

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 (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

JUNIOR ADVENTURE CAMPER LETTER

Dear Camper,

I hope you're ready to enjoy exploring the forest and streams, learning to use a map & compass, touring a lava cave, building a camping shelter to sleep in, learning teamwork skills, the zipline & climbing wall, a mud bath, intense night games, campfires, songs, stories & s'mores. We also plan to take time every day to consider who I am and what I'm made for, and experience Jesus through His beautiful creation.

Camp begins at 3:00 Sunday, July 30th, and your family and friends are welcome to join us until 4:00. They can also join us at the end of Camp from 2:00 to 3:00 Thursday afternoon, August 3rd, for our farewell program & slideshow.

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 in His creation! See you soon!

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:

- | | |
|--|--|
| <input type="checkbox"/> Clothes for rain or shine | <input type="checkbox"/> Soap & Shampoo |
| <input type="checkbox"/> Mud pit clothes and shoes | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Rugged pants, sweatshirt and shoes for caving | <input type="checkbox"/> Bug spray |
| <input type="checkbox"/> Modest swimsuit & towel | <input type="checkbox"/> Durable Water bottle* |
| <input type="checkbox"/> Flashlight/headlamp & batteries | <input type="checkbox"/> Bible if you have one |
| <input type="checkbox"/> Hiking shoes & Sandals | <input type="checkbox"/> Money for the Camp Store |
| <input type="checkbox"/> Outdoor Sleeping bag* & pillow | <input type="checkbox"/> Forms signed by your parents |
| <input type="checkbox"/> Toothbrush & Toothpaste | * We have a limited supply of these items. Let us know if you need to borrow ours. |



DON'T FORGET!

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

Come prepared!

AS YOU WISH

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

campjonah.com/jr-adventure-camp

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)

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

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.

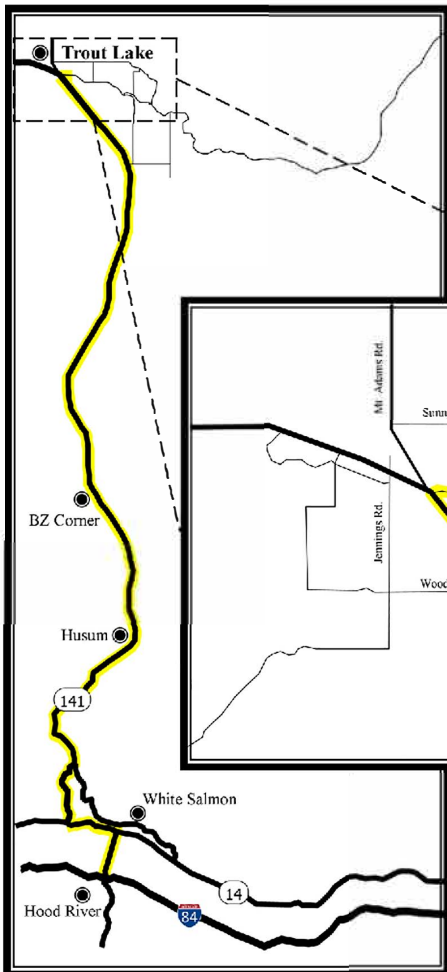
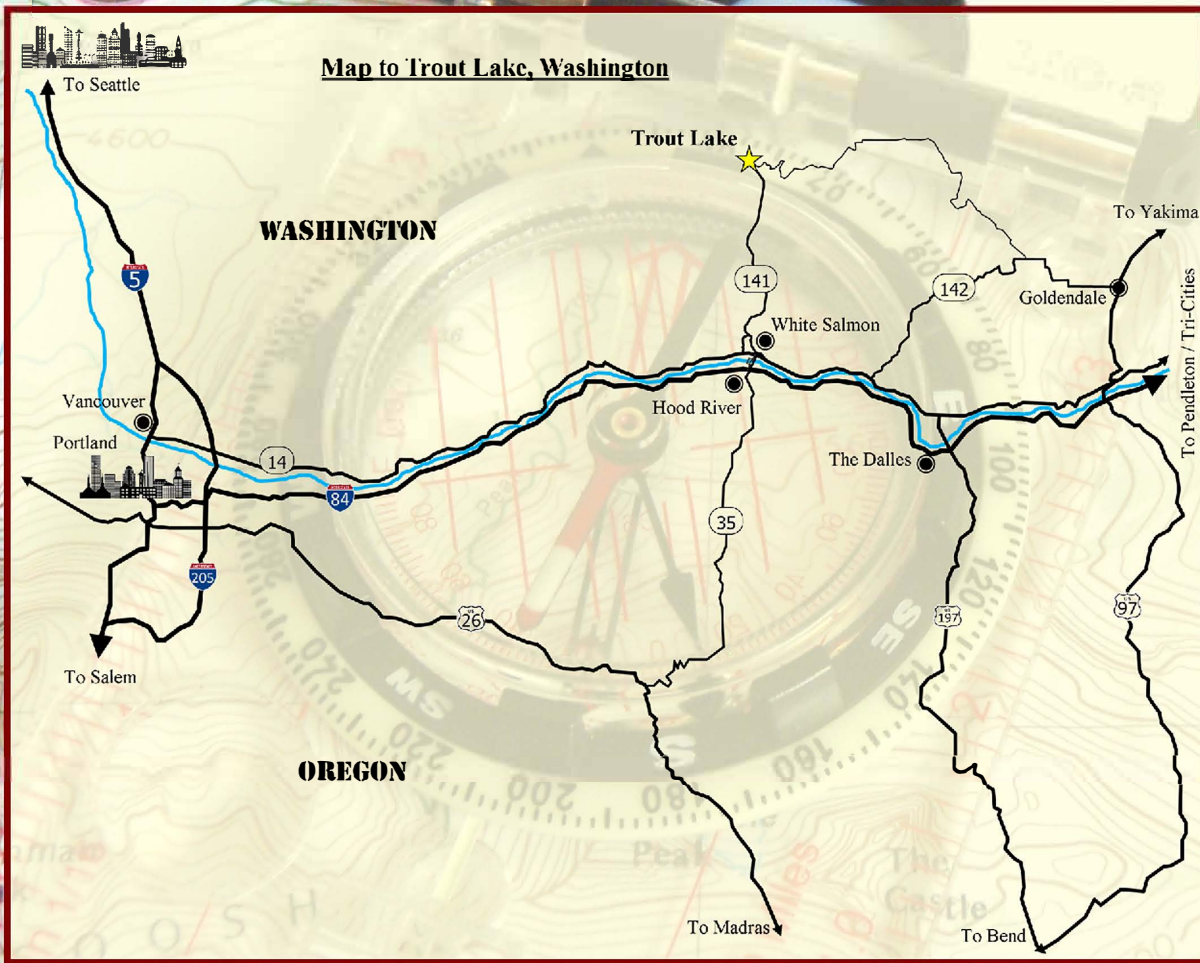
ARE YOU (Patient) ALLERGIC TO ANY MEDICATIONS (if yes, please list)?

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

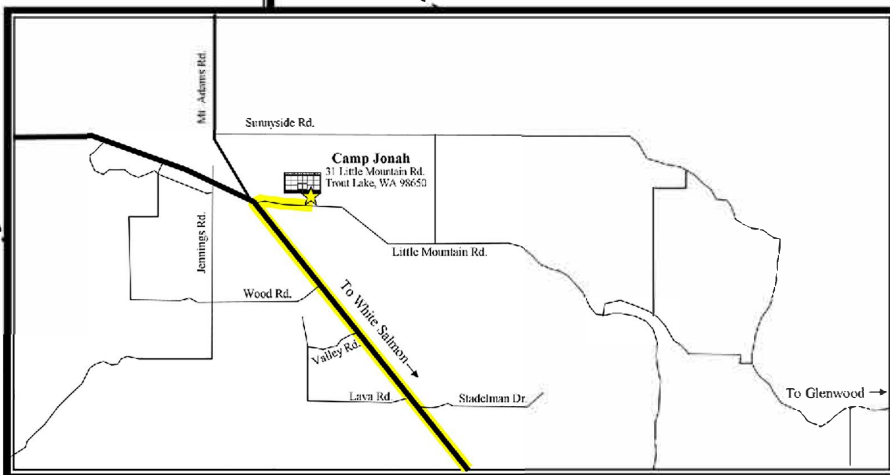
2.2 mi

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.**