## → MAL ←

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!).



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



## → 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:

- 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 (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

## $\longrightarrow$ CAMP STORE $\leftarrow$

- \$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

## → OST B FOUN) ←

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 DDLE SCHOOL ADVENTURE CAMPER LETTER

#### Dear Camper,

We are so ready for camp where you will be put to the test physically, mentally, emotionally and spiritually. Come ready to hike to a phenomenal viewpoint, explore the dark depths of a lava cave, test team skills on the low challenge course, do some orienteering through our eco challenge course, camp out under the stars at Cave Creek Camp, go paintballing, be exhilarated on the high challenge course, brave the raging white water of the White Salmon River, compete in the night games, sing, enjoy stories, roast s'mores, take time every day to consider who I am and what I'm made for, and experience Jesus through the Bible and through creation.

Camp begins at 3:00 Sunday, July 16th, and your families and friends are welcome to join us until 4:00. Make sure you also invite them to join us again at the end of Camp Friday, July 21st, from 2:00 to 3:00 for our open house & photo slideshow in our gym.

If you have any questions, please call us: (509) 395-2900. We look forward to a fun-filled camp, and can't wait to spend some time getting to know God together!

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

## Make sure you bring this button with you to camp!

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

#### WHAT TO BRING:

- \* We have a limited supply of these items. Let us know if you need to use ours.
- ☐ Pillow
- ☐ Towel
- Sandals
- □ Pajamas
- Swimsuit
- □ Sunscreen
- ☐ Bug spray
- ☐ Hiking shoes
- \*Water bottle
- ☐ Soap & Shampoo

- Rugged pants, sweatshirt, shoes for caving
- \*Flashlight/headlamp & batteries
- ☐ Forms signed by your parents
- \*Small duffle bag or backpack
- ☐ Money for the Camp Store
- ☐ Toothbrush & Toothpaste
- Mud pit clothes and shoes
- ☐ Clothes for rain or shine
- \*Outdoor Sleeping bag

  - ☐ Bible if you have one

#### DON'T FORGET!



also!

Χ

Every Wednesday is Wacky Wednesday at Camp Jonah. Wacky clothes, wacky shoes, wacky you!

Come prepared!

## AS YOU WISH

MORE THAN A FAIRY TALE T'S REAL LIFE ~ LIVED IN PURE DEVOTION TO JESUS

CAMPJONAH.COM/MIDDLE~SCHOOL~ADVENTURE~CA

#### 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.

shall be effective and binding upon me during the					
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 part	ignature of Parent/Guardian (of minor participant 17 years and younger)			
EMERGENCY CONTACT INFORMATION:	:				
#1 Name	Phone #				
#2 Name	Phone #				

## **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.

			(Name of Ca	imper)	
Medication Name:  ☐ As needed Only ☐ Dispense Regularly					
	Breakfast	Lunch	Dinner	Bedtime	Other
Sunday					
Monday					
Tuesday				8	
Wednesday			1 1	1	
Thursday					
Friday					
Medication N	Name:				☐ As needed Only ☐ Dispense Regularly
	Breakfast	Lunch	Dinner	Bedtime	Other
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

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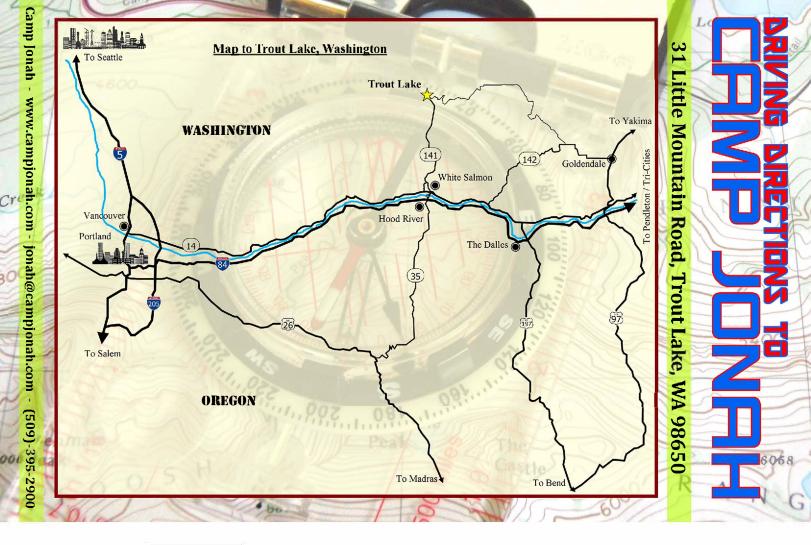
Please call with any questions and thanks for loaning us your kids for summer camp!

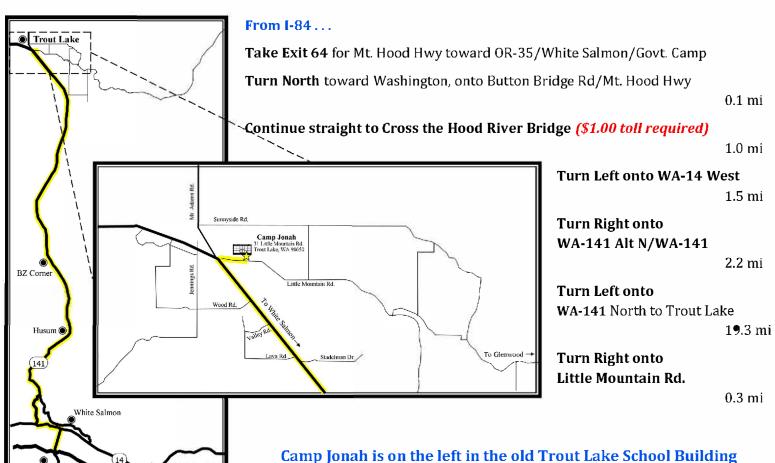
Trout Lake Clinic, PLLC 2384 Hwy 141, Box 482 Trout Lake, WA 98650

# Trout Lake, WA 98650 TLC Acute Care / Non-member (509) 395-2134 Patient Information:

	mormation:					
Last Nam	ie:	_ First Name:	MI:			
Date of B	f Birth: Sex: (M) (F)					
Marital S	tatus: (S) (M) (W) (D	) Spouse's Name:				
Spouse's			_			
Mailing A	Address:	//				
City:		State:	Zip:			
Email Ad	dress:					
			2:			
If Patient	t is a minor, parent/guar	dian's name:				
Emergen	cy Contact:	Phone:				
		ANY MEDICATIONS (if ye				
			•			
AUTHORIZ		n is true to my knowledge.				
	I authorize this office to re attorney any information r that I am responsible for a I understand that Trout La	lease to my insurance company necessary to expedite medical c Il charges regardless of insuran ke Clinic does not bill insurance d from billing their insurance.				
•			ls after regular office hours, I can e Center at my own cost, if Dr.			
•			paid either via cash, check, debit, additional charges accrued for			
•		up to a \$20.00 charge for return	ned checks and debit/credit cards			
٠	I authorize Trout Lake Clinic to leave a message with my family or on my answering machin or email reminding me about any follow-up appointment date and time, without details of specific medical indication.					

Patient/Parent Signature:\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_





31 Little Mountain Rd.