Disciple NOW

November 7th to 9th, 2025

INFORMATION PACKET

PARENTS:

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

THE BASICS

Cost
Camp this year is $105/person.

Beginning and Ending Times
Camp begins at 5:00 pm on Friday and ends at 11:00 am on Sunday.

Cabin Assignments
Your camper will be in a cabin with sponsors and other campers from your church group as well as those from other churches

Spending Money
All aspects of your camper's camp experience are covered by the camp registration fee except for discretionary spending money. This money would be needed if your camper wants to purchase items from the concession stand in the afternoon or evening or if they want to purchase a souvenir such as a cap or t-shirt. Most concession items are under $2.00, and most souvenir items are under $20.

Guest Meals
Campers may invite guests to any meal. Please notify the camp office the day before the guests arrive and arrange for payment. Guest meals cost $10.00 each.

Medical Treatment
A nurse or qualified medical staff will be in residence at camp. **All campers 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 camper's registration checklist, and any items not completed will mean that they will not 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 Camper Registration Form.
- □ **Parent Signature** - Have your Camper Registration Form signed by parents/guardians.
- □ **Camper Signature** - Sign the CAMPER CONDUCT AGREEMENT at the end of the Camper Registration Form.

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

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CAMPER:

We are excited that you will be joining us for a high-quality, high-energy 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 the information to help prepare you for a fantastic camp experience.

You will have an incredible opportunity to meet new people, make new friends, participate in worship, study the Bible, have crazy fun recreation, enjoy campfires, and just have an enjoyable time with other campers your age. This can be one of the most memorable times of your life if you will plan to engage the opportunities offered you.

We cannot wait to be a part of your experience and look forward to your arrival. See you soon!

WHAT TO BRING TO CAMP

Hesperus is a camp set high in the Rocky Mountains at over 8000'. Even during the summertime 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 your items are labeled with your name.

- ☐ Bedding/Pillow for a twin-size bed (sleeping bags work great)
- ☐ Warm Pants/Jeans
- ☐ Socks/Underwear (bring extra socks)
- ☐ Boots/Shoes (insulated boots for outside, shoes for inside)
- ☐ Toiletries (toothbrush, toothpaste, soap, shampoo, contact solution, etc.)
- ☐ Warm Coat
- ☐ Warm Hat
- ☐ Warm Gloves
- ☐ Towel & Wash Cloth
- ☐ Bible, Pencil, and Paper
- ☐ Sunscreen
- ☐ Flashlight
- ☐ 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:

Tandem Zip Lines
Volleyball
Basketball
Disc Golf
9 Square in the Air
Gaga Ball
Horseshoes
Field Games

hesperus CAMP | **dNOW**
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FOR OFFICE USE ONLY
☐ Information
☐ Release Signature
☐ Conduct Signature

MINOR REGISTRATION FORM

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

CAMPER INFORMATION

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

Parent/Guardian
Name (first) _____ (last) _____ Relationship _____
Physical Address (if not camper's address) _____
City _____ State _____ Zip Code _____
Home Phone (_____) _____ Cell Phone (_____) _____
Work Phone (_____) _____ E-Mail _____
Place of Employment _____ Employer Address _____

Emergency Contact
Name (first) _____ (last) _____ Relationship _____
Physical Address _____ City _____ State ____ Zip Code _____
Home Phone (_____) _____ Cell Phone (_____) _____

Persons authorized to take camper from camp
Name _____ Relationship _____
Physical Address _____ City _____ State _____ Zip Code _____
Home Phone (_____) _____ Cell Phone (_____) _____
Name _____ Relationship _____
Physical Address _____ City _____ State _____ Zip Code _____
Home Phone (_____) _____ Cell Phone (_____) _____

Persons NOT authorized to take camper from camp.
Name _____ Relationship _____
Name _____ Relationship _____

Activities Restriction: Camper MAY NOT participate in _____

HEALTH INFORMATION

Hesperus Camp operates under a Child Care License in the State of Colorado. To maintain that license, we must strictly adhere to several 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 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 five primary categories, each of which affects 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 camper has had contact in the last two weeks. (common cold, strep throat, pink eye, etc.)

_____

Check if your camper 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 a 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 (accompanied by written Physician and Parent authorization), which the individual must carry with them always. The regulations also require that absolutely **NO** medications may be administered to your camper without a **HEALTH CARE PROVIDER AUTHORIZATION form**. As such, your physician must specifically authorize ANY medication your camper may potentially need, such as Benadryl, Pepto Bismol, Tylenol, etc., and **you must send it with your camper**. **The camp will not provide OTC medications**. **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 accompanied by a ***HEALTH CARE PROVIDER AUTHORIZATION to ADMINISTER MEDICATION*** form, and the form must be signed by the PHYSICIAN and the PARENT. A form is attached. Please make as many copies as needed. You may already have a form for this purpose, and it may be used if it contains the exact information required by our form.
- Each medication must be in the **ORIGINAL PHARMACY LABELED CONTAINER** (including OTC medications).

Health Care Provider Authorization to Administer Medication

Camper's Name: _____ Birthdate: _____

MEDICATION 1: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____
To be given at the following time(s): _____
Special Instructions: _____
Purpose of medication: _____
Side effects that need to be reported: _____

MEDICATION 2: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____
To be given at the following time(s): _____
Special Instructions: _____
Purpose of medication: _____
Side effects that need to be reported: _____

MEDICATION 3: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____
To be given at the following time(s): _____
Special Instructions: _____
Purpose of medication: _____
Side effects that need to be reported: _____

MEDICATION 4: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____
To be given at the following time(s): _____
Special Instructions: _____
Purpose of medication: _____
Side effects that need to be reported: _____

Health Care Provider Name **License Number** **Phone**

Health Care Provider Signature **Date**

I, the parent/guardian of _____ give permission for Hesperus Camp medical staff to administer the above stated medication according to the Health Care Provider's instructions, and for the Provider to share medical information with camp staff. I understand that:

- PRESCRIPTION MEDICATIONS must be in the original container upon arrival at camp. **Prescription medicines MUST have the original pharmacy label** with the above information, and the pharmacy information.
- OVER THE COUNTER (OTC) MEDICATIONS must be in the original container labeled with the camper's name, and the dosage must match the signed Health Care Provider authorization.
- I MUST PROVIDE ALL MEDICATIONS, as Hesperus Camp will NOT provide any medications.

Parent/Guardian Name Parent/Guardian Signature Date

Home Phone Cell Phone Work Phone

*****Duplicate Form as Needed*****

OTHER TREATMENTS

Under our Child Care License, we are disallowed from offering or administering certain topical applications without specific written parental consent.

The camp will assume, by your signature of this registration form, that you consent to administering of typical topical applications (such as bug spray, petroleum jelly, sunscreen, etc.) as deemed beneficial and according to product labels. ***Regarding sunscreen, the camp will assume that your camper has been given adequate instruction at home about how to care for skin exposed to the sun, either by limiting exposure, applying sunscreen, or by wearing appropriate clothing. We will assume that your camper has brought with them everything they need (sunscreen or clothing) to fulfill your instructions.*** *The camp has sunscreen available at First Aid if they request it. We offer a* ***common brand of SPF 50*** *lotion. Your camper will be instructed on, and responsible for, reapplication according to the label.*

If you **DO NOT AGREE** to these topical treatment policies, please indicate below by **INITIALING** next to your exception(s).

Bug Spray, Petroleum Jelly (Vaseline), etc.:

- I **DO NOT** authorize administration of typical topical applications such as Bug Spray, Petroleum Jelly (Vaseline), etc. _____

Sunscreen:

- My camper may only use the sunscreen or clothing that I have provided for them. They will **keep it in their room** and will be responsible for using it. It is labeled with their name. _____

- My camper may only use the sunscreen that I have provided for them. They will **turn it into First Aid** and will be responsible to ask for it before going outside for extended periods. It is labeled with their name. _____

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 your camper to help us make their time at camp safe and enjoyable. (ex: sleepwalking, drug mood changes, etc.) _____

RELEASE AND WAIVER OF CLAIMS

If my camper should need emergency medical care or attention, Hesperus Baptist Camp (HBC) or any one of its agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care, or hospitalization, to my camper as is recommended or suggested by a health care professional.

If such emergency care is provided to my camper, I understand that my camper's health insurance information will be given to the health care professional and that any expenses not covered by my camper's 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 on behalf of my camper.

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 give authority and permission for my camper to be transported from, or otherwise leave HBC property as needed for the purposes of participation in supervised off-site program/recreational activities as described in the Parent Information Sheet. 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 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 camper's participation and observing of such recreational activity.

Furthermore, in consideration of my camper being allowed to attend HBC, I, on behalf of myself and my camper, hereby waive, and I hereby agree to indemnify and hold harmless HBC, its agents or employees, against any and all causes of action, rights, claims or suits which I or my camper may have against HBC, its agents or employees as a result of injury to my camper, including, but not limited to: (1) injuries arising from my camper's 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 my camper.

I give authority and permission to HBC, its staff, or its agents to inspect my camper's belongings while at HBC. I understand that HBC is a place where many campers seek counsel and advice from adult leaders, staff, sponsors, and others. I hereby consent to my camper receiving spiritual counsel during their time at HBC.

I have received and read the Parent Information Sheet about HBC including the list of recreational options, and I have received satisfactory answers to all my questions about such information. **I understand that my camper may not participate in camp without completing this "Minor Registration Form."**

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Printed) _____ Relationship to Camper_____

PHOTO RELEASE AUTHORIZATION

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

Parent/Guardian Signature _____ Date _____

CAMPER CONDUCT AGREEMENT

I understand that I am voluntarily participating in 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 campers, and I agree to follow those rules and policies. I commit to have a blast, be an encourager to others, respect my fellow campers and leaders, and to make this the most memorable time of my life!

Camper Signature _____ Date _____