



## CAMP HUSTON

Episcopal Diocese of Olympia

14725 Ley Road • PO Box 140

Gold Bar, WA 98251

Ph: (360) 793-0441 • Fax: (360) 793-3822 • [registrar@huston.org](mailto:registrar@huston.org) • [www.huston.org](http://www.huston.org)

Greetings from Camp Huston!

You are registered for **Mini Camp**. Camp will begin with Check-In at **3:00 pm** on **Monday, July 17, 2017**. The session ends at **5:30 pm Thursday evening July 20, 2017** with a closing picnic. Families are invited and encouraged to attend. Please email [registrar@huston.org](mailto:registrar@huston.org) to reserve your spot, and include the number of people as well as any dietary requests.

We're glad that you will be joining us **July 17-20, 2017** for a mini camp session full of fun, friendship, and discovery! We believe that the Discovery Group experience is the most important part of camp and the most fun. The process of sharing, learning, and growing together with the other campers and staff can result in experiences which are new and exciting for everyone. During your session, you will have the opportunity to go on hikes, cook out with your group, share in group discussions, and have a chance to plan some of your group's activities. Each day winds down with a chapel service. You will also be able to do arts and crafts projects, archery, swim in the outdoor pool, and more! Come with lots of energy, ideas, and a desire to have fun with others.

An important part of the camp experience is living simply and in harmony with the natural surroundings, so please leave iPods, electronic games, cell phones, and personal sports equipment at home – digital cameras are welcome!

### CAMP HUSTON PACKING LIST

Please make sure your name is on each item of clothing and equipment. There is no laundry facility, so pack enough clothing to last the entire camp session. Also remember that **socks are mandatory and must be worn at all times**.

- |                                                                                     |                                                                                                               |                                                                              |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Warm sleeping bag                                          | <input type="checkbox"/> Shorts                                                                               | <b>Optional Items</b>                                                        |
| <input type="checkbox"/> Pillow                                                     | <input type="checkbox"/> Swimsuit                                                                             | <input type="checkbox"/> White t-shirt for tie-dye (100% cotton works best)  |
| <input type="checkbox"/> Tennis shoes                                               | <input type="checkbox"/> Warm pajamas                                                                         | <input type="checkbox"/> Pen, pre-addressed envelopes, writing paper, stamps |
| <input type="checkbox"/> Hiking boots or extra shoes                                | <input type="checkbox"/> Toiletry articles: towels, soap, toothbrush, toothpaste, comb, tissues, shampoo, etc | <input type="checkbox"/> Shower shoes / flip-flops                           |
| <input type="checkbox"/> Sweater/sweatshirt                                         | <input type="checkbox"/> Flashlight with extra batteries                                                      | <input type="checkbox"/> Sunglasses                                          |
| <input type="checkbox"/> Jacket                                                     | <input type="checkbox"/> Sunscreen                                                                            | <input type="checkbox"/> Daypack                                             |
| <input type="checkbox"/> Rain coat/poncho                                           | <input type="checkbox"/> Hat                                                                                  | <input type="checkbox"/> Bible                                               |
| <input type="checkbox"/> Underwear & socks (at least one pair for each day at camp) | <input type="checkbox"/> Insect repellent                                                                     | <input type="checkbox"/> Camera                                              |
| <input type="checkbox"/> Shirts                                                     | <input type="checkbox"/> Water bottle                                                                         |                                                                              |
| <input type="checkbox"/> Jeans/long pants                                           |                                                                                                               |                                                                              |

**Items to Leave at Home:** Candy, gum, food, money, any electronic devices such as cell phones and tablets, weapons, including pocket knives, pets or animals.

**SEE YOU THIS SUMMER!**

**Bill Tubbs, Director**

**Alex Flannagan, Assistant Director**

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**Mini Camp Closing Picnic and Service ~ Thursday July 20, 2017 at 5:30 pm**

Our family will attend the closing picnic and service! \_\_\_\_\_ people will attend (not including camper).

How many Vegetarians? \_\_\_\_\_ Any Food Allergies? \_\_\_\_\_

*Please send this form in, or email the above the information to [registrar@huston.org](mailto:registrar@huston.org) to reserve your family's spot at the picnic!*

## INFORMATION FOR PARENTS

**Camp will begin with check-in at 3:00pm on Monday, July 17, 2017. The session will end at 5:30pm on Thursday, July 20, 2017** with a closing service at the campfire circle by the Long House. Families are invited and encouraged to attend the service.

**Registration:** If you have any questions about your registration, please contact the Camp Registrar at [registrar@huston.org](mailto:registrar@huston.org) or mail Camp Huston Registrar / PO Box 140 / Gold Bar, WA 98251 or phone (360) 793-0441.

**Check-in:** A staff member will direct you where to park. Restrooms are located in the Cascade bath-house (by the pool). Campers and parents/guardians will meet the registrar, the program director, the camp chaplain, and the camp nurse before heading to the cabins with a counselor. You are welcome to come see where your camper will be sleeping, then we ask that you say your goodbyes. Staff are ready and available to help throughout the check-in process.

**Payment:** Final payment and all completed forms are due 30 days before check-in. You are responsible for the full camp fee, unless cancellation is made as described below. To make a payment; log in to the registration portal via [www.huston.org](http://www.huston.org), call the office to pay by mastercard or visa, or mail in a check payable to Diocese of Olympia.

**Cancellation:** Cancellations must be received in writing 15 days before the session begins. We will refund your fee, less the \$75 deposit, if we receive written notice as requested. If you must cancel, please let us know as soon as possible, so that others may attend camp.

**Health Form:** Complete the online health form, or, sign, and return both sides of the health form to Camp Huston *before the beginning of the camp session*. Be sure to sign the release for emergency medical treatment. Your camper will not be allowed to check in if this release is not signed. A physical exam within the past 6 months with a doctor's signature is recommended but not required. **The signed and completed health form must be returned to Camp Huston before your arrival.** During camp, parents will be contacted in the event of a health concern, illness, or injury that does not progress as expected, or a situation requiring medical treatment outside of camp. (Please make a copy of the signed medical form for your records.)

**Medication: All prescription and non-prescription camper medications are collected by the camp nurse at check in,** for your child's and everyone's safety. Medications must be in the original containers, with the original label showing the camper's name and doctor's directions for administration. Our medical staff fully controls medication dispensing in accordance with the doctor's prescription. Be sure to pack enough for the entire camp session. Please have prescription and non-prescription medications such as vitamins, herbal supplements, pain relievers, creams, etc. readily available to hand in to the camp nurse at check in. Campers on psycho-therapeutic medication must be on the prescribed dose for a minimum of three months prior to arrival at camp. **Inhalers:** Even if your camper doesn't frequently need his or her inhaler, please bring it! The environment and activities at camp can affect breathing differently than at home.

**Communication from home:** Letters, postcards, emails, and non-food care packages to campers are encouraged! Snacks are provided – please do not send food (candy, gum, etc.). Your camper will not need money, as there is no camp store. All campers receive a Camp Huston T-shirt on the last day of camp. Campers will not be called to the telephone, although arrangements can be made to talk to your camper in case of an emergency. Email may be sent to your camper at [registrar@huston.org](mailto:registrar@huston.org) with your camper's full name in the subject box. Email will be delivered that day if received before 11am or the following day if received after 11am. Email sent the last day of the session will not be delivered.

**Personal Property:** Camp Huston does not permit the possession or use of alcohol, drugs, or weapons. Personal sports equipment should be left at home. During the session, no personal vehicles are allowed into lower camp. The speed limit on camp property is 10mph. Animals are not permitted to stay at camp.

**Early dismissal:** In the event a camper must return home early, for a medical or behavioral reason; parents or guardians are responsible to pick up the camper immediately upon notification. Smoking is not permitted and possession of illegal drugs, alcohol, or weapons will result in immediate removal from camp. There is no refund for campers who must leave early.

If your child has any special needs or requires special attention in any way, please call us to see how we can set your child up for success. We want to provide the most enjoyable and rewarding experience possible. Thank you!

HUSTON CAMP AND CONFERENCE CENTER

HEALTH FORM 2017

P.O. Box 140, Gold Bar, WA 98251 ~ Ph: (360) 793-0441 ~ Fax: (360) 793-3822

The Release for Emergency Treatment on the reverse side must be signed by a parent/guardian.

Without your signature, your camper will not be allowed to check in at camp.

CAMPER NAME:

PERSONAL INFORMATION

Camper's Name: Birth date: Sex: Age:

Parent/Guardian/Spouse:

Home Address: City: State: Zip:

Phone(s) - Cell: Work/Home:

Emergency Contact: Relationship: Phone:

Camper's Doctor/Clinic: Phone:

Address: City: State: Zip:

Do you have medical insurance? Yes No Policy #: Carrier:

PARTICIPANT'S HEALTH HISTORY: PLEASE CHECK

Table with 3 columns of health conditions (Asthma, ADD/ADHD, Headaches, etc.) and checkboxes for YES/NO.

ALL IMMUNIZATIONS REQUIRED FOR SCHOOL ARE UP TO DATE:

Yes No

Date of last tetanus booster shot:

List all allergies (food and/or drugs):

List recent illnesses or past medical treatment:

List current medications (prescribed or over the counter) and dispensing instructions:

Is there any special medical or dietary restrictions or care needed?:

Describe any camp activities from which the camper should be exempted for health reasons (swimming, hiking, games, etc.):

Use this space to provide a description of any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp:

SIGNATURE OF PARENT/GUARDIAN: DATE:

RECOMMENDED PHYSICAL EXAMINATION: We strongly encourage a physical examination by a licensed medical provider within 6 months of your arrival at Huston. This will help ensure the safety of every child who attends camp.

PLEASE NOTE - HEALTH EXAMS ARE NOT REQUIRED TO ATTEND CAMP HUSTON

Check the: nose, throat, skin, heart, hernia risk, abdomen. Comments:

List any prescription medications to be sent to camp, and conditions they are treating:

I examined the individual named above on (date) and have reviewed the Health History. It is my opinion that this person is physically able to engage in camp activities except as noted. Restrictions:

Signature: Date:

SESSION #:

NO ONE WILL BE ADMITTED WITHOUT THIS FORM Please complete both sides.



**THE FOLLOWING MUST BE COMPLETED**



UNLESS THIS FORM IS SIGNED BY A PARENT OR GUARDIAN, THE CAMP CANNOT GET EMERGENCY HELP FOR YOUR CHILD IN CASE OF INJURY. THANK YOU FOR YOUR COOPERATION.

**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR**

**PARENT'S AUTHORIZATION:** This Health History is correct so far as I know and \_\_\_\_\_ (camper's name) herein described has permission to engage in all described camp activities except as noted by me and the examining physician. I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to dispense medications and to seek emergency medical treatment; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT'S AUTHORIZATION:** I, the undersigned parent/person having legal custody/guardianship of the above named minor, hereby give permission for the minor to participate in the Camping Programs of Camp Huston. I give permission for individual or group photographs or video footage of my child to be used by the camp for historical and/or promotional purposes. I have read the description of the program in the camp brochure, and camp session letter. I understand that the program includes such activities as long hikes, sleeping outside in tents, cooking around a campfire and group discussions. The minor is physically able and mentally prepared to participate in all camp activities. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the camp program. I will not hold Camp Huston or the Dioceses of Olympia Inc. liable for any injuries incurred during the program whether caused by equipment or the acts of omission of others excepting damage or injury solely caused by the willful misconduct or negligence of Camp Huston or its employees or agents.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CAMPER AGREEMENT**

I have read the letter for my session at Camp Huston and am looking forward to my stay. I am willing and able to participate fully in all camp activities. I will do my best to work with others, to respect the property of Camp Huston, other campers, and the camp staff. I understand that failure to live up to this agreement might result in early dismissal from Camp Huston without a refund.

**SIGNATURE OF CAMPER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NO ONE WILL BE ADMITTED WITHOUT THIS FORM**  
Please complete both sides.

<i>FOR OFFICIAL USE ONLY</i>	
How are you feeling?	<b>Health House Screening</b>
	Hair <input type="checkbox"/>
Any changes since you sent in your form?	Hands <input type="checkbox"/>
	Feet <input type="checkbox"/>
Have you been exposed to any communicable diseases?	Toes <input type="checkbox"/>
Do you have any prescription or over the counter medications?	Comments: