

# MERGE Youth Retreat 2008

**ARRIVAL TIMES:** Check-in will be Friday, September 5 from 6:00-6:30 p.m. Please plan to arrive as close to 6:00 p.m. as possible, as group activities will begin at 6:30. If you will be arriving late due to sports, please let us know ahead of time by calling Jeff at 906-458-6165.

**DEPARTURE TIMES:** Departure begins on Saturday, September 6 at 8:30 p.m. Please arrange to depart no later than 9:00 p.m.

**RELEASE & HEALTH FORM:** A medical form from the Camp is enclosed for parents to complete and sign. *This one-page combined form must be submitted upon arrival to camp.*

**WHAT TO BRING TO CAMP:** Below are some recommended items.

## Bedding

- Sleeping bag or single sheets and warm blankets
- Pillow case (Pillow is provided)

## Clothing

- Dress for the weather
- clothes for active games
- warm clothes for the evening
- optional - modest swim suit

## Miscellaneous

- Release & Health Form
- Towel
- Toiletries
- Bible
- Notebook
- Pen
- Bug spray

## Don't Bring

- ✗ Gum
- ✗ Electronics: cell phones, MP3 players, CD players, etc.
- ✗ Fireworks
- ✗ Matches or lighters
- ✗ Tobacco products
- ✗ Drugs
- ✗ Alcohol

**REGULATIONS:** The use of tobacco, alcoholic beverages, and drugs is prohibited. No gum is allowed at camp. No swimming unless the beach is open, or use of the adventure challenge course except under the supervision of camp staff.

**PHOTOS:** Please notify us in writing if you don't want your child's picture included on any camp promotional media.

**DIRECTIONS TO CAMP:** U.P. Bible Camp is in Little Lake, MI. Driving directions are available on the camp website ([www.upbible.org](http://www.upbible.org)). From the Marathon station / Post Office / Brown's Store / Tavern in Little Lake, travel on south M35 past Little Lake Chapel and several houses on the left. Take the next left onto Skihill Road. Cross three railroad crossings. Watch for the camp entrance straight ahead, where Bible Camp Drive meets Skihill Road.

**QUESTIONS?** Before the retreat, call Jeff Martin at 906-458-6165. During the retreat, call the camp office at 906-346-6165. The camp website is [www.upbible.org](http://www.upbible.org).

**UPPER PENINSULA BIBLE CAMP, PO BOX 338, LITTLE LAKE, MI 49833 U.P. BIBLE CAMP**

# Camper Release, Medical Treatment, and Health Form

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)

**Medications** - Please list any medicines (prescription or nonprescription) your child will take at camp. These should be administered by your child's adult group leader, or should be turned in to camp staff at check-in. (attach additional page if needed)

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

**Health History** - Please explain any current illness or relevant medical history (attach additional page if needed):