



# Disciple NOW

November 1-3, 2019

## INFORMATION PACKET

### SPONSOR:

We are excited that you will be joining us for a high quality, high energy youth camp that will be like none you have ever experienced at Hesperus. There are a lot of changes taking place and all of them will make your experience much richer. Take some time to read through the information to help prepare you for a fantastic camp experience.

Disciple NOW (or dNOW, as we sometimes refer to it) is a different kind of event with a different kind of focus. We are asking each church to send their leaders as sponsors according to a 1:10 ratio just as we do with any other youth event. What is different about this is that we will be spending time building up and pouring into the leaders as well as the kids with the mission team coming. The mission team is specifically training and focusing on small group discipleship that will find its traction in the program theme and design over the weekend.

### THE BASICS

#### Cost

Camp this year is \$95 /person (Standard Registration)

#### Beginning and Ending Times

Camp begins at 5:00 pm on Friday, and ends at 2:00 pm on Sunday.

#### Medical Treatment

A nurse or qualified medical staff will be in residence at camp. **All children and adults must leave all medications and vitamins with the medical staff at registration for the safety of all campers.**

#### Phone

Call the camp office at (970) 385-4389 to contact someone in an emergency.

### REGISTRATION CHECKLIST

This is your registration checklist and any items not completed will mean that they won't be able to participate in camp. Please be sure you have started the process early so that you do not miss critical deadlines.

- Register** - Fill out your Sponsor Registration Form.
- Sponsor Signature** - Sign the **RELEASE AGREEMENT** at the end of the Sponsor Registration Form.
- Sponsor Signature** - Sign the **SPONSOR CONDUCT AGREEMENT** at the end of the Sponsor Registration Form.
- References** – You are required to have three references submitted with your Sponsor Registration Form.
- Child Protection Policy** – Sign the **CHILD PROTECTION POLICY**.

Each of these items **MUST** be completed and turned in to your church leader. All of this information is due at Hesperus Camp **10 days before the event starts.**

**WHAT TO BRING TO CAMP**

Hesperus is a camp set high in the Rocky Mountains at over 8000'. Even during the summer time nights are cool and stormy weather can occur on short notice. Please make sure everything about your packing takes this into consideration. You will also want to make sure all of your items are labeled with your name.

- |   |  |
|---|--|
| <input type="checkbox"/> Snow Pants/Jean  | <input type="checkbox"/> Warm Hat                                |
| <input type="checkbox"/> Socks/Underwear (bring extra socks)  | <input type="checkbox"/> Towel & Wash Cloth                      |
| <input type="checkbox"/> Snow Boots/Shoes (insulated boots for outside, shoes for inside)           | <input type="checkbox"/> Bible, Pencil, and Paper                |
| <input type="checkbox"/> Toiletries (toothbrush, toothpaste, soap, shampoo, contact solution, etc.) | <input type="checkbox"/> Sunscreen                               |
| <input type="checkbox"/> Warm Coat  | <input type="checkbox"/> Flashlight                              |
| <input type="checkbox"/> Warm Gloves  | <input type="checkbox"/> Spending Money (snacks, t-shirts, etc.) |

Items to leave at home: Drugs (unless prescribed by a doctor), alcohol, tobacco, fireworks, firearms, all electronic devices.

**PROGRAMMING INFORMATION**

**Activities:** Zipline and Challenge Course  
Basketball  
Disc Golf  
9 Square in the Air  
Gaga Ball





**FOR OFFICE USE ONLY**

- Information
- Release Signature
- Conduct Signature
- References
- Child Protection Pol.



**ADULT REGISTRATION FORM**

**Please complete each page of this form and give it to your group leader.  
Adults without a completed registration form will not be allowed to participate in camp.**

**ADULT INFORMATION**

**Adult's Name** (first) \_\_\_\_\_ (last) \_\_\_\_\_  
Birth Date (mm/dd/yyyy) \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Physical (NOT Mailing) Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_ T-Shirt Size: **Adult**  S  M  L  XL  2XL  
What Church/Group are you coming to camp with? \_\_\_\_\_

**Spouse/Emergency Contact**

Name (first) \_\_\_\_\_ (last) \_\_\_\_\_ Relationship \_\_\_\_\_  
Physical Address (if not sponsor's address) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Employer Address \_\_\_\_\_

**Additional Emergency Contact**

Name (first) \_\_\_\_\_ (last) \_\_\_\_\_ Relationship \_\_\_\_\_  
Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

**HEALTH INFORMATION**

*Hesperus Camp operates under a Child Care License in the State of Colorado. To maintain that license, we must strictly adhere to a number of guiding laws pertaining to medical issues. Escalating regulations require us to operate in an increasingly restrictive manner, which we understand may cause unfortunate inconvenience and cost to you. As such we are striving to streamline the process and eliminate any confusion, with the ultimate goal of having an incredible camp experience. Please read and understand the following regulations and procedures. Please call us if you have questions or need clarification: (970) 385-4389.*

*These medical regulations fall into four primary categories, each of which affect our ability to serve an individual as a guest. Below are listed each category and an explanation of the laws pertaining to it.*

**HEALTH HISTORY**

*Each guest must furnish a health history which indicates communicable diseases and chronic illnesses or injuries the individual has had, any known drug reactions and allergies, medications being taken, and any prescribed dietary needs.*

Please list all communicable diseases with which your child has had contact in the last two weeks. (common cold, strep throat, pink eye, etc.) \_\_\_\_\_

Check if your child has or had the following:

- Asthma                       Diabetes                       Heart Trouble                       Seizures                       ADHD  
 Mumps                       Measles                       Chicken Pox                       Headaches  
 Other (such as Health Concerns over 8000' elevation) \_\_\_\_\_  
 Surgeries & Dates \_\_\_\_\_

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

**Allergies:** Check if individual is allergic to:    Insects    Foods    Drugs

Please describe \_\_\_\_\_

**Dietary Needs:**

We strive to offer standard menus that provide options for common personal dietary PREFERENCES. Regarding **medically prescribed dietary RESTRICTIONS**, or NEEDS, we can work to accommodate them in a specialized manner. Please let us know what NEEDS are present so that we can be prepared to meet them. Please remember that **the individual has responsibility to know, understand, and adhere to their restrictions.**

Medically Prescribed Dietary NEEDS: \_\_\_\_\_

**MEDICATIONS**

*By law, a licensed physician must supervise our processes, train us, and then legally delegate to us the permission to provide any health service. In so doing, the physician is personally liable for our actions and their medical license is in jeopardy. The following regulations have no flexibility. Home remedies and homeopathic medications MAY NOT be administered at camp.*

**ALL MEDICATIONS, whether PRESCRIPTION or OVER-THE-COUNTER (OTC)**, whether topical or oral (including vitamins) must be checked in upon arrival at camp, and can only be administered by certified staff. The only exceptions are rescue inhalers and Epi-Pens, which the individual must carry with them always. ANY medication you may potentially need, such as Benadryl, Pepto Bismol, Tylenol, etc., **it is your responsibility to bring. The camp will not provide any OTC medication. If a need arises for medication for which we have no authorization, utilization of Urgent Care or the Emergency Room will be our only option.** To comply, each medication must be in **ORIGINAL PHARMACY LABELED CONTAINER** (including OTC medications).

**MEDICATION 1:** \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

To be given at the following time(s): \_\_\_\_\_

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

Purpose of medication: \_\_\_\_\_

**MEDICATION 2:** \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

To be given at the following time(s): \_\_\_\_\_

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

Purpose of medication: \_\_\_\_\_

**MEDICATION 3:** \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

To be given at the following time(s): \_\_\_\_\_

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

Purpose of medication: \_\_\_\_\_

**MEDICATION 4:** \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

To be given at the following time(s): \_\_\_\_\_

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

Purpose of medication: \_\_\_\_\_

**MEDICATION 5:** \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

To be given at the following time(s): \_\_\_\_\_

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

Purpose of medication: \_\_\_\_\_

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**GENERAL INFORMATION**

**Family Physician** \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Physician's Address \_\_\_\_\_

**Insurance Provider** \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

**Additional Information:** Anything we need to be aware of about you to help us make your time at camp safe and enjoyable.  
(ex: sleep walking, drug mood changes, etc.) \_\_\_\_\_

\_\_\_\_\_

### RELEASE AND WAIVER OF CLAIMS

In the event that I should need emergency medical care or attention, Hesperus Baptist Camp (HBC) or any one of its agents or employees is hereby authorized to provide such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to me as is recommended or suggested by a health care professional.

If such emergency care is provided, I understand that my health insurance information will be given to the health care professional and that any expenses not covered by my insurance shall be my responsibility. I understand that HBC will not be obligated to pay either the health care professional or me for any medical expenses incurred.

There are instances when third party contractors are used to operate and supervise various events and activities (such as whitewater rafting). In those instances, where third party contractors are used, I agree to hold harmless the third-party contractor and HBC for the action of these third-party contractors with respect to injury, disability, death, or loss or damage to person or property. I further agree that HBC is also not liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

I understand that the risk of injury from any recreational activity (including whitewater rafting and zip lines) is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my participation and observing of such recreational activity.

Furthermore, in consideration of being allowed to attend HBC, I hereby waive any and all causes of action, rights, claims or suits which I may have against HBC, its agents or employees as a result of injury to me, including, but not limited to: (1) injuries arising from participation in or observation of recreational activities at HBC, and (2) injuries arising from the decision of HBC or its agents or employees to consent to the provision of emergency medical care to me.

I give authority and permission to HBC, its employees or its agents to inspect my belongings while at HBC.

Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult Name (Printed) \_\_\_\_\_

### PHOTO RELEASE AUTHORIZATION

I understand that my image may be included in a video or in photographs that may be made at HBC. I consent that my image may appear on videos, promotional resources, camp-endorsed web sites, etc.

Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

### ADULT CONDUCT AGREEMENT

I understand that I am voluntarily participating in guiding and supervising children in the experience of an exciting camp and that my actions and attitude affect others around me. I understand that there are rules and policies in place to protect me and my fellow sponsors/campers, and I agree to follow those rules and policies. I understand that this will be an intense, tiring, and rewarding week as I seek to have a positive impact in the life of others. I commit to have a blast, be an encourager to others, lovingly engage all campers and leaders, and to make this the most memorable week of my life and of the campers I guide!

Adult Signature \_\_\_\_\_ Date \_\_\_\_\_



# Adult Sponsor/Leaders Reference Form

Hesperus Policy and Colorado Law require all Sponsors/Leaders at camp to provide three personal references. Please provide us with references from three individuals **not related to you**. Please have them complete their information **and remarks** on this form, or simply attach their information and remarks to this form. These references must accompany your Sponsor Registration Form at registration or you will not be allowed to participate in camp.

This Sponsor Reference is for: \_\_\_\_\_

## Reference #1

Name: \_\_\_\_\_

Date of Reference: \_\_\_\_\_ Relationship: \_\_\_\_\_

Comments of Reference (**must be completed**): \_\_\_\_\_

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## Reference #2

Name: \_\_\_\_\_

Date of Reference: \_\_\_\_\_ Relationship: \_\_\_\_\_

Comments of Reference (**must be completed**): \_\_\_\_\_

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## Reference #3

Name: \_\_\_\_\_

Date of Reference: \_\_\_\_\_ Relationship: \_\_\_\_\_

Comments of Reference (**must be completed**): \_\_\_\_\_

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## Child Protection Policies

### Discipline Guidelines & Abuse Reporting

Under Colorado Statutes, Hesperus Camp is responsible for the safety and welfare of all of our campers/guests. Under our Residential Camp Childcare License all sponsors/leaders of our groups share in that responsibility as an extension of our camp staff. As such it is mandatory that the following policies be understood and agreed to.

#### GENERAL CONDUCT

- Possession or use of beverage alcohol in any form is prohibited. Possession or use of any drugs, other than by prescription or obtainable "over the counter" is prohibited. Possession or use of any lethal weapon is prohibited on camp. **Unless you are staying in a locked private room, all medications are required to be turned in to the first aid staff at registration.**
- Leaders will respond to children and youth with respect, consideration and equal treatment, regardless of sex, race, religion, sexual orientation, culture or socio-economic status. Leaders will portray a positive role model for children and youth by maintaining an attitude of respect, patience, and maturity. They will avoid even the appearance of favoritism.
- One-to-one conversations with children or youth will be done in an open or public or other place where private conversations are possible but occur in full view of others.
- Leaders are prohibited from dating, becoming romantically involved with, or having sexual contact with a child or youth.

#### CHILD DISCIPLINE

Discipline shall be constructive or educational in nature and may include such measures as diversion, separation from problem situations, talking with the child about the situation or praise for appropriate behavior.

1. Campers shall not be subjected to physical harm, fear or humiliation.
2. Campers shall not be punched, shaken, bitten, roughly handled, pinched or subjected to any physical punishment.
3. Separation, when used as discipline, shall be brief and appropriate to the camper's age and circumstances and the camper shall be within hearing range of an adult in a safe, lighted, well ventilated place (not a locked room or closet).
4. No camper shall be punished for toileting accidents.
5. Verbal abuse or derogatory remarks about the camper, their family, race, religion or cultural background are not allowed.
6. Meals may not be denied to the camper as a disciplinary measure.
7. Authority to punish shall not be delegated to another camper.
8. If a camper needs to be sent home the Executive Director of Hesperus Camp must be involved.

#### CHILD ABUSE REPORTING

Under the "Child Protection Act of 1987" (C.R.S. 19-3-301) in the Colorado Children's Code, child care center workers are required to report suspected child abuse or neglect. The law at 19-3-304 states that if a child care worker has "reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect shall immediately report or cause a report to be made of such fact to the county department or local law enforcement agency."

"Abuse" or "child abuse or neglect" means an act or omission in one of the following categories which threatens the health or welfare of a child: skin bruising, bleeding, tissue swelling, or death; any case in which a child *is* subjected to sexual assault or molestation, sexual exploitation, or prostitution; any case in which a child *is* in need of services because the child's parents, legal guardian, or custodian fails to take the same actions to provide adequate food, clothing, shelter, medical care, or supervision that a prudent parent would take.

If at any time a staff member reasonably suspects child abuse, it *is* the responsibility of that staff member to report or to cause a report to be made of this suspicion to the **La Plata County Department of Human Services at 970-382-6150** or the **Sheriff's Office at 970-385-2900**. It *is* not staff's role to investigate suspected abuse--only to report it. Persons who make a good faith report are immune from civil and criminal liability. Additionally, the law provides for the protection of the identity of the reporting party.

A child care worker who fails to report suspected child abuse or neglect commits a class 3 misdemeanor and will be punished as provided in section 19-3-304(4)(a)(b), C.R.S. The staff person could also be liable for damages "proximately caused thereby."

I have read and understand the above requirements concerning my responsibility regarding child protection.

Printed Name

Signature

Date