



Presbytery of the Southwest Youth Camp

Directed by the
**Presbytery of the Southwest (OPC)
Young People's Camp Committee**

June 14-19, 2010

At

**High Plains Retreat Center
Amarillo, TX
<http://www.hpretreatcenter.org>
(806) 499-3429**

CAMP Information:

Who: Campers- Going into 4th grade through age 20.

When: Arrive: Monday, June 14, **5:30 pm** (No earlier, please)

Depart: Saturday, June 19, 11:00 am (no later than 12:00 pm)

Cost: *Camper* - \$285 (each additional camper from the same immediate family is \$200); *Counselor and Staff* – No Charge

Where: High Plains Retreat Center near Amarillo, TX

Address: 18511 City Lake Rd, Canyon, TX 79015

What's happening: Worship Services, Bible Study, Devotionals, Skits, Talent Show, Sports, Games, Hikes, Camp Fire, Folk Dancing, Crafts, Canoeing, Swimming, and More

What to bring:

- T shirts
- Jeans
- Shorts
- Socks
- Tennis Shoes
- Hat
- Sunday and Banquet attire. Note: a prom dress or other formal attire is not necessary for the banquet. Most campers come in the same sort of attire they would wear to church.
- "Caveman" garb
- Swim suit (modest)
- Beach towel
- Toiletries
- Bible
- Notebook/Pen
- Flashlight
- Alarm clock
- Offering
- Musical instrument (optional)
- Sun Screen and Insect Repellent
- Sheets/Blankets/Bedroll/Pillow

What not to bring:

- T shirts with negative messages
- Immodest Clothing
- CD/MP3 players
- Video games
- Fire crackers
- *Energy Drinks*
- Pets
- Water guns
- Candles
- Lighters/Matches
- Bikes
- Silly String
- Balloons
- Knives
- Anything illegal

Camp Guidelines: Show respect to everyone. Participate in all activities. Have a positive attitude. Dress appropriately. **No PDA**, pranks, sneaking out, hazing.

CAMPER REGISTRATION FORM

Please print:

Name _____ Hobby _____
Address _____
City _____ State _____ Zip _____
Phone () _____ E-Mail _____
Age _____ DOB _____ Sex _____ Grade in school next year _____
Date of Baptism _____ Date of Profession of Faith _____
Local Church _____
Pastor _____
Parent(s) Name(s) _____
Parent's Home Phone _____
Parent's Work Phone _____
Contact if Parent cannot be reached _____
Phone() _____

Camper: \$285.00 Total cost (\$200.00 Discount cost for each additional camper from the same family). Total registration fee is due by **June 1 or earlier**.
(No unitemized group checks, please.)

Parents/Visitors are welcome but those who spend the night or eat meals will be charged/person: overnight \$22.50; breakfast \$6, lunch \$6, supper \$6. If planning to stay overnight, please contact the camp director before coming to confirm that space is available.

Make checks payable to Presbytery of the Southwest
Mail checks **AND** registration/health/application form to...
Leah Davenport
4601 Firewheel Rd NW
Albuquerque, NM 87120

Questions?? – Contact...

Leah Davenport	allsufficientsavior@hotmail.com	505-296-1117
Todd Dole	todd.dole@gmail.com	940-642-1936
John Johnson	jhjopc@suddenlink.net	903-839-3535
Allan Story	story@austin-opc.net	512-989-3500

Additional forms available at <http://www.opcsouthwest.org/youthcamp.html>

Note: A separate staff/counselor application is also available at <http://www.opcsouthwest.org/youthcamp.html>

health form

Note(all campers and adults must fill out and submit this form)

Name _____

Date of last Tetanus shot _____

Physician _____ Phone () _____

Check if you have: Allergies () Asthma () Diabetes () Heart Condition ()

Medication Reaction () Explain _____

Medications to be taken at camp _____

If you or your child/ward should require medical attention while at High Plains Retreat Center for injuries or for illness contracted prior to coming, please list proof of insurance necessary to give him/her proper medical service.

Policy # _____ Insurance Co. _____ Group # _____

Policy Holder's Name _____ Policy Holder's DOB _____

In case of emergency, I hereby give permission to the physician selected by the camp committee to hospitalize, secure proper treatment for my child/ward to participate in all activities.

I therefore agree to assume as an explicit condition of my child's/ward's participation, any and all risks. I agree to hold blameless High Plains Retreat Center, its staff, the sponsoring church or Presbytery from any and all liability, claims and demands and cause of action whatsoever which may arise due to the participation of my child/ward. I realize also, that in the event of illness or injury while attending activities, medical treatment may be required. I hereby also, that in the event of illness or injury while attending, medical treatment may be required. I hereby give my permission for any such treatment to be rendered, and I agree to bear the costs of such treatment.

Date _____

Signature of Parent/Guardian
(if person attending camp is under 18)

DISCIPLINE CLAUSE

Please sign here showing that you have read and understood the information contained in this brochure and that you are willing to abide by the Camp Guidelines.

Signature of Person attending Camp _____

In the event that my child/ward is asked to leave camp for disciplinary reasons, I am responsible to arrange for his/her immediate transportation home.

Date _____

Signature of Parent/Guardian