

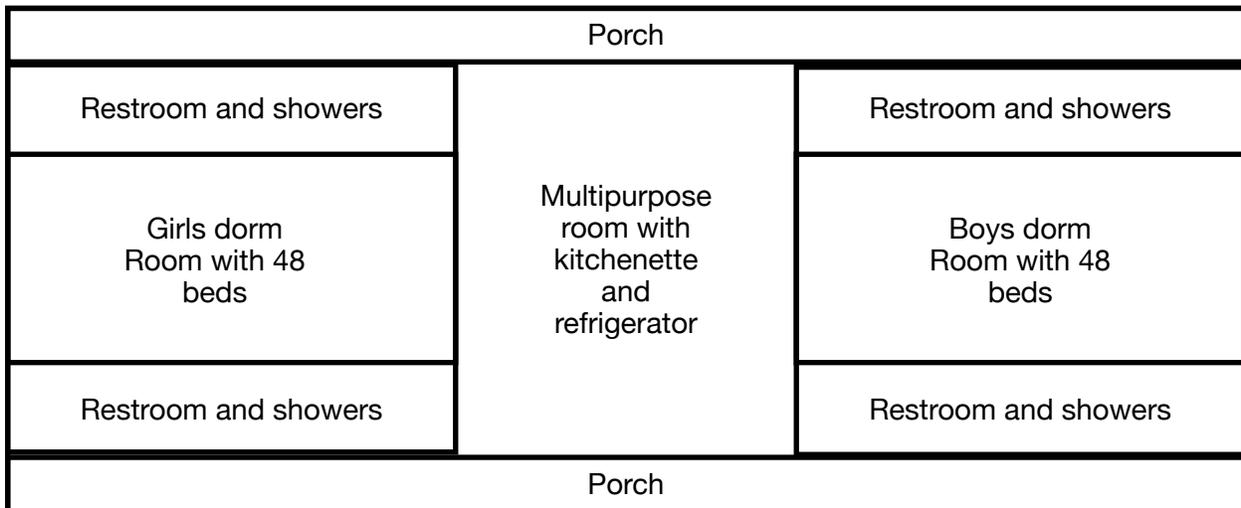
Summer Camp 2025

Summer Camp 2025 Parent information form (Please keep this form)

- Summer Camp Dates: July 7 to July 11
- We will meet at the back of the church (by the gym) on Monday at 1:30pm to pack up and finish registration
- We leave HBC campus at 2:30pm sharp.
- We will be arriving back the the HBC campus on Friday, July 11 around 2pm (depending on drive time).

Camp this year will be at Trinity Pines Conference Center
www.trinitypines.org
4341 FM 356, Trinity,
TX 75862
936-594-5011

While at Trinity Pines we'll be staying at Morris Group House (see picture below). There's one wing for the boys and the another wing for the girls. Both wings are separated by a large Multipurpose room (along with "Safe Conduct Awareness Trained" and background checked adults). Please visit the Trinity Pines website for more details about Morris Group House.



Some of the activities that we'll be participating in include; studying the bible, praying, singing, a gift shop, a ropes course, zip line, pool, lagoon, lake blob, putt putt golf, frisbee golf course, covered basketball court, sand volleyball, Gaga ball pits, paddle boats, kayaks, outdoor sports activities, fishing, campfire & smores, archery tag, gel blasters, and various competitive and noncompetitive games.

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Summer Camp 2025 Code of Behavior Form (Please sign and return this to Doug)

Expected behavior of each student/youth include but are not limited to:

1. Participation is strongly encouraged (unless your youth has a health issue)
2. No cussing, foul language, inappropriate speech/conversations
3. Curfew times must be observed- no sneaking out between 10pm-7am
4. Disrespectful actions/speech towards camp leaders and/or other campers will not be tolerated
5. No bullying and No fighting*

Each camper will receive 2 verbal warnings for behavior issues. The first warning will be between two youth leaders and the camper. The second warning will include two youth leaders and a parent via phone. If there is another violation of behavior standards after the second warning, a determination on sending the camper home will be made by the youth pastor (Doug Horton). Campers that are asked to leave after receiving 2 verbal warnings will go home at the expense of the parents and no refund or reimbursement will be made.

*Campers who fight will not receiving any warnings- they will be asked to leave at the expense of their parents and no refund or reimbursement will be made.

Parent and Student Release Statement:

As parent/legal guardian of _____, I have reviewed the information about HBC Youth Summer Camp and give my permission for the subject of this release to be involved in the overall activities and in the specific activities above (page one).

- I/We have reviewed the rules of HBC Youth Summer Camp and agree that the subject of this release will abide by them (page two). I/We also acknowledge that if the subject of the release has to return home early for discipline violations it will be at my/our expense.

Parent/Guardian Name: _____

Signature: _____ Date _____

Student Signature: _____ Date _____

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MANDATORY HEALTH FORM
Harvest Bible Church Camp 2025

(Please print)

Name of student _____ Date of birth _____ Age _____

Address _____ City _____

State _____ Zip _____ Phone # (_____) _____ Sex _____

Height _____ Weight _____ Social Security # _____

Emergency Contact Person:

Parent/Guardian Name _____

Address (If different than student) _____

City _____ State _____ Zip _____

Phone # (Cell) _____ (Home) _____

Alternate Contact Person (Use someone near the primary contact)

Name _____

Phone # (Cell) _____ (Home) _____

Address _____

City _____ State _____ Zip _____

HEALTH INSURANCE INFORMATION

Do you have health insurance? Yes ___ No ___

Name of Insurance company: _____

Policy # _____ Group # _____

In whose name is the insurance: _____

Family doctor _____ City _____ Phone # _____

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Health History

List any pre-existing or present medical conditions: _____

List name and dosage of any current medications being taken: _____

Any allergies? ___ To medications? ___ hay fever ___ heart condition ___

diabetes ___ insect stings ___ epilepsy/nervous ___ asthma disorders ___

frequent upset stomach ___ physical handicap ___

Any major illnesses during the past year? _____

If any of the above are checked, please give details (for example, include normal treatment of allergic reactions)

Date of last tetanus shot _____ Contact lenses? Yes ___ No ___

Any activity restrictions? Yes ___ No ___ What? _____

Parental Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the persons listed on this form. In the event the parent/guardian cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, secure medical treatment, order an injection, use anesthesia, perform surgery, and/or any medical procedure for my child as deemed necessary.

I understand all reasonable safety precautions will be taken by the Harvest Bible Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Harvest Bible Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, and/or injuries incurred by the subject of this form.

Signature of Student (if over 18 years of age) _____

Parent/Guardian Signature _____ Date _____

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Over the Counter Medication Permission Form

This authorization will give our Youth Leaders permission to dispense medications to your camper. OTC Medication's dose and schedule will be per package recommends. Please return this form with your child's medical form.

Camper's Name _____ Birthdate _____ Weight: _____

Any Allergies: _____

Medication	Indication	Permission	
Advil (Ibuprofen)	Fever, headache, pain	Yes	No
Tylenol (Acetaminophen)	Fever, headache, pain	Yes	No
Imodium (Loperamide)	Diarrhea	Yes	No
Topical "first aid" (Neosporin, triple antibiotics, Bactine, Benadryl similar products containing antiseptic, antibiotics and/or topical pain relief)	First aid for cuts, scratches, bites and skin abrasions	Yes	No
Sun Screen/aloe vera/Solarcaine	Sun burn relief/prevention	Yes	No
Antacids/TUMS/Pepto-Bismol	Upset stomach/nausea/diarrhea	Yes	No
Topical antiseptics (alcohol, hydrogen peroxide, Betadine)	Antiseptics	Yes	No
Dramamine	Motion sickness	Yes	No
Cough syrup (Dimetapp, Robitussin)	Congestion/cough	Yes	No
Lozenges	Sore throat/cough	Yes	No
Topical bite/ toxin neutralizers (Afterbite/ baking soda/vinegar)	bite/sting relief	Yes	No
Swimmers ear prevention drops	Ear ache prevention	Yes	No
Benadryl oral	Allergy symptoms	Yes	No
Hydrocortisone cream	bite/sting relief	Yes	No
Calamine lotion	pain/itch relief for minor skin irritations	Yes	No

I hereby certify that I have read and understand this document and I authorize the youth leaders of HBC to give medication to the above minor as needed.

Name: _____

Signature: _____ Date: _____

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****Prescription Medication Form For HBC****



Trinity Pines has medical staff onsite and on duty 24 hours a day for emergencies. However, for the safety of each camper, all medication, prescriptions, and/or non-prescription drugs will be held and administered by a HBC youth leader.

If prescription medication is needed during camp it must:

- 1. REMAIN IN THE ORIGINAL CONTAINER**
- 2. Be put in a zip-lock bag**
- 3. Have the form at the bottom of this page inside the zip-lock bag**
- 4. And the form must be filled out clearly and legibly.**

**I hereby certify that I have read and understand this document and I authorize the youth leaders of HBC to give medication to the below stated minor as needed.

Minor's Name: _____ Parent/Guardian _____

Parent/Guardian Signature: _____ Date: _____

Please do not send any medication unless it is absolutely necessary.



PLACE THIS FORM IN THE ZIP-LOCK BAG

Camper's name: _____

Name of medication: _____

Dosage & time & frequency: _____

Parent's name: _____

Cell phone: _____

Home phone: _____

Doctor's name: _____

Doctor's phone: _____

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>>>>> NO CELL PHONES <<<<<<

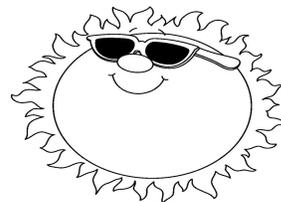
Camp list:

- BED LINENS & PILLOWS ARE PROVIDED! If you would like to bring an extra pillow or sleeping bag, that's fine. But Trinity Pines provides sheets, blankets, pillows, and pillow cases.
- 3 towels. One for swimming and two for showers
- Swimsuit (girls need a one-piece or tankini that covers the midriff)
- TOILETRIES: soap (liquid bath soap is recommended), shampoo/conditioner, toothbrush, toothpaste, deodorant, etc.
- Bible, notebook, and pen
- Insect repellent
- Flashlight and extra batteries
- Shower shoes (flip-flops work well)

Clothing:

A **change of clothes for each day** is necessary, as well as extra sets.

- Shorts (at least 3 inch inseam)
- Shirts. Loose fitting, light colors for the heat, and covers the midriff
- Undergarments
- Socks (to ankle or above), 2 pair per day, please!
- 1 pair of long pants (just in case)
- 2 sets of pajamas
- Rainy / Messy clothes
- **2 pair of closed toe & or tennis shoes. Campers may wear Crocs or sandals to the pool only.**
- Water shoes or old tennis shoes for water events
- Sunscreen
- Laundry bag
- Backpack/bag
- **Water bottle with a secure lid**
- Rain gear (just in case)
- **>>Plastic trash bag for wet towels or clothes to take home<<**



Medications **must** be checked in by parents the Monday morning we are leaving.
HBC volunteers need to know the timing and dosage for each camper.

Summer Camp 2025



Participant Registration & Release Form

4341 FM 356 • Trinity, TX 75862 • 936-594-5011 • www.trinitypines.org

INSTRUCTIONS: Complete a separate form for each person attending. All requested information is applicable. Type or print legibly in dark ink.

Name: _____
First Middle Last Suffix (indicate name used)

Mailing Address: _____
Street City State Zip

Birth Date: ____/____/____ Age: _____ Sex: (M/F) _____ Home Phone: (____) _____
Mo. Day Year

Name of Church or Group with whom you are attending: _____ City: _____ State: _____

If attendee is a minor: Parent / Guardian: _____ Relation to Camper: _____

Parent / Guardian Phone #: Daytime (____) _____ Evening (____) _____ Other (____) _____

Parent/Guardian Email: _____

Diseases, Chronic or Recurring Illness (such as diabetes, asthma, seizures): _____

Allergies (food, medications, insect sting, other) _____

By signing below, I give permission for the Camp Health Supervisor to give the following over-the-counter medication in accordance with standard label directions: acetaminophen, ibuprofen, antihistamine, decongestant, cough medicine, anti-nausea, anti-diarrheal, and antibacterial ointment.

Exceptions: _____

If parent cannot be reached in an emergency, please contact:

Name: _____ Phone #: _____ Relation to Participant: _____

Name: _____ Phone #: _____ Relation to Participant: _____

AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND LIABILITY WAIVER

I, and my parents or legal guardian (if a minor), am/are fully informed about and aware that during my stay at Trinity Pines Conference Center, Trinity, TX, also known as Trinity Pines, certain risks and dangers may occur. These include, but are not limited to, the hazards that arise from being in a wilderness area, the forces of nature and other hazards arising out of the content of this program which include, but are not limited to, activities such as volleyball, soccer, softball, basketball, archery, wilderness hiking, swimming, use of watercrafts, and an adventure course with zip lines, high and low elements (collectively referred to as the "Activities"). I authorize the use of my or my child's photograph or video on the Trinity Pines electronic and print media for updates, communication, and marketing.

I am aware that, being in close contact with other campers and staff, whether church staff, counselors, recreational staff, Trinity Pines staff, agents, or contractors, I may be exposed to one or more viral infections or other infectious diseases. I acknowledge and understand the risks associated with any and all such infectious diseases, as well as preventative measures utilized to slow and/or prevent the spread of such infectious diseases, including but not limited to frequent hand washing, social distancing and use of face masks in public locations, and I hereby willingly choose to participate in the Activities.

In consideration of Trinity Pines providing and my willingness to engage in these rigorous activities in a special environment, I have and do hereby hold Trinity Pines, its owners, officers, directors, trustees, agents, employees, and/or volunteers, harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorney's fees, which may arise from or in connection with my stay or participation in any activities arranged for me by my organization or my group leaders or Trinity Pines. Injuries may include, but are not limited to, emotional injuries, physical injuries, or death. The terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators, and for all members of my family. I certify that I/my child are current on required immunizations, or are exempt from immunization requirements for reasons of conscience.

In case of an accident or illness, I authorize first aid/medical personnel to examine, treat, or administer medications for any illness or injury to myself or my child as deemed necessary. In the event of an emergency involving my child and if I cannot be reached by telephone, I authorize such persons to obtain any medical care (including hospitalization, injection, anesthesia, and surgery) from a licensed, certified, or authorized health care provider for my child as deemed necessary. I accept sole responsibility for the payment of any medical care for me or my child. I hereby release, indemnify and hold harmless Trinity Pines, its owners, officers, directors, trustees, agents, employees, and/or volunteers, from and against any and all claims, liabilities, or damages arising from any act, omission, negligence, or gross negligence of any such health care provider or of Trinity Pines, its agents, and employees.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and have understood.

X _____
 Participant Signature

_____ Date

X _____
 Parent or Legal Guardian Signature (if minor)

_____ Date

