diligence to bring only qualified, trustworthy counselors who have passed a background check or other process by which they are satisfied of the qualifications of all staff and counselors who will work with students. **Camp Group** will not hold liable Elevate Camps for the actions of the staff and counselors under **Camp Group's** authority.

- The California regulations for organized camps requires that counselors be at least 18 years of age.
- There must be a qualified counselor for every 10 campers.
- To meet the requirements of the California Regulations For Organized Camps Counselors must complete the online "Principles of First Aid" training and submit the form.
- We require all counselors read the Elevate Counselor Handbook
- We allow counselors in training or co-counselors to pair with qualified counselors in cabins.

### **INSURANCE**

Groups will provide Elevate with a Certificate of Insurance naming Elevate as "additionally insured"

### **HEALTH & SAFETY**

All campers, counselors and staff are required to turn in a completed Elevate health and release form upon arrival at camp. Only those 18 and under must have completed the immunization section. (Parents objecting to immunizations may state the objection based

on religious or personal beliefs and sign it.) **Health forms must be retained by Elevate Camps.**

All groups will perform a pre-camp health screening prior to arrival at camp. (download the pre-camp health screening guide on our website) You can use the **one** form as a tool to screen your campers. We do not need a form for each camper. Simply turn in the **one** form as a record that you performed the screening.

The Youth Pastor or Group Leader and their counselors are the primary supervisors of their students while at camp. As the front line of care for the students they must report all health and safety issues to Lead Counselors and Elevate Directors.

#### **VANDALISM/DAMAGE**

**Camp Group** will reimburse Elevate Camps for damage or vandalism above normal and customary wear to the property or equipment while at camp. Please report any damage to Elevate staff.

#### **CONDUCT/RULES/POLICIES**

**Camp Group** will agree to adhere to the rules of conduct for counselors, staff and campers found in the Elevate Counselor Handbook.

#### **REGISTRATION**

An accurate list of campers, counselors and housing preferences should be provided at least a week prior to arrival. Changes should be communicated as soon as possible to facilitate the housing and registration process. Please use the online form with the link sent to you by our registration team. Groups that do not provide t shirt sizes by the deadline will be asked to pick up camp shirts last.

#### **DEPOSIT POLICY**

The group deposit is **nonrefundable** and confirms your registration. Deposits hold your spots, we turn away other campers once beds are full. We recommend calling to release overbooked spots as soon as possible. If we are able to fill those spots with other campers we will apply your deposits to your total bill. If we are not able to find last minute campers we will not refund your deposit or apply it to your final bill.

All of us at Elevate look forward to serving you at camp. We value your partnership and collaboration in providing a safe, fun and life changing camp experience. By signing and returning this MOU you certify that you have read, understood, and agree to the terms and conditions of this MOU as set forth herein. *(Retain a copy for your records)*

---

SIGNATURE

---

DATE

---

PRINT NAME AND TITLE

# ELEVATE CAMPS HEALTH AND ACTIVITY RECORD

Please complete, sign, and date this form for all campers. **Do not mail. Do not fax. Form must be turned in upon arrival.**  
(If form is incomplete, parents or guardian will be called collect.) *Please Print*

LAST NAME		FIRST NAME		MIDDLE INITIAL
	DATE OF BIRTH	MALE	FEMALE	DATES ATTENDING CAMP
		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Group Information:</b>				
Group Name			Group Leader	
Leader Phone Number: Home (     )     Work (     )     Cell (     )				
Parent or Guardian	Full Name:			Telephone Numbers With Area Codes
				Home (     )
	Address			Work (     )
	City	State		Zip code
	Email:			
IF NOT AVAILABLE IN AN EMERGENCY NOTIFY: (PREFERABLY RELATIVES)				Telephone Numbers With Area Codes
Name				(     )
Name				(     )
Family Health  Insurance Information	Name of Company		Policy/Group Number	
	Contact Person		Telephone Number	
			(     )	
	Parent/Guardian Name			
SPECIAL MEDICAL PROBLEMS, CONDITIONS OR RESTRICTIONS:				
<b>LIST MEDICINES?</b> (STATE LAW REQUIRES THAT ALL MEDICATIONS, INCLUDING VITAMINS, TYLENOL, ETC, BE GIVEN TO THE CAMP NURSE. ALL MEDICATIONS <u>MUST</u> IN THEIR ORIGINAL CONTAINERS.)				
<b>MEDICATIONS ALLERGIC TO AND OVER THE COUNTER MEDICATIONS YOUR CAMPER MAY <u>NOT</u> HAVE:</b> <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfa <input type="checkbox"/> Aspirin <input type="checkbox"/> Other (Please list) <i>Camp Nurse may provide aspirin, Tylenol or Advil, antacids or other over the counter medications <u>unless otherwise noted here</u>.</i>				
<b>ANY FOOD ALLERGIES?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain.				
<b>IS CHILD TROUBLED WITH BED-WETTING?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, send disposable underwear for nights				
<b>ABLE TO PURSUE ALL NORMAL ATHLETIC ACTIVITIES?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain.				

**IF CAMPER HAS HAD ANY OF THE FOLLOWING PLEASE CHECK THE BOX AND INCLUDE YEAR OCCURRED:**

<input type="checkbox"/> Anemia	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bronchitis
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Chorea	<input type="checkbox"/> Chronic Intestinal Problems
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Eczema
<input type="checkbox"/> Insulin	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Frequent Colds
<input type="checkbox"/> Non-Insulin	<input type="checkbox"/> Frequent Sore Throats	<input type="checkbox"/> HIV Positive
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Hives
<input type="checkbox"/> Infectious Jaundice/ Hepatitis	<input type="checkbox"/> Inflammatory Bowel Disease	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Measles	<input type="checkbox"/> Malaria	<input type="checkbox"/> Malignancy
<input type="checkbox"/> Operations	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Mumps
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Orthopedic Problems	<input type="checkbox"/> Otitis Media
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Polio Myelitis	<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Rubella (German)	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Venereal Disease	<input type="checkbox"/> Speech Defect	<input type="checkbox"/> Tuberculosis or TB Contact
	<input type="checkbox"/> Whooping Cough	

Proof of immunization, required by law, must contain SPECIFIC REFERENCES to those diseases, dates and doses. Immunizations must be updated if not in accordance with state regulations.

- **Proof of Measles** means two doses of measles vaccine on or after your first birthday and at least 30 days apart (preferably three months), and/or a physician-documented history of the disease or serologic evidence of immunity.
- **Proof of Rubella** means one dose of rubella vaccine on or after your first birthday or serologic evidence of immunity.
- **Proof of Mumps** means one dose of mumps vaccine on or after your first birthday, a physician-documented history of the disease, or serologic evidence of immunity.

IMMUNIZATION HISTORY		1st Dose	2nd Dose	3rd Dose	4th Dose	Last Dose
<b>Diphtheria &amp; Tetanus Toxoid DT</b> Five or more doses required. Most recent dose must be within 10 years prior to entry.						
<b>Polio Vaccine 5 (Live Oral Sabin)</b> Minimum of four doses for those 18 years of age or under for those 19 and over, record previous doses, but no additional doses should be given.						
<b>Refer to Immunity Schedule Printed Above</b>	<b>Measles</b>			<b>Individuals will not be allowed to attend camp without complete immunization history</b>		
	<b>Mumps</b>					
	<b>Rubella</b>					

The health and immunization history is correct so far as I know. My son/daughter has permission to engage in all prescribed camp activities which include but are not limited to water slide, swimming, water blob, canoe or kayak, playing sports or general physical activity, except as noted by me and the examining physician and has permission to leave the camp grounds for camp related outings and purposes. I realize that my campers picture and/or testimonial may be used in the future promotion of Elevate Camps.

Elevate Camps is a non-profit charitable organization. Those who use Elevate Camps' facilities and /or engage in related activities waive and release Elevate Camps from any claim for personal injury or property damage. Attendees agree to carry insurance and/or cover the expenses related to personal injury or property damage.

Illegal drugs, weapons and similar items are not permitted at camp. Elevate Camps reserves the right to search for and remove such items from anyone suspected of possessing them. I understand that all medications, vitamins, etc must be given to the camp nurse upon arrival and that they must be in the original containers.

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for my son/daughter. In the event I cannot be reached I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery for my child as named above. I hereby give permission for the camp nurse to administer over the counter medications to my child per manufacturers guidelines except as noted above.

Campers wishing to leave early must be picked up by parent(s) who sign this health form. Anyone other than the parent must have written permission signed by the same parent who has signed this form. The camp reserves the right to refuse dismissal without proper identification.

**Signature of Father/Guardian(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Mother/Guardian(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_



## SPECIAL MEDICAL CONDITIONS

CAMPER NAME: \_\_\_\_\_ GROUP \_\_\_\_\_

Describe special health condition: \_\_\_\_\_

---

---

---

---

---

---

---

Instructions: \_\_\_\_\_

---

---

---

---

---

---

---

### Common Special Health Conditions

Diabetes: ☐ Type 1 ☐ Type 2

**Diabetes:** students who have diabetes must be accompanied by an adult who has received education and training in the medical procedures specific to the student. This representative is responsible for monitoring and providing all necessary health care related to diabetes management.

**Nebulizer:** students who require the use of a nebulizer at camp will need to make prior arrangements to ensure an adult with their group is trained and available to assist in nebulizer treatments for your student.

**Epi-Pen:** Our staff are trained to administer an EpiPen in the event that your student is unable to administer their own EpiPen. Please note that we ask that you bring two EpiPen's one to be used as a back up. Our policy is to administer the EpiPen as soon as a camper is exposed to something that triggers an anaphylactic reaction as evidenced by symptoms or upon the judgement of medical staff. If your student will be bringing an EpiPen please sign below acknowledging this policy.

Parent/Guardian acknowledgement of EpiPen use policy \_\_\_\_\_

*If your student has a special health condition that may require specialized training or knowledge please make note of it on this form.*



LOVE GOD • LOVE OTHERS • LOVE LIFE

## PRINCIPLES OF FIRST AID AND COUNSELOR HANDBOOK

The California code of regulations for organized camps requires that counselors be trained in the “principles of first aid and CPR.” In order to document and meet this requirement we are asking that counselors watch the You Tube playlist “Principles of First Aide” provided in the link.

[https://www.youtube.com/playlist?list=PLwUPlksNev05x\\_zQGYrw65IATxSbFLASF](https://www.youtube.com/playlist?list=PLwUPlksNev05x_zQGYrw65IATxSbFLASF)

There are 14 short videos covering basic principles of first aid. Please bring this form and turn them in at registration.

I have read the Elevate Counselor Handbook and completed the training Principles of First Aid online. I agree to follow the policies of Elevate and work with the other counselors and Elevate staff to insure the safety of every camper.

Group/Church \_\_\_\_\_

\_\_\_\_\_  
Counselor Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# ELEVATE PRE-CAMP HEALTH SCREENING

## DAY OF DEPARTURE

1. **Collect Health Forms** Make sure forms are complete and signed.
2. **Collect all medications** Place each camper's medication in their own zip-lock bag and mark the bag clearly with the following information:

Camper first and last name

Name of church/city

**\*\*Be sure prescription medication is in original containers with clear instructions from physician. Any over-the-counter medications must also be collected and must have clear instructions from parent/guardian on use.**

3. **Please have a qualified individual conduct a simple health screening**

Suggested screening:

- Ask about exposure to chicken pox or other communicable diseases in previous 20 days.
- Ask about changes in health history information since it was submitted. (*Parents may wish to review the health history*)
- Ask if any family members had the flu or flu-like symptoms in the previous week.
- Check for fever.
- Look at scalp for rashes, or evidence of head lice.
- Take note of any health concerns or special instructions that may need to be communicated to the Camp Nurse upon arrival.

**Please do not bring campers or counselors to camp with the following:**

- Broken bones or recent head injuries that have not been treated.
- Illness with the last 48 hours such as nausea, vomiting, diarrhea, fever, sore throat, rash, open sores, pink eye or lice.
- Flu symptoms or a communicable disease.

Thank you for your help. It is our desire to provide a safe and healthy camp experience for every camper.



## Medication Check-In

*All medications should be in original packaging. Place them in a Ziplock bag and write with a Sharpe the campers name, group, age and place this form inside.*

Camper's Name \_\_\_\_\_ Cabin # \_\_\_\_\_ Counselor \_\_\_\_\_

Church/Group: \_\_\_\_\_

<u>Name of Medicine</u>	<u>As Needed</u>	<u>Taken Daily</u>	<u>Dosage/Days/Time(s)</u>
1) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

IF SENDING AN EPI-PEN, PLEASE LIST SPECIFIC ALLERGIES: (one for student one for backup)

### INHALER

Students with a prescribed inhaler should carry it with them at all times. Please include a **second inhaler** to be turned in to the Health Clerk/Nurse. This will ensure your student has a back up in case they loose their inhaler.

### OTHER INSTRUCTIONS