

# STAFF REGISTRATION

## Judson Baptist Camp - July 23-29, 2023

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Pastor / Deacon Approval

By signing below I hereby verify I have no reservations allowing this individual to lead children's activities. If you have any concerns please call Board President, Jonathan Jones (304) 629-9987

Church Name \_\_\_\_\_ Address \_\_\_\_\_  
Church Phone \_\_\_\_\_ # of years you've known staff \_\_\_\_\_  
Pastor Name (print) \_\_\_\_\_ Pastor Signature \_\_\_\_\_

### If you are interested in helping in any area please contact the committee head.

All things Chapel	Miranda Miller, Freddy Dodd, Ashley Kelly
Opening and Closing Day	Jennifer Brivtec-Simmons, Freddy Dodd
Recreation, Crafts, Pool and Waterslide	Allison Horne, Kolten Jones
Dining Hall	Tracy Messenger, Jennifer Brivtec-Simmons
Nurses	Alana Hoskinson, Tracy Messenger
Flag Raising	Jonathan Jones, Kolten Jones
Prayer, First time decisions	Allison Horne
Vespers	Jonathan Jones, Kolten Jones
Canteen and Supplies	Miranda Miller, Ashley Kelly

Does your child need to be placed with you? If so, name & age: \_\_\_\_\_

Do you have an air mattress to make more room for campers? [ ] Yes [ ] No

I recognize I am to set a Christ like example to all in camp. I have read and agree to follow all camp and staff rules during camp. (pg 5 of registration) Signature: \_\_\_\_\_

#### Judson Baptist Camp Fee Schedule

Staff will pay \$145 (by June 30)  
Staff will pay \$155 (after June 30)

Per camp policy, there will be no refunds after camp begins Monday morning.

Make Checks Payable to: Judson Baptist Camp

Send completed registration form, medical history, and fee to:  
Jennifer Brivtec-Simmons  
183 McCormick Hollow Rd.  
Morgantown, WV 26508

#### CAMP REGISTRAR USE ONLY:

[ ] Staff Paid Cash/Check # \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_  
[ ] Church Paid Check # \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_  
Church \_\_\_\_\_  
[ ] Medical Form

Please Note: EVERYONE must be checked by our nurses before registering or entering cabins. After being discreetly cleared, anyone registering will receive a wristband and those entering cabins to help set up will get a hand stamp. You may then proceed to the registration table.

## Important Information for Parents and Staff

- Camper registration will run from 3-6pm on Sunday. We ask that the campers bring their own food for dinner on Sunday evening. The first scheduled meal will be breakfast on **Monday morning**.
- **Any participant without a completed Health Form WILL NOT be allowed to stay at camp.**
- A valid driver's license will be required to sign any camper out of camp. Please bring one with you to check in or out any campers.
- Cell phones and electronic devices will be confiscated if seen in camp. Please leave them with your parents and bring a camera or alarm clock if desired. (Medical exemption will be granted by nurses)
- If at any point during camp you have a fever or are vomiting, your emergency contact will be called to come take you from camp. If you have an underage camper, they will need to go with you or transfer their responsibility to another adult.
- If your child has a contagious condition (this includes pink eye, lice, MRSA, fever, etc.) please do not bring them to camp. A full refund will be issued. Refunds will NOT be given once camp begins.
- If you need to contact your child during camp, the caretaker's number is (304) 924-5356.
- Everyone must be checked by our nurses before they can be registered. After being discreetly cleared you will receive a wristband and proceed to the registration table. If a parent or friend plans to enter the cabin to help set up, they must also be cleared and receive a hand stamp. **No one is allowed into a cabin without a wristband or hand stamp.**
- Make sure to put cabin buddy requests on your registration form because there will be **NO** cabin changes the first day.
- Please arrange to pick up children by **9:00 am on Saturday**.

What To Bring	What NOT To Bring
<p>(We highly recommend labeling all items)</p> <p>Medical Form</p> <p>Bible, Pencil, Paper</p> <p>Personal toiletry items</p> <p>Bath towel, Pool towel and Washcloth</p> <p>Bed linens or sleeping bag with fitted sheet</p> <p>Flashlight, Umbrella, Jacket</p> <p>Sufficient clothing for the whole week (<u>nothing inappropriate: no crop tops or deep cut sleeveless t-shirts</u>)</p> <p>Shoes</p> <p>Swimsuit</p> <p><b>WHITE</b> T-shirt to wear in pool that will cover bathing suit</p> <p>Old T-shirt (any color to wear on the waterslide)</p> <p>Bag for wet/dirty clothes</p>	<p>Cell phones, iPads, laptops, walkie-talkies (staff allowed to have in camp)</p> <p>Unessential expensive items</p> <p>Shaving Cream (unless you are an adult)</p> <p>Footballs</p>
	<p style="text-align: center;"><b>Optional Items To Bring</b></p> <p>Spending Money for Canteen Time (\$20 buys A LOT of candy)</p> <p>Money to purchase Camp t-shirt (approx. \$10)</p> <p>Extra shoes and socks, Rain boots</p> <p>Shower shoes</p> <p>Money for Camp offering (Thursday Evening)</p>

# Judson Baptist Camp-Staff

## PERMISSION FOR EMERGENCY TREATMENT AND HEALTH HISTORY

Please fill out this form as completely as possible. Staff are not singled out, made to feel embarrassed, or treated differently because of information gathered from the health form. Rather, the more we know ahead of time, the easier it is to help you have a successful experience at camp. Thank you! Please mail or bring this form to camp on your day of arrival. **Every staffer must have a completed health form to participate in any camp programs.**

### SECTION I - BASIC CONTACT INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street Address City State Zip code

Emergency contacts (please try to give one contact not in camp)

1) In case of emergency, notify \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

2) In case of emergency, notify \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist / Orthodontist Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Authorization: This health history is correct and complete, as far as I know, and the person herein described has permission to engage in all camp activities, except as noted. I hereby give permission to the medical personnel selected by the camp director 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 to secure and administer treatment, including hospitalization, for the person named above. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and that failing to reach me, all reasonable attempts to contact the alternates listed above will be made. I understand that all reasonable precautions will be taken for safety at all times. I further release Judson Baptist Camp, Judson Baptist Camp Board, Upshur County Youth Camp, and all persons associated with these organizations from any liability associated with any accident, injury or disease to the person who is the subject of this form.

Signature of Staffer \_\_\_\_\_ Date \_\_\_\_\_

### SECTION II - BACKGROUND/LEGAL INFORMATION

Have you ever been convicted of a felony? YES NO If yes, Please provide the offense and date of conviction: \_\_\_\_\_

Has there ever been a CPS finding against you for abuse and/or neglect? YES NO

Are there any open CPS investigations, of which you have been accused of abuse or neglect? Y N

Signature verifies the accuracy of above-mentioned information to the best of the knowledge of the potential staff member.

Signature of Staffer: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION III - INSURANCE INFORMATION**

Is the participant covered by medical/hospital insurance: YES NO  
If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_  
Carrier Address \_\_\_\_\_  
Address for Claims \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_  
Policy Holder's Insurance ID # \_\_\_\_\_ Employer \_\_\_\_\_

**SECTION IV - MEDICATIONS AND RESTRICTIONS**

(Medications include prescription, over-the-counter, vitamins, inhaler, etc.)

Will the staffer be taking medication while at camp? [Yes] [No]

If staffer will be taking medications while at camp, please list all (prescription and non-prescription). Include the medication name, prescribing physician, physicians' phone number, and the dosage instructions. Use an additional sheet if needed.

**When you check-in at camp, please provide all medications in their original packaging that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage, and frequency of administration.**

NAME OF DRUG	DOSAGE AMT.	TIMES GIVEN	TOTAL DAILY DOSE	REASON FOR MEDICATION	PRESCRIBING PHYSICIAN	NOTES
<i>Example: Genpill</i>	<i>50mg</i>	<i>8am &amp; 5pm</i>	<i>100mg</i>	<i>Behavior</i>		<i>Crush pill</i>

Unusual Health Conditions \_\_\_\_\_  
\_\_\_\_\_

*\*\*Over the counter medication administration not applicable for staff.\*\**

**SECTION V - ALLERGIES:**

[ ] NO, Staffer does not have any allergies [ ] YES, Staffer is allergic to: \_\_\_\_\_  
Describe reaction severity and treatment plan: \_\_\_\_\_  
\_\_\_\_\_

**\*\*\* Any change to this form should be provided to camp health personnel upon staffer's arrival in camp. \*\*\***

# Judson Baptist Camp

## Staff Rules

*These rules may be subject to change or added to by the board of directors. Revised 12/2022*

*Please Note: Any person attending camp who is not a camper is considered to be on staff.*

1. Love and live in a Christ-like manner.
2. Any form of bullying personally viewed or heard about from a camper is to be **immediately** brought to a **board member's** attention.
3. All staff are to be present on time for flag raising and lowering.
4. All staff members should disperse among the campers at all tables. All staff are to remain in the dining hall until dismissed. Staff members that cannot stand in line, should be seated at the first table.
5. Unless assigned other duties during class time, all staff are to attend staff class each day.
6. Staff members are to notify the Director or Assistant Director if they need to leave camp for any period of time during the week.
7. Staff members are to bring flashlights to evening services and help form a lighted path through which the campers can walk quietly to the vesper circle.
8. With the exception of those counselors assigned to individual cabins, staff members are to counsel campers before lights out at night. We must do all that we can to assure that all campers remain in their assigned cabins from lights out to wake-up. (If you have children in camp and need to speak to them during these hours, please go to their assigned cabin instead of asking for them to come to yours.)
9. All staff members are to be present at assigned area (pool or ball field) during recreation time to help supervise activities, **not napping in cabin**.
10. Keep your eyes open for campers who you feel would be worthy of nomination for boy and girl campers of the year. Fill out nomination forms located in the dining hall for such worthy campers.
11. Discourage inappropriate behavior between boy and girl campers, and set a good example yourself. There is a time and a place for everything and church camp is neither. No kissing or touching at camp.
12. Follow the same clothing modesty requested of campers. (No crop tops, deeply cut sleeveless t-shirts, and swim with a white t-shirt.
13. If you must partake of various vices while at camp, do it with discretion and away from the sight of campers. No tobacco spitting, smoking, or vaping where the campers can see it.
14. All staff members must be seated inside the chapel during services held there.
15. Staff are allowed to fish in the morning only if all gear and equipment is stored and out of sight of campers when the whistle is blown.
16. After lights out, any staff who needs to study or fellowship must do so at the pavilion outside the chapel.