

## MAIL

Camper Name & Name of Camp Session  
(i.e. *Seth Smith, Prime Camp*)  
Camp Jonah  
31 Little Mountain Road  
Trout Lake, WA 98650

- We request that no emails be sent to your child.
- Feel free to bring a letter or package when you drop them off at the beginning of the week. We will deliver it to your child during the week (save on postage!).

## VISITORS

We are serious about the safety of our campers, and so we discourage all visitations while camp is in session. Exceptions will be made only if prearranged, and at the discretion of the Camp Coordinator. All visitors must report to the office upon arrival.

## CHECK-OUT

- Families and friends are invited to join us for the Farewell Open House and Picture slide show in our gymnasium at the time specified in the camper letter.
- Please check the Lost & Found table before you leave. You might see something you recognize!
- Photos will be added to our website shortly after camp ends.



31 Little Mountain Road Trout Lake, WA 98650  
(509) 395-2900 - jonah@campjonah.com - www.campjonah.com



# SUMMER CAMP 2017

## INFORMATION FOR CAMPERS AND THEIR FAMILIES



# AS YOU WISH

MORE THAN A FAIRY TALE  
IT'S REAL LIFE ~ LIVED IN PURE DEVOTION TO JESUS

## WHAT TO BRING TO CAMP

Please read the *Camper Letter* that accompany this page for items specific to the camp your child is attending. We want to highlight a few items here:

- Please make sure your child packs enough play clothes for each day, rain or shine, including at least 1 pair of pants, 1 sweatshirt or coat, a modest swimsuit, and tennis shoes + Sandals.
- Sleeping bag and pillow—bedding is not provided
- Extra batteries with their flashlight or headlamp.
- Personal items (toiletries, towel, dirty clothes bag)
- Bible (we also have Bibles we can give away)
- Optional: Money for The Lunch Counter (see *CAMP STORE*)

## WHAT NOT TO BRING

- No cell phones or other electronic devices (including music players, gaming systems, etc.). Please do not expect campers to make calls home during camp, unless there is an emergency.
- Please do not bring pets, knives, weapons, or any electronics. Leave these at home unless special permission has been granted prior to arrival at camp.

## CHECK-IN

- Please check your camper letter for check-in information specific to their camp.
- No early arrivals please.
- When you arrive, enter through our main front road entrance. You will be directed to our gymnasium and through the check-in process. At this time you will need: \*final payment, \*all paperwork (including *Camp Jonah Acknowledgment of Risk Form*, *TLC Acute Care / Non-member Patient Information form*, *Camp Jonah Camper Medication Form*, and any other forms that accompanied this sheet), medication, camp store money.

\* If possible, it is helpful to have your balance paid in full and all paperwork sent two weeks before camp starts.

## PAYMENTS

Payments can be made by:

- 1) Check made out to Camp Jonah. Send to 31 Little Mountain Road, Trout Lake, WA 98650
- 2) Online by using the "donate" button at [www.campjonah.com](http://www.campjonah.com) (For online payment, specify under "notes" which week of camp the payment is for and which child.)
- 3) At Registration by credit card, cash or check

## CAMP STORE

- \$2-\$5 per day of camp is a "normal" amount. (Prices are \$1-\$2 per item for snacks and drinks—Young campers will be allowed up to 2 snack/drink items per day.)
- Camp T-shirts are available for \$10. Sweatshirts are \$25.
- Other items are also available.

## MEDICATION

Please send only essential medication. Incidental, OTC (over-the-counter) medications are supplied by the Medical Supervisor on staff. All medications (prescription, OTC, supplements, vitamins, etc.) brought to camp MUST be checked in and require the following:

- Original container
- Specific written instructions including name, amount, time (see *Medication Form*)
- Parent signature authorizing administration by camp staff
- Correct name, time, and dosage printed on the label of prescription medications

## LOST & FOUND

Please label all belongings. Camp Jonah is not responsible for lost items. Please keep track of all items sent to camp. It is your responsibility to call and make arrangements for the return of lost items. All lost and found items will ONLY be kept for two weeks after each camp session ends.

# SUMMER CAMP 2017 DAY CAMP 1 CAMPER LETTER

Dear Camper,

We are so excited to have you join us at **Day Camp** this June 26– June 30! Come prepared for an **action-packed** week discovering **camp, friends, and Jesus**. We have some of our favorite camp activities planned for you including **wet and wild games, inner tube ditch float, the inflatable bounce house, ziplining, telling stories, and worshiping God** together. We are going to **run, laugh, play, munch, sing, create, make new friends**, and so much more! We'll also take time every day to consider **who we are and what we're made for**.

Check-In for Camp is each morning, Monday—Friday, 8:30-8:50<sup>AM</sup>. Make sure you check the **WHAT TO BRING TO CAMPER CHECK-IN ON MONDAY** list below. You'll also see the **WHAT TO BRING IN A BAG EACH DAY** list. Bring those things in a small bag or backpack with your name on it. Also we'll be outside most of the time, so dress appropriately for the weather.

We want to extend a special invitation to you and your whole family to Join us on Sunday, June 25, 3:00-6:00 for a **free kick-off event here at Camp**. We'll have lots of activities for your whole family including our zipline, climbing wall, face painting, inflatable bounce house and bungee run, and so much more. Plus we'd like everyone to stay for a **free hot hog BBQ dinner at 5:30**. Make sure you tell your parents!

There is a lot more information in this letter, so take some time to read through everything with an adult to make sure that you are prepared when you arrive at camp each day. If you have any questions please call us: (509) 395-2900. We look forward to a fun-filled camp, and can't wait to learn more about God together!



Micah Anderson (A.K.A. SPAM)  
Program Director

Make sure you bring this button with you to camp!

- x We sell all kinds of them in The Lunch Counter for you to take home, or trade with your friends at camp! If you have any other buttons from Camp Jonah, bring those also!

#### WHAT TO BRING TO CAMPER CHECK-IN ON MONDAY:

- Forms that came with this letter
- Money for The Lunch Counter (camp store)

#### WHAT TO BRING IN A BAG EACH DAY:

- Tennis shoes & Sandals (wear one, pack the other)
- Bible if you have one
- Swimsuit (packed so we can send you home dry)
- Towel
- Water bottle
- Sunscreen



WHERE  
KIDS **LAUGH**  
HEARTS  
CHANGE  
&  
GOD  
SMILES

## AS YOU WISH

MORE THAN A FAIRY TALE  
IT'S REAL LIFE ~ LIVED IN PURE DEVOTION TO JESUS

[campjonah.com/day-camps](http://campjonah.com/day-camps)

## DAILY DETAILS

### 8:30-8:50 - Check-In

Campers may arrive between 8:30 and 8:50 each morning.

### 8:30-9:30 - Morning Gathering

At the Morning Gathering, Day Campers will join our overnight camp program each day. This time serves as a general daily kickoff including skits, singing and a 15 minute Bible-based lesson.

#### Grades K-3 Prime Camp

#### 9:30 - Cabin Discussion & Snack

Cabin Leaders facilitate small group discussion to follow up on the Morning Gathering.

#### 10:00 - Crafts / Snack

#### 11:15 - Field games

All campers grades K-3 play together in large group games with camp staff.

#### Grades 4-6 Ultimate Kids' Camp

#### 9:30 - Cabin Discussion

Cabin Leaders lead a small group discussion to follow up on the Morning Gathering.

#### 10:00 - Snack / Field Games

All campers grades 4-6 play together in large group games with camp staff.

#### 11:30 - Craft

#### 12:30 - Lunch

#### 1:15-1:45 - F.O.B. (Flat On Bunk)

We find that campers (and camp staff) are much more able to enjoy their day at camp if we take about 30-45 minutes to rest, read, color, slip into a coma-like state . . . before diving in to our afternoon activities.

#### 2:00 - T.L.C. (The Lunch Counter) - Camp Store

Campers will visit T.L.C. each day. They may deposit money into camp store accounts at check-in on Monday morning. For more information see the **CAMP STORE** section on the *General Information* page.

#### Grades K-3 Prime Camp

#### 2:00 - Free Time

Campers are free to choose from the following options: Inner Tube Ditch Float, free water play (utilizing a variety of water toys and wading pools in a large area of our rec field), 9 square, giant table games, box hockey, Zipline, and group crafts. All activities are closely supervised by Camp Staff.

#### Grades 4-6 Ultimate Kids' Camp

#### 2:30 - Messy Games

One of our favorite traditions at Ultimate Kid's Camp is the Messy Games. We'll put on swim suits and play messy games that usually involves getting totally covered in food.

#### 3:30 - Free Time

(See description to left)

#### 5:00 - Load the Bus / Parent Pick-Up

## DAILY BUS TRANSPORTATION SCHEDULE

The camp bus will make four stops before and after camp each day. Register before June 25th for **\$25**.

|                         |   |
|-------------------------|---|
| Hood River Marina       | - 7:45 <sub>AM</sub> / 5:50 <sub>PM</sub> |
| Bingen Park-&-Ride      | - 7:55 <sub>AM</sub> / 5:45 <sub>PM</sub> |
| Husum Church of God     | - 8:10 <sub>AM</sub> / 5:20 <sub>PM</sub> |
| BZ Corner Grocery Store | - 8:15 <sub>AM</sub> / 5:15 <sub>PM</sub> |

# CAMP JONAH ACKNOWLEDGEMENT OF RISK FORM

## ALL GUESTS OF CAMP JONAH MUST SIGN THIS WAIVER (FORMERLY GUEST WAIVER)

31 Little Mountain Road, Trout Lake, WA, 98650 \* 509-395-2900 \* 509-395-2920 fax \* www.campjonah.com \* jonah@campjonah.com

### RELEASE OF LIABILITY:

As a guest of Camp Jonah (Jonah), I understand that a certain amount of risk is involved for individuals engaging in activities involved with our program. As a guest or camper I recognize the element of risk in any adventure, sport or activity associated with the Jonah program. I am fully aware of the risks and dangers inherent in activities such as, but not limited to: hiking, rafting, caving, low and high challenge course, zipline, climbing wall, inflatables, swimming, backpacking, field games, etc.

I understand the possible risks and dangers of participating in such activities. I realize that illnesses and injuries related to unpredictable weather conditions, carelessness, including failure to follow instructions, of other participants and Jonah staff, may occur and may be the cause of loss or damage to equipment or personal injury, illness, and, in extreme cases, permanent trauma and death.

I certify that I have the necessary skills and ability to participate in said activities and assume full responsibility for myself for bodily injury, death and loss of personal property and expenses thereof as a result of my negligence in participating in said activity except to the extent such damage or injury may be due to the negligence of the Jonah staff.

I also agree to abide by the rules or instructions given to me either verbally or in writing by Jonah staff. I further understand that Jonah reserves the right to refuse to allow any person to participate who is judged to be incapable of meeting the rigors and requirements of participating in said activity.

I assume any risk that could result while participating in the Jonah program—either on or off-campus. I recognize that Jonah cannot guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I understand that Jonah has taken extensive safety measures, as well as making every effort to aid in the safety of all guests, campers, and participants. I agree to assume the risk of injury and expense that could result while at Jonah. I release the property owners, Jonah, its staff members, and Board of Directors from liability for any injury to me while a guest or camper of Jonah.

In the event that medical care is necessary, I (or parent/guardian) give permission to Jonah staff to authorize transport, hospitalization, x-ray, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the participant named above. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating; otherwise, I agree to bear the costs of any such injury or damage. My signature below certifies that I am in good health and do not have any medical or physical limitations that would affect my participation in Camp Jonah activities.

### MEDIA RELEASE:

I give permission for Camp Jonah to use any photo or video of me/my child for Camp Jonah or promotional advertising. I release my rights to any kind of remuneration for said photos or videos.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me during the entire period of participation in the said activity.

Participant's Printed Name \_\_\_\_\_

Participant's Age \_\_\_\_\_

Date (Month/Day/Year) \_\_\_\_\_

Signature of Adult Participant (18 years and older) \_\_\_\_\_

OR

Signature of Parent/Guardian (of minor participant 17 years and younger) \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

#1 Name \_\_\_\_\_ Phone # \_\_\_\_\_

#2 Name \_\_\_\_\_ Phone # \_\_\_\_\_

06/23/15

# **Camp Jonah Camper Medication Form**

This form must be completely filled out for campers bringing any medication to camp. Please fill out one section of this form for each medication. **Please send only essential medication.** Incidental, OTC (over-the-counter) medications are supplied by the Medical Supervisor on staff. All medications brought to camp **MUST** be checked in at registration. All medications (prescription, OTC, supplements, vitamins, etc.) require original container and correct name, time, and dosage printed on the label of prescription medications.

Medication for \_\_\_\_\_  
 (Name of Camper)

|                         |                  |              |               |                |   |
|-------------------------|------------------|--------------|---------------|----------------|---|
| <b>Medication Name:</b> |                  |              |               |                | <input type="checkbox"/> As needed Only     |
|                         |                  |              |               |                | <input type="checkbox"/> Dispense Regularly |
|                         | <b>Breakfast</b> | <b>Lunch</b> | <b>Dinner</b> | <b>Bedtime</b> | <b>Other</b>                                |
| <b>Sunday</b>           |                  |              |               |                |   |
| <b>Monday</b>           |                  |              |               |                |   |
| <b>Tuesday</b>          |                  |              |               |                |   |
| <b>Wednesday</b>        |                  |              |               |                |   |
| <b>Thursday</b>         |                  |              |               |                |   |
| <b>Friday</b>           |                  |              |               |                |   |
| <b>Medication Name:</b> |                  |              |               |                | <input type="checkbox"/> As needed Only     |
|                         |                  |              |               |                | <input type="checkbox"/> Dispense Regularly |
|                         | <b>Breakfast</b> | <b>Lunch</b> | <b>Dinner</b> | <b>Bedtime</b> | <b>Other</b>                                |
| <b>Sunday</b>           |                  |              |               |                |   |
| <b>Monday</b>           |                  |              |               |                |   |
| <b>Tuesday</b>          |                  |              |               |                |   |
| <b>Wednesday</b>        |                  |              |               |                |   |
| <b>Thursday</b>         |                  |              |               |                |   |
| <b>Friday</b>           |                  |              |               |                |   |

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

Please write additional instructions on the back of this form

## **\*OPTIONAL\* TROUT LAKE CARE—CAMPER AGREEMENT**

Trout Lake is very blessed to have a new Direct Primary Care (non-insurance) medical clinic in our little town. The Trout Lake Clinic (TLC) is located right across from the General Store at 2384 Hwy. 141, Trout Lake, WA 98650. Marshal F. Harpe, D.O, and Shanea C. Harpe, a certified nutritionist, opened early in 2017 as a service to this community. Soon after opening, they reached out to Camp Jonah to offer their services at reduced prices. TLC is not an insurance plan. The Harpes say it is “assurance not Insurance”.

On rare occasions campers may need medical care. As always, a call to 911 brings EMS services to our door within minutes. However, if the medical need seems less urgent, but still calls for a medical diagnosis, we are now able to call Dr. Harpe for an Acute Care visit at any hour of the day or night. The charge is just \$60.

How this works:

1. Fill out the attached TLC Acute Care/Non-member form.
2. Read the authorization bullet points. Your signature shows your agreement for treatment and to pay in full on the day of treatment. The clinic will call you with a report and payment options.
3. As always, we will try to contact parents/guardians first, emergency contact next. When you sign the Camp Jonah Acknowledgement of Risk form, you give permission to Camp Jonah staff to authorize medical treatment. You also agree to cover costs for treatment.
4. Remember, insurance will not cover this visit. A visit to Dr. Harpe, however, can save hundreds of dollars out-of-pocket if we don't have to make an emergency room visit!
5. Return the signed form back to Camp Jonah.
6. This is of, course, optional. Leave this side blank if you opt out, but you must fill out the Camp Jonah Acknowledgement of Risk Form.

Please call with any questions and thanks for loaning us your kids for summer camp!

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**Trout Lake Clinic, PLLC**  
**2384 Hwy 141, Box 482**  
**Trout Lake, WA 98650**  
**(509) 395-2134**

**TLC Acute Care / Non-member**

**Patient Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: (M) (F)

Marital Status: (S) (M) (W) (D) Spouse's Name: \_\_\_\_\_

Spouse's Contact Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If Patient is a minor, parent/guardian's name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please provide us with your driver's license, so we may make a copy.**

ARE YOU (Patient) ALLERGIC TO ANY MEDICATIONS (if yes, please list)?

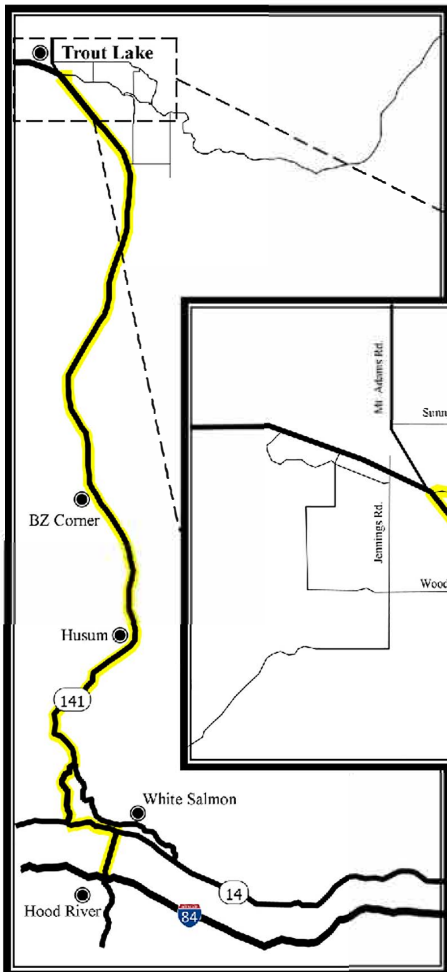
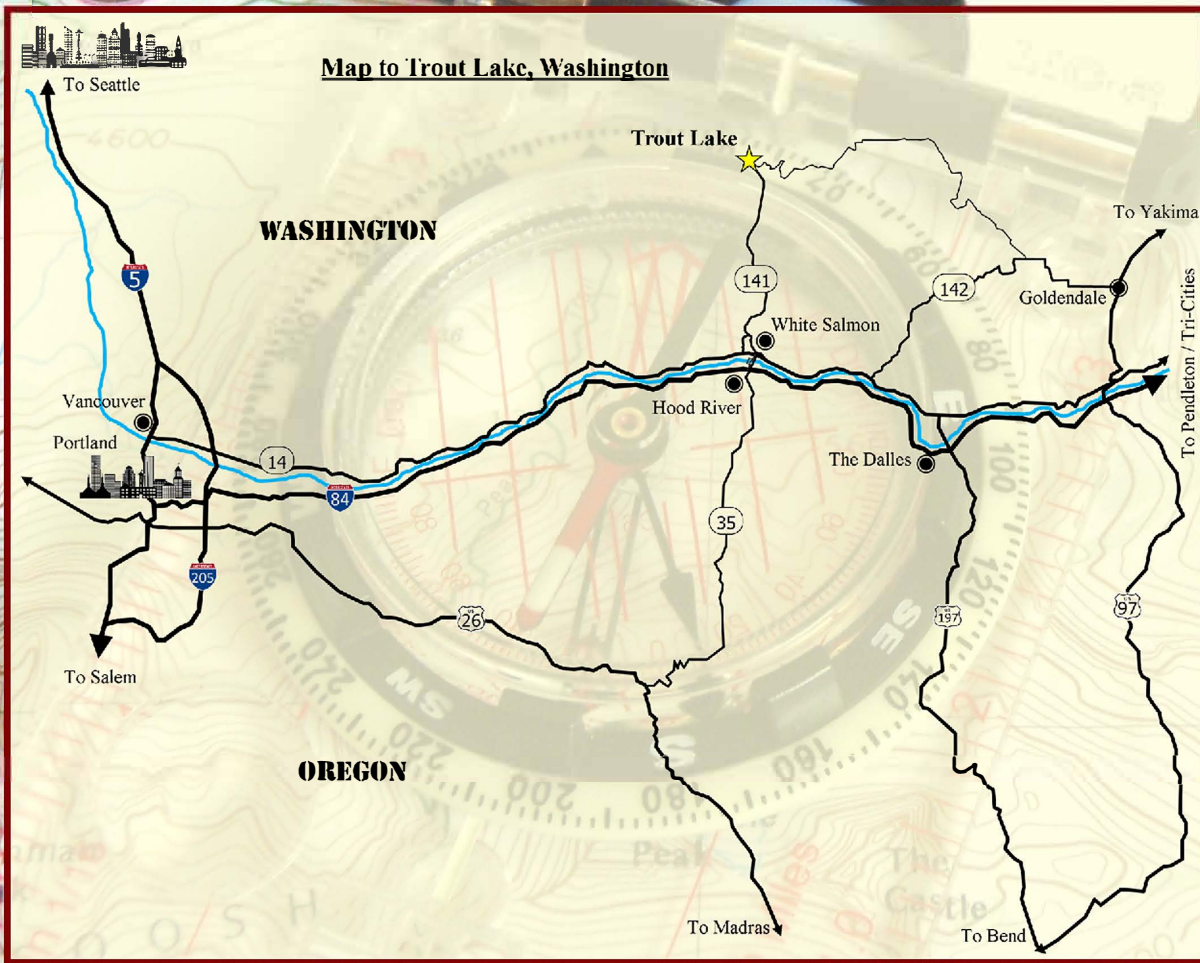
\_\_\_\_\_  
Pharmacy Preference: \_\_\_\_\_

**AUTHORIZATION:**

- All of the above information is true to my knowledge.
- I authorize this office to release to my insurance company, third party, medical facility, or attorney any information necessary to expedite medical care and/or payment. I understand that I am responsible for all charges regardless of insurance coverage.
- I understand that Trout Lake Clinic does not bill insurance and that patients under Dr. Harpe's care are prohibited from billing their insurance. Medicare requires their members to sign an Opt-Out Agreement.
- I understand that if I have urgent acute care medical needs after regular office hours, I can seek care through a local Emergency Room or Urgent Care Center at my own cost, if Dr. Harpe is not available.
- I understand that payment of charges is due in full today, paid either via cash, check, debit, credit card, or EFT for all care, supplies, and non-member additional charges accrued for provided care.
- I understand that there is up to a \$20.00 charge for returned checks and debit/credit cards for insufficient funds.
- I authorize Trout Lake Clinic to leave a message with my family or on my answering machine or email reminding me about any follow-up appointment date and time, without details of specific medical indication.

Patient/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**From I-84 ...**

**Take Exit 64 for Mt. Hood Hwy toward OR-35/White Salmon/Govt. Camp**

**Turn North** toward Washington, onto Button Bridge Rd/Mt. Hood Hwy

0.1 mi

**Continue straight to Cross the Hood River Bridge (\$1.00 toll required)**

1.0 mi

**Turn Left onto WA-14 West**

1.5 mi

**Turn Right onto  
WA-141 Alt N/WA-141**

2.2 mi

**Turn Left onto  
WA-141 North to Trout Lake**

19.3 mi

**Turn Right onto  
Little Mountain Rd.**

0.3 mi

**Camp Jonah is on the left in the old Trout Lake School Building  
31 Little Mountain Rd.**