Covenant Youth Camp July 5-8, 2022 Camp Sinawa Valders. WI

ATTENTION: IN ORDER TO REGISTER FOR CAMP, WE ASK THAT ALL CAMPERS AND COUNSELORS FILL OUT **BOTH THE PAPER AND ONLINE VERSIONS** OF THIS FORM. The paper version is to be turned in to the church. The online version is found at: https://flshare.net/m73gj9

Please bring your registration fee of \$70.00 directly to camp. Checks can be made payable to Covenant Youth Camp.

A Note from the Camp Directors

Greetings, church family! Once again it is time to get ready for our summer Youth Camp at Camp Sinawa in Valders, Wisconsin. Junior Campers are those entering the 5th through 8th grades. Senior Campers are those entering 9th grade and higher. Campers may bring friends.

Camp begins on Tuesday, July 5. Registration begins at 1:00PM. Please arrive by 4:00PM so you can take part in the Covenant Cup activities. Camp ends on Friday morning after breakfast and clean up.

The motto of the camp is "The Great Smackdown: The Defeat of All Earthly Powers". The theme verse of the camp will be from Ephesians 6:12: "For we do not wrestle against flesh and blood, but against the rulers, against the authorities, against the cosmic powers over this present darkness, against the spiritual forces of evil in the heavenly places." Pastors will lead five lessons and we also have daily worship, fellowship, and games.

A major activity is swimming and tubing on Pigeon Lake. We have a lifeguard on duty for all water activities.

We especially want to thank all the pastors, counselors, and cooks who work faithfully each year to ensure the high quality of teaching and great fun that helps make our camp a lasting memory.

PACKING LIST FOR CAMP:

- -Sack lunch for trip to camp (if needed)
- -Bible, catechism, notebook, and pen
- -Flashlight and extra batteries
- -Light jacket or sweater/rain gear
- -Pillow and sleeping bag or bedding
- -Clothing for outdoor activities
- -Talent for Talent Night
- -Toothbrush
- -Towel and soap
- -Insect Repellant
- -Modest clothing for every occasion
- -Modest swimwear (one piece or modest tankini for girls)
- -Baseball glove
- -Money for snack bar
- -Fishing pole (optional)

ACTIVITIES

- -Softball
- -Water tubing
- -Boating
- -Volleyball
- -Campfire
- -Basketball
- -Swimming
- -Soccer
- -Talent Night

CAMP RULES

- -Do not bring electronics for use at camp
- -Do not bring any type of fireworks
- -Do not bring anything designed to irritate
- -Do not leave camp boundaries
- -Do not destroy plants, trees, or wildlife
- -Do bring your Bibles
- -Do take time to pray
- -Do make friends with other campers
- -Do keep the campground and cabins clean
- -Do bring a skit or prepared demonstration for Talent night (we have a piano and a sound system)

To contact the camp (in case of emergency):

Call Camp Sinawa at (920) 758-9000

Camp Sinawa is located at:

9113 Sinawa Road, Valders, WI.

Camper / Counselor Name (First and Last)			
Gender			
Address			
City	State/Prov.	Postal Code	
Age			
9 10 11 12 13 14 15 16 17 18 18	19 ☐ Counselor		
Grade this Fall			
\Box 5th \Box 6th \Box 7th \Box 8th \Box 9th \Box 10th \Box 11th \Box 12th \Box	Just Graduated □ C	ounselor	
Church You're Coming With			
□ Hamburg □ Emmaus Road □ Redeemer □ Rogers □ KC □ Manitowoc □ Napoleon □ Garner □ Waupun			
T-shirt size (these are "Adult" sizes)			
□ Small □ Medium □ Large □ X-Large □ XX-Large			
(Optional) Name of one camper you would like in your dorm/cabin			
Name of Parent/Legal Guardian completing this form			
Parent/Guardian Email			
Emergency Contact Name	Emergency Contact Phone Number		
Secondary Emergency Contact Name	Secondary Emergency Contact Phone Number		
Allergies			
□ No Known Allergies			
☐ Food Allergies			
☐ Medication Allergies			
☐ The Environment (insect strings, hay fever, etc.)			
□ Other			
If applicable, please describe below what the camper is allergic to a	nd the reaction seen.		
Diet, Nutrition			
\Box This camper eats a regular diet $\ \Box$ This camper eats a regular version	egetarian diet 🛭 This	camper is lactose intolerant	
☐ This camper is gluten intolerant ☐ Other			
Any Other Diet Info We Should Know			

Medications		
☐ This camper will not take any daily medications while attending of	camp	
☐ This camper will take the following medication(s) while attending		
Name of Medication #1	, camp	
When Medication #1 is Given		
☐ Breakfast ☐ Lunch ☐ Supper ☐ Bedtime ☐ Other		
If other time, please specify	Amount or Dose Given for Medication #1	
How Medication #1 is Given		
Name of Medication #2		
When Medication #2 is Given		
□ Breakfast □ Lunch □ Supper □ Bedtime □ Other		
If other time, please specify	Amount or Dose Given for Medication #2	
How Medication #2 is Given		
Name of Medication #3		
When Medication #3 is Given		
☐ Breakfast ☐ Lunch ☐ Supper ☐ Bedtime ☐ Other ☐ Other	er	
If other time, please specify	Amount or Dose Given for Medication #3	
How Medication #3 is Given		
Additional Medications (When, how much, and how it is given)		
The following non-prescription medications may be stocked in the check any medications the camper should NOT be given.	camp health center and are used on an as-needed basis. Please	
☐ Acetaminophen (Tylenol)		
☐ Diphenhydramine antihistamine/allergy medicine (Benadryl)		
☐ Ibuprofen (Advil, Motrin)		
☐ Antibiotic cream		
□ Aloe		
☐ Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)		
Any Additional Restrictions We Should Know:		

Consent for a Minor Child

I/We, the undersigned Parent(s)/Guardian(s) of this child, a minor, do hereby authorize the staff of the Covenant Youth Camp as agents for the undersigned to consent to any x-ray examination, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any duly authorized physician or surgeon. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on that part of our aforesaid agents to give specific consent to any and all diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable.

This authorization affects July 5-8, 2022.

Signature of Parent/Guardian
Date
□ Please check this box if you do NOT want photos of your child to appear in the Reformed Herald or other media.
I understand I still need to send \$70 along with my child when they attend camp.
□ I do
I understand I need to fill out both paper and online versions of this form. (See above for link to online form)
□ I do

If you have any questions, please contact Carolyn Hackmann: (920)-901-8788 or

Kayla Shillcox: (920)-323-9511