



Introducing Jesus Christ  
in the Heart of the Rockies

## Camp Salvation Camper Registration

1. Complete the Registration (2 pages) and Medical Packet (3 pages)
2. Mail to: Kendra England, 12215 Sleeping Bear Road, Peyton, CO 80831
3. All paperwork must be complete and accurate for campers to be admitted.

<b>Office Use</b>	
<b>Only</b>	
PS: ___	CS: ___
H: ___	\$: ___

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ Home Phone: \_\_\_\_\_ Circle: *Female* *Male*

Birth date: \_\_\_\_\_ Likes To Be Called: \_\_\_\_\_ Age at Camp time: \_\_\_\_\_ Grade in the Fall: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

GUARDIAN 1 NAME: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Name & Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

GUARDIAN 1 NAME: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Name & Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

CHILD LIVES WITH (Circle): *Both parents* *Mom* *Dad* *Grandparents* *Other:* \_\_\_\_\_

HOME CHURCH: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**ALTERNATE CONTACTS** In addition to those already listed, two more contacts are required. The following have your permission to sign my child out from camp and may be contacted in an emergency if you cannot be reached:

NAME \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

NAME \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

Please list anyone who is **not** authorized to pick your child up from camp:

NAME \_\_\_\_\_ Relationship: \_\_\_\_\_ - \_\_\_\_\_

NAME \_\_\_\_\_ Relationship: \_\_\_\_\_ - \_\_\_\_\_

**Please complete the registration worksheet below. Checks can be made to Camp Salvation.**

Please indicate which camp week:	Registration Fee	Pre-registration discount (Save \$10 if mailed before 5/15)	Total Registration Cost
<input type="checkbox"/> <b>Junior High Week 1: June 7-12</b> (Monday-Saturday) - Ages 11-14, Grades 6th-9th	<b>\$90</b>		
<input type="checkbox"/> <b>High School Week 1: June 14-19</b> (Monday-Saturday) - Ages 14-18, Grades 9th-12th	<b>\$95</b>		
<input type="checkbox"/> <b>Elementary Week 1: June 22-26</b> (Tuesday-Saturday) - Ages 8-11, Leaving 3rd-6th	<b>\$85</b>		
<input type="checkbox"/> <b>High School Week 2: July 5-10</b> (Monday-Saturday) - Ages 14-18, Grades 6th-9th	<b>\$95</b>		
<input type="checkbox"/> <b>Junior High Week 2: July 12-17</b> (Monday-Saturday) - Ages 11-14, Grades 6th-9th	<b>\$90</b>		
<input type="checkbox"/> <b>Elementary Week 2: July 19-23</b> (Monday-Friday) - Ages 8-11, Leaving 3rd-6th	<b>\$85</b>		

<b>Roommate Requests:</b>	
1. _____	2. _____

<b>Love Offering or Donation</b>	
<b>Total Amount Enclosed</b>	

## Terms of Agreement

**Admissions: Rules for acceptance are the same for everyone without regard to race, color, nationality, gender, religion, or disability.** Camp Salvation is not a treatment center, and staff, who are all volunteers, are not trained to deal with campers who have severe mental, physical, or emotional difficulties. We do not want to neglect anyone, so we request that an Adult Sponsor be sent to assist special needs campers. This will ensure that neither their needs or the needs of the other campers in their cabin are neglected. If no Adult sponsor is provided for your special needs camper, we reserve the right to refuse admission to our programs; per the General Rules for Child Care Facilities 7.701.14 and 7.702.61c. Please see our website for more information.

**Registration Process:** Registrations must be postmarked by May 15<sup>th</sup> to receive the pre-registration discount. It is advised that you call for bed availability after that date. As weeks reach capacity, campers will be placed on a waiting list. Campers may only register for one week. It is our desire to serve as many campers as we can. If your camper is interested in attending a second week, you may indicate that on this form but understand that they will be placed on a waiting list for their second choice. You will be notified a week before if there is availability. Registrations must be complete to be accepted. All paperwork must be submitted no less than two weeks before arriving at camp.

**Day of Admissions Process:** Transporting adults will check their campers in at the Office. Upon arrival to Camp, all paperwork will be checked to ensure it is correct and complete. Transporting adults will turn in all medications (including over the counter medications) to the nurse, who will perform a quick assessment. This is not a physical. Please keep campers home if they are sick or have lice.

**Cancellation and Dismissal Policy:** Cancellations made more than two weeks before the date registered will be refunded. Any cancellation after that time will only be refunded for medical reasons and must be accompanied by a letter from the attending physician.

- Camp Salvation reserves the right to dismiss any camper whom the staff believes presents a safety concern, medial risk, is disruptive, or otherwise conducts themselves in a manner detrimental to the camp community, no refund will be issued for dismissal.

**Camp Rules and Expected Behavior:** Campers should come to camp with the intention to grow closer to God, meet new people, and have fun. Campers are expected to participate and get the most of every activity at Camp. Phones are not to be a distraction. Don't bring a bad attitude to Camp or a desire to do wrong. **We want you to hear God better while at Camp Salvation.**

- **Clothes:** The dress code at Camp is the same for everyone so that we are not a distraction to each other. No sleeveless shirts, all shorts need to come to the knee, and no tight or revealing clothing.
- **Prohibited Items:** There is zero toleration for drugs, tobacco, or alcohol. Please leave any "noise" that keeps you from hearing God at Camp, for example: non-Christian music, headphones, and video games. Please leave valuables and weapons at home, this includes pocket knives. The only reason a camper should bring food with them is for medical necessity. This exception should be discussed with Camp Staff prior to registration.

**Parent Permission:** I realize there are inherent risks involved in participating in Camp activities. In case of emergency I understand that every effort to contact me will be made. If I cannot be reached, I give my permission to the physician selected by an authorized staff member to hospitalize and give proper treatment to my child if necessary for the safety and well being of my child and other people at Camp Salvation.

**I acknowledge**

- that failure to comply with these terms might result in a refusal of admission.
- that if my camper is dismissed for being a safety concern, disruption, or for conducting themselves in a detrimental manner, I will not be refunded.

**I give my permission for (Camper's Name) \_\_\_\_\_**

- To participate in all Camp activities except the following \_\_\_\_\_.
- To allow Camp Salvation to use any pictures my child is in for promotional use.
- To be transported by staff for supervised off-site activities in staff/Camp vehicles.

**By signing below, you are consenting to the above guidelines unless otherwise noted.**

Parent / Guardian Signature:

Date:

**Camper Pledge:** I realize there are inherent risks involved in participating in Camp activities and in signing this application I am accepting the risks. I promise to keep the Camp's rules and policies as stated above and as explained at Camper Orientation.

**By signing below, you are agreeing to the above guidelines unless otherwise noted.**

Camper's Signature:

Date:

## Important Medical Packet Checklist

### PLEASE ENSURE THE FOLLOWING BEFORE CHECKING YOUR CAMPER IN TO CAMP

- Camp has been notified if my camper has food allergies or special needs.
- All Medical Packet forms must be submitted no less than two weeks before the camper arrives at camp. This is required to be in compliance with our child care license.
  - Statement of Health and Consent Form, signed by parent/guardian **and** physician
  - Medications Authorization Form, signed by parent/guardian **and** physician
  - Immunization Record, a photocopy is acceptable. If not available, fill out the correct section of the page.
- All required physician and parent/guardian signatures are provided.
- All medications are in original pharmacy labeled bottles or over the counter containers. If brought in an unlabeled container or baggie, it will **not** be accepted and the camper will **not** be allowed to stay.
- Inhalers and Epinephrine injectors must have pharmacy labels on the box or the inhaler/epi injector itself. If you need an extra label, contact your pharmacist or physician's office. Hand written names are **not** acceptable.
- Medication will **not** be accepted with an expired date.
- ALL** medications must have a completed Medication Authorization Form for **each** medication provided. This form must be signed by the parent/guardian and physician.
- All medication must be turned in to the nurse upon arrival, including over the counter medication. There is to be **no** medication in camper's bags.
- Put all medications in a gallon size ziploc bag with your child's name labeled on it.

## COVID-19 Protocols for 2021

Please complete the following documents:

- COVID-19 Screening Questionnaire (two needed, one 7 days before arrival at camp and the other before leaving for camp)
- COVID-19 Waiver

Please call Kendra England at (719) 469-5390 with questions or concerns.

# Camp Salvation Statement of Health, Medical Packet page 1 of 3

**This must be filled out and sent in every year for Campers and Staff, we are not allowed to reuse last year's copy on file, per Colorado Law.**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**In case of emergency please contact (Primary Contacts):**

1. Name/Relation \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name/Relation \_\_\_\_\_ Phone # \_\_\_\_\_

**Known Allergies and description of reactions:**

\_\_\_\_\_  
\_\_\_\_\_

Has the camper had any **Past Illnesses, Surgery, Accidents, or Chronic Health** problems we should know about? (This information is for the Camp Nurse's use)

\_\_\_\_\_  
\_\_\_\_\_

Describe any **physical condition** requiring the camp's special attention.

\_\_\_\_\_  
\_\_\_\_\_

Any other helpful information:

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE DO NOT SEND YOUR CHILD TO CAMP IF THEY ARE ILL OR HAVE LICE.**

**Parent Authorization:** I authorize Camp Salvation staff to obtain and provide medical care for me or my camper, to transport me or my camper to a medical facility, and to provide treatment they consider necessary for mine or my camper's health. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I agree to pay all costs associated with any medical care and or/transportation, including medial and/or airlift evacuation and related expenses.

**Parent/ Legal Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Please attach a current physical if available. If a physical is not available, the following is to be filled out by a licensed Physician or other Health Care Professional that has seen the individual in the last 24 months.

**Health Care Provider:** This section to be completed by your healthcare provider only:

Date of exam: \_\_\_\_\_ Physician's Comments: \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Heart rate \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Respiratory System \_\_\_\_\_

**I verify that** \_\_\_\_\_ **Is cleared to participate in all Camp activities unless otherwise stated.**

**Health Care Provider** \_\_\_\_\_ **Date:** \_\_\_\_\_

Health Care provider's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

# Camp Salvation Medications Administration Form, Medical Packet page 2 of 3

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

In order for the Camp Nurse or first aid responder to administer medications they deem appropriate (and only according to the directions) please check any of these over the counter meds you would **approve** of:

- |  |                   |                |
|--|-------------------|----------------|
| ____ Acetaminophen (Tylenol)                   | ____ Pepto-Bismol |                |
| ____ Ibuprofen (Advil, Motrin)                 | ____ Tums         |                |
| ____ Antibiotic Ointment (for minor abrasions) | ____ Sunscreen    | ____ Bug Spray |

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Administration of Prescription Medication

**Separate forms are required for each medication**

The parent/guardian of \_\_\_\_\_ asks that Camp Salvation Staff give the following medication \_\_\_\_\_ at \_\_\_\_\_  
(name of medication & dosage) (time(s) and schedule)  
to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

Camp Salvation agrees to administer medication prescribed by a licensed health care provider. Any unused medications will be available for parent pick up at the end of each camp week.

- **Prescription medications** must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped, along with the licensed health care provider's name. The pharmacy name and phone number must also be included on the label. Pharmacists may provide a separate bottle with a complete printed label to keep at Camp Salvation.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with staff delegated to administer medication.

Parent/ Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

## Healthcare Provider Authorization to Administer Medication

**(Every Form Must have this section signed by a Healthcare Provider)** This section must be filled out to give Camp permission to administer any prescription as well as the over the counter meds listed above.

Child's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route \_\_\_\_\_

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

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

Purpose of Medication: \_\_\_\_\_

Side effects that need to be reported: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date \_\_\_\_\_

\_\_\_\_\_  
**Signature of Health Care Provider with Prescriptive Authority** **Date**

Provider's Name and Phone Number \_\_\_\_\_

# Camp Salvation Immunization Record or Exemption, Medical Packet page 3 of 3

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

Please attach an updated copy of the camper's immunization record. If one is not available, please fill out the appropriate section below.

Name _____		Date of Birth _____	
<b>STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)</b>			
<b>IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.</b> <b>SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.</b>			
<b>MEDICAL EXEMPTION:</b> The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions. <b>EXENCIÓN POR RAZONES MÉDICAS:</b> El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.			
Signed (Firma) _____		Date (Fecha) _____	
Physician (Médico)			
<b>RELIGIOUS EXEMPTION:</b> Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations. <b>EXENCIÓN POR MOTIVOS RELIGIOSOS:</b> El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.			
Signed (Firma) _____		Date (Fecha) _____	
Parent, guardian, emancipated student/consenting minor (Padre, tutor, estudiante emancipado o consentimiento del menor)			
<b>PERSONAL EXEMPTION:</b> Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations. <b>EXENCIÓN POR CREENCIAS PERSONALES:</b> Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.			
Signed (Firma) _____		Date (Fecha) _____	
Parent, guardian, emancipated student/consenting minor (Padre, tutor, estudiante emancipado o consentimiento del menor)			
CDPHE-IMM CI RCRRev. 8/07			

# COVID-19 SCREENING QUESTIONNAIRE

**TWO (2) forms must be completed for EACH GUEST:**

- (1) Seven days prior to camp
- (2) The day boarding transportation to come to camp

TEMPERATURE READING: \_\_\_\_\_

NAME: \_\_\_\_\_

DATES ATTENDING CAMP: \_\_\_\_\_

**In the past 7 days, has the above-named experienced any of the following?**

- Y or N** FEVER (100.4°F or 38°C or higher)
- Y or N** COUGH
- Y or N** SHORTNESS OF BREATH
- Y or N** FATIGUE
- Y or N** HEADACHE
- Y or N** SORE THROAT
- Y or N** MUSCLE ACHES
- Y or N** LOSS OF TASTE OR SMELL
- Y or N** NAUSEA, VOMITING, or DIARRHEA
- Y or N** Been exposed to anyone diagnosed, tested positive, quarantined, or isolated for COVID-19?

**If YES was circled above, please share details below:**

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I attest that the above information is accurate to the best of my knowledge.

\_\_\_\_\_  
Adult -OR- Parent/Guardian Signature

\_\_\_\_\_  
Date of Screening

## COVID-19 Waiver

In exchange for participation at Camp Salvation Bible Conference ("CAMP"), of 17422 County Road 11, Weston, Colorado, 81091 and/or the use of the property, facilities, and services of CAMP, I agree for camper (CAMPER), to the following:

**ASSUMPTION OF RISK.** CAMPER and family expressly understand and agree that CAMPER's use of CAMP's facilities and premises presents known and inherent risks to CAMPER regarding any potential and/or actual infection of Covid-19 and/or any related illness, the result of which may be both serious and minor, including but not limited to, cough, fever, pneumonia, hospitalization, and death. CAMPER and family are responsible for evaluating the risks that they may face. CAMPER and family has done so, and by signature below and engaging in CAMP activity, in exchange for the opportunity to voluntarily participate in the Camp Salvation Work Week, has assumed the risks and is responsible for their actions. CAMPER and family further recognizes, understands, and agrees that CAMP assumes no responsibility for any liability, damage, or injury relating to or resulting from Covid-19 that may be caused by the negligent, grossly negligent, or willful acts or omissions committed prior to, during, or after use of CAMP's facilities and premises by CAMPER.

**ACKNOWLEDGMENT OF SAFETY MEASURES TO BE UTILIZED BY CAMPER AND CAMP SALVATION.** CAMP hereby acknowledges that it will seek to take certain safety measures to help prevent, as best it reasonably can, infection or spread of Covid-19. Such safety measures include the following: cleaning and disinfecting publicly used spaces and providing hand sanitizer. CAMP will also stay apprised of any recommendations of the CDC and will consider action accordingly. Further, CAMP may remove any safety measures listed herein once the CDC or the United States, state, or local governments deem such measures are no longer necessary. CAMPER acknowledges that it will also take certain safety measures to help prevent, as best it reasonably can, infection or spread of Covid-19. Such safety measures include: ensuring that CAMPER does not have any symptoms of Covid-19 prior to entrance onto or use of CAMP's facilities and premises, use of handwashing and hand sanitizer on a regular basis while on CAMP's premises.

**INDEMNIFICATION AND HOLD HARMLESS.** CAMPER and family specifically understand that they are personally responsible for their actions and omissions, and any resulting sicknesses or injuries relating to or resulting from Covid-19 and agrees to indemnify, defend, and hold harmless, including from reasonable attorneys' fees and/or any other associated costs, CAMP, and its predecessors, successors, assigns, officers, directors, trustees, faculty, employees, volunteers, agents, and legal representatives, from any and all actions, claims, or demands that CAMPER, and assigns, have or may have for any and all sicknesses or injuries relating to or resulting from Covid-19, CAMPER may suffer or sustain, regardless of cause or fault, as a result of their voluntary decision to utilize the facilities and premises of CAMP, caused by any act or omission of CAMP and/or CAMPER, its employees, visitors, and volunteers resulting from utilizing the facilities and premises of CAMP.

**WAIVER OF CLAIMS.** In consideration of being allowed to utilize CAMP's facilities and premises, CAMPER, hereby waives any and all claims, demands, damages, actions, or suits, in law or in equity, whether heretofore or hereafter accruing, or whether now known or not known to the parties, which may arise from any negligent or grossly negligent act or omission of CAMP, or its predecessors, successors, assigns, officers, directors, employees, volunteers, agents, or legal representatives (collectively referred to herein as "Releasees"), including but not limited to claims for negligence, gross negligence, personal injury, and mental anguish, for or because of anything done or omitted, or suffered to be done, directly or indirectly related to CAMPER'S use of and entrance upon CAMP's facilities and premises relating to or resulting from possible or actual exposure to Covid-19. Releasor further waives any and all liability of Releasees for their negligence or gross negligence causing any accident, illness, injury, loss or damage to personal property, or any other consequences arising or resulting directly or indirectly from CAMPER's use of and entrance upon CAMP's facilities and premises. CAMPER and family acknowledge and agree that Releasees assume no responsibility for any liability, damage, or injury that may be caused by the negligent, grossly negligent, or willful acts or omissions committed prior to, during, or after CAMPER'S use of and entrance upon CAMP's facilities and premises. By signing this agreement Releasor is giving up legal rights.

I, the parent/gaurdian of \_\_\_\_\_, agree on behalf of the named minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority and custody of the above named minor.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



## Please copy or keep this page for your reference.

**Camp Check-In** – Please drop campers off between 1:00 pm and 4:00 pm on the first day of each Camp week. The first official Camp activity on check-in day is at 5:00 pm. Please note that lunch is **not served** on Check-In day.

**Camp Check-Out** – Any time between 9:00 am and 11:00 am on the last day of Camp. Please note that lunch is **not served** on checkout day.

### Camp Salvation Camps 2021

#### Junior High Week 1: June 7-12 (Monday-Saturday)

- Ages 11-14, Grades 6th-9th

#### High School Week 1: June 14-19 (Monday-Saturday)

- Ages 14-18, Grades 9th-12th

#### Elementary Week 1: June 22-26 (Tuesday-Saturday)

- Ages 8-11, Leaving 3rd-6th

#### High School Week 2: July 5-10 (Monday-Saturday)

- Ages 11-14, Grades 6th-9th

#### Junior High Week 2: July 12-17 (Monday-Saturday)

- Ages 11-14, Grades 6th-9th

#### Elementary Week 2: July 19-23 (Monday-Friday)

- Ages 8-11, Leaving 3rd-6th

### Packing List:

- Excitement and a great attitude
- Bible, notebook, pens
- Sleeping bag
- Heavy blanket
- Pillow
- A fitted twin sized sheet to cover the mattress
- Personal hygiene items
- Towel
- Clothes that meet dress code
  - o No sleeveless shirts, all shorts need to come to the knee, and no tight or revealing clothing
- Heavy jacket
- Rain jacket
- Shoes (some weeks can be wet and muddy)
- Hiking shoes

### Camp Salvation Contact Information:

#### Registration/Medical Packet/Dietary Needs and Other Questions:

Kendra England (719) 469-5390

#### Camp Phone:

(719) 868-3361

Camp Salvation  
17422 Country Road 11  
Weston, CO 81091