



Checklist for B.E.A.R. Camp & Canoe Camp



Forms to Bring

- Health form (2 pages or 1 page double-sided)
- Acknowledgement of Risk form signed by camper and parent/guardian
- Camper Release form

Transportation

Transportation to camp is not provided. Please make arrangements ahead of time. If you are looking to carpool, we may be able to provide you with names of people to contact. Contact the Registrar at registration@upbible.org for more information.

Physical Preparation

Trail Camps are active, whether hiking, biking, or paddling for hours a day. You do not need to do any specific training, but if you've been living a sedentary lifestyle, make sure to start getting regular exercise, such as walking, biking, or playing active sports, for several weeks before your camp session.

Packing

Follow the packing list provided. Be prepared for a variety of weather conditions.

Arrival and Departure

Canoe Camp - College

Please arrive at camp on Saturday, May 31 between 2:00-3:30 pm. Registration will be at the office. The first meal will be Saturday supper. Camp will end at 10:00am on Saturday, June 7, after breakfast and clean-up.

Canoe Camp - High School

Please arrive at camp on Saturday, June 14 between 2:00-3:30pm. Registration will be at the office. The first meal will be Saturday supper. Camp will end at 10:00am on Saturday, June 21, after breakfast and clean-up.

B.E.A.R. Camp

Please arrive at camp on Saturday, August 2 between 2:00–3:00pm. Registration will be at the office. The first meal will be Saturday supper. Camp will end around 9:00 am on Saturday, August 9. Saturday breakfast will be the last meal. Please plan to depart immediately following this meal.



Pack List for B.E.A.R. Camp & Canoe Camp



The following list outlines the items recommended for B.E.A.R. Camp and Canoe Camp. UPBC will provide specialized equipment needed such as sleeping pads, water bottles, backpacks, tents, cookware, canoes, climbing gear, mountain bikes, etc. Keep in mind that we will be living outdoors for the week, so you must be prepared for a variety of conditions: hot sun, cold, and rainy are among the possibilities. Please remember to bring items that you do not mind getting dirty or worn. If you cannot obtain a sleeping bag or other essential gear, let us know in advance; we do have a limited amount of gear available for campers to use. For BEAR Camp, contact Bruce Black at (248) 388-9811. For canoe camps, contact us at upbible@aol.com.

- sleeping bag
- 1 hand towel & 1 bath/beach towel
- Bible
- spiral notebook or journal
- something to write with
- toiletries (toothbrush, soap, comb, tampons, etc.)
- swimsuit (1-piece for girls, shorts-style for boys)
- several cotton or poly t-shirts
- long-sleeve shirt
- shorts, 2 pairs (1 pair athletic shorts)
- long pants, light-weight (denim not recommended), 2 pairs
- underwear
- long underwear (top & bottom, non-cotton if you have it)
- several pairs of socks; minimum 1 pair of good wool or synthetic hiking socks, (liner socks suggested)
- fleece jacket or warm wool sweater
- nylon rain parka or durable poncho. **IMPORTANT!**
- stocking hat (for cold) and cap with visor (for sun)
- bandana
- sunscreen and sunglasses
- insect repellent
- small flashlight with batteries (and extra batteries too)
- large school backpack or daypack

- extra clothes for travel to and from camp
- Good attitude

Canoe Camp Specific

- Close-toed water shoes or old pair of athletic shoes for canoeing
- Camp shoes/boots

Optional: dry bag for camera

Bear Camp Specific

- 1 pair hiking boots or sturdy/supportive shoes
- 1 pair athletic shoes

Optional: water shoes, your own mountain bike and helmet, padded biking shorts and gloves

Optional

Small pillow, camera and film (disposable camera suggested), small pocket knife, sandals, nylon windbreaker, insulated plastic mug for hot drinks, your own sleeping pad

Leave at home

- Electronics (CD or MP3 players, cell phones, etc.)
- Alcohol, tobacco, illegal drugs, firearms

**Health Form
Upper Peninsula Bible Camp**

ATTENTION: This form should be completed and signed by parents, and must be submitted upon arrival at camp or mailed in advance.

Camper Name _____

Age _____ Birthdate _____ Sex _____

I, (your name) _____, consent to allow UPBC to provide or seek emergency medical or surgical treatment and/or non-surgical, routine medical care of my son/daughter.

(Signature of Parent or Guardian and date signed)

Address _____

Telephone () _____

Alternate emergency phone () _____

THIS BOX FOR CAMP USE
TEMP _____ PULSE _____
RESPIRATION _____
SPECIAL NOTES _____

Health History

Include any physical illness presently being treated under number 15 if it is not listed elsewhere.

Is your child having any of the problems listed below?

1. Allergies or reactions: (food or other)	Yes	No	9. Shortness of breath	Yes	No
2. Hay fever, asthma, or wheezing			10. Speech problems		
3. Eczema or frequent skin rashes			11. Menstrual problems		
4. Convulsions / Seizures			12. Allergy to medications		
5. Heart trouble			13. Current communicable diseases		
6. Frequent colds, sore throats, earaches			14. Other:		
7. Diabetes					
8. Trouble with passing urine or bowel movements					

Please explain any problem area identified above: _____

Medications

Please list any medicines (prescription or nonprescription) your child will take at camp. These must be stored in the Health Center and administered by the nurse.

	Medicine name	Dose	How Often
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

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Immunizations

1. My child's immunizations are up to date: yes/no (please circle one)
2. My child's last tetanus booster was (date) _____(Must be within the last 10 years).

Additional Health Information

Does your child have any special emotional problems or physical limitation we need to know about? If so, do you recommend we handle them in a particular way?_____

Health and Accident Insurance Information

Please complete the information below:

(health and accident insurance company name, address, and phone number)

(Subscriber's name, date of birth, and contract number)

(group number, employer name and address)

(dental insurance company name, address, and phone number)

Upper Peninsula Bible Camp Trail Camps

Acknowledgement of Risk and Assumption of Personal Responsibility

I have chosen to voluntarily participate in a Trail Camping program conducted by Upper Peninsula Bible Camp (UPBC) that is conducted partially or completely off of camp property. In consideration of the educational benefits and/or privileges associated with my participation in this program I acknowledge and agree to be bound by the following:

1. Identification of Risks.

I understand that Trail Camps at UPBC are part of an adventure program and that outdoor and adventure activities involve inherent risks. These activities may include group games and initiatives, backpacking, camping, mountain biking, off-trail hiking and exploring, orienteering, food preparation, swimming, boating, rock climbing, rappelling, high ropes initiatives, and other similar activities, as well as transportation to and from these activities. The outdoor environment itself also poses risks including biting insects, exposure to sun and weather, natural features, wild animals, and other hazards. During this program, I may face situations that are psychologically or physically stressful and challenging. I may also be exposed to other unforeseeable risks that could arise during these activities.

2. Acknowledgement of Risk.

I understand the risks involved in this program, and I realize that unforeseeable risks may also be present. I understand that UPBC will take all reasonable precautions and will provide safety equipment for activities that require it. I also understand that safety precautions and safety equipment are intended to help prevent major injuries and/or death while taking part in these activities but cannot totally eliminate these possibilities.

3. Assumption of Personal Responsibility.

In choosing to participate, I accept the risks that come with participation in this program. I assume responsibility for my own actions and I agree to act in the interest of my own safety and of the safety of the other members of the group. I agree to pay attention to and abide by all safety guidelines given by UPBC staff and by other authorities. I accept that UPBC staff will have final authority in decisions made for the group.

4. Waiver and Release.

By signing this form I acknowledge the risks and responsibilities described above and I agree to waive any claim of liability for damages, losses, diseases, or injuries that may arise against UPBC, UPBC staff or volunteers as a result of my participation in this program. I also give permission for UPBC staff to sign waiver and release forms on my behalf when required by third-party vendors supplying equipment or services as part of this program (for example, but not limited to, canoe rentals or rock climbing outfitters).

Participant Name _____ Date _____

Signature _____

For participants under 18:

My child, named above, has permission to participate in a Trail Camp program at UPBC.

Parent Signature _____ Date _____

U.P. BIBLE CAMP – Camper Release and Medical Treatment Form

- If you will be riding the bus to camp, please give this form to the driver when you board the bus.
- If you are not coming by bus, this form should be turned in when you register, on your first day at camp.

I hereby grant Upper Peninsula Bible Camp permission to release

_____ (camper’s name) _____ (date of birth)

to the following adults at the conclusion of camp or in the case of an emergency:

1. _____
2. _____
3. _____
4. _____

I understand that the camping programs at UPBC involve activities that may include group games and initiatives, individual and team sports, camp skills, high adventure activities such as the climbing wall and high ropes course, hiking to natural areas, and other activities that campers may not participate in at home. I realize that these activities have many benefits and that they also involve inherent risks. While UPBC staff will take all reasonable precautions to manage these risks, there is no guarantee of absolute safety from accidents.

By signing this form I acknowledge that camp activities involve inherent risks and I agree to waive any claim of liability for damages, losses, diseases, or injuries that may arise against UPBC, its employees or volunteers as a result of participation in this camping program.

I also grant permission to UPBC to secure routine, non-surgical medical care as well as emergency medical and surgical treatment for the camper named above while attending camp.

_____ (parent name – please print) _____ (parent signature) _____ (date)

_____ (parent phone number)

_____ (health and accident insurance company name, address, and phone number)

_____ (subscriber’s name, date of birth, and contract number)

_____ (group number, employer name and address)

_____ (dental insurance company name, address, and phone number)

_____ (camper drug allergies, if any)