

Episcopal Diocese of Northwest Texas

Summer Camp Program 2018

“Who Dat Saint?: Stories of Some Heroes of the Faith!”

Camp Quarterman

June 10-16

Completed grades 7th-12th in 2018

(6th graders may choose either Camp Quarterman or Camp Quarterman Jr.)

Camp Quarterman Jr.

June 24-30

Completed grades 2nd-5th in 2018

Registration Fees:

Early Registration \$400.00 if postmarked by April 10, 2018 with minimum deposit enclosed

Regular Registration \$425.00 if postmarked April 11, 2018 through May 12, 2018 with minimum deposit enclosed

Late Registration \$500.00 if postmarked May 13th through week prior to start of camp

A minimum of \$100 deposit is required with each registration form

Balance due must be received one week prior to the beginning of camp

Deposit and fees may be paid by check, cash or credit card (via paypal)

Multiple Children Attending Camp: Families with more than one child (immediate family) will receive a \$75.00 discount, per child, after one full fee is paid.

Scholarships and Financial Aid: No one will be turned away from attending camp because of financial burden. Please contact Renee at 806-445-3667 or nwtxyouth@suddenlink.net for more information.

Please submit your forms and deposit to hold a place.

Please register as soon as possible. Both camps have limited space!

All campers must be registered 2 weeks prior to camp start date-campground policy. Thanks!

2018 CQ/CQJ Registration Form

Camp Session

Please check the session you are registering for:

Camp Quarterman June 10-16 (Completed grades 7-12)

Camp Quarterman Jr. June 24-30 (Completed grades 2-5)

(Youth who have completed 6th grade may choose either Camp Quarterman or Camp Quarterman Jr.)

Camper Information (PLEASE PRINT CLEARLY)

Legal Name _____
Last _____ First _____ Middle _____

Name to appear on nametag (if different from legal name) _____

Address _____

City _____ State _____ Zip _____

Age _____ Grade completed in 2018 _____ Date of Birth _____ Gender M F

Email address: _____

Camper T-Shirt Size (circle one): **Youth:** S M L **Adult:** S M L XL XXL

Father's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Email address: _____

Mother's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Email address: _____

Home Church _____ City _____

My camper, _____, has my permission to participate in all planned activities while attending Camp Quarterman or Camp Quarterman Jr. In signing this application, I certify that the information is correct and give permission for (1) the use of photographs, recording or videos in camp publicity; (2) transportation to be provided in private and public vehicles for approved off grounds camp activities and transportation to Camp Quarterman in Colorado; (3) and the release of medical records for insurance purposes in case of illness or accident.

Parent/Guardian Signature _____ Date _____

Camp Quarterman Code of Behavior 2018:

Adherence to the "Camp Quarterman Code of Behavior" is required from everyone who is a part of the summer camp program, including campers, volunteers and staff.

- I will treat everyone with respect and dignity.
- I will not use inappropriate language during my stay at Camp Quarterman.
- I understand that each person has physical boundaries and I will not step over their boundaries.
- I understand that sexual misconduct is unacceptable with the campers, counselors and staff and will not be tolerated. This includes sexual harassment, jokes containing sexual material or sexual conduct.
- I understand that the use of alcohol, illegal drugs and tobacco products are prohibited during my stay.

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- I will treat others, as I would expect to be treated.
- I will treat the facilities with care and not abuse the property.
This includes writing on any part of the buildings, walls or furnishings.
- I will respect all of the wildlife and recognize that this is their home.
- I will have a positive attitude and encourage everyone to do the same.

We (Parent and Camper) have read and understand the camp information and policies and agree that Camper will adhere to them at all times. If the Camper is in violation of these rules, proper action will be taken. In serious cases, the Parent understands that the Youth Coordinator has the authority to dismiss the Camper and that Parent is responsible for their immediate transportation home.

Parent/Guardian Signature Date

Camper Signature Date

*Please make checks payable to Camp Quarterman or
complete out the VISA/MasterCard credit card information below.*

Credit Card Information:

Name as it appears on the card: _____

Amount \$ _____ Email address: _____

If paying by credit card-you will receive a paypal invoice from the diocesan office.

Please include your check and mail to:

**Camp Quarterman
Episcopal Diocese of Northwest Texas
1802 Broadway St.
Lubbock, TX 79401**

Camper Health Information & Emergency Treatment Release Form 2018

Please Print Clearly

Camper Name _____ Age _____ DOB _____

Physician's Name _____ Phone # _____

Insurance Company _____ Phone # _____

Group/Plan # _____ Member # _____

(Please attach copy of both sides of insurance card)

Last Tetanus Immunization / Booster (must be current) _____

Any restrictions on camp activities? _____ If so, what? _____

Any dietary restrictions or allergies? _____ If so, what? _____

Any allergies to medications? _____ If so, what? _____

Please check all that apply to camper:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Recurrent Ear Infections	<input type="checkbox"/> Frequent Diarrhea
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Recurrent Strep Throat	<input type="checkbox"/> Chronic Constipation
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Kidney/Bladder Infections	<input type="checkbox"/> Lactose Intolerance
<input type="checkbox"/> Depression	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Epilepsy/Seizures
<input type="checkbox"/> Migraines	<input type="checkbox"/> Sleepwalking	
<input type="checkbox"/> Other (please list) _____		
<input type="checkbox"/> Allergies (please list) _____		

The Camp Infirmary keeps a stock of over-the-counter medications for use as needed. These are administered at the staff's discretion. Please check ALL that camper may receive.

<input type="checkbox"/> Tylenol	<input type="checkbox"/> Imodium	<input type="checkbox"/> Hydrocortisone Cream
<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Antacids	<input type="checkbox"/> Throat Lozenges
<input type="checkbox"/> Benadryl	<input type="checkbox"/> Robitussin	<input type="checkbox"/> Eye Drops

All prescription medication must be turned in to the nurse upon check-in. Medication must be in original prescription bottle (or if OTC, must be in bottle/box and labeled).

This camp provides secondary medical coverage. Your frankness about any physical or emotional disability will help the staff to work more effectively with your child. _____

Emergency Contacts (other than parents which were listed on the camp registration form)

Name _____ Phone #s _____

Name _____ Phone #s _____

My child is healthy and capable of participation in this event without causing risk of danger, illness, or accident to him/herself or to others. I agree to hold harmless the leaders of my church, Camp Quarterman staff, volunteers and coordinators, the Bishop of Northwest Texas and the Episcopal Diocese of Northwest Texas in the event of injury or accident. I declare that my child is covered by medical insurance and/or I am responsible for any and all expenses incurred by my child whether covered by insurance or not. In the event that my child requires medical or dental attention, I understand that an adult sponsor will make every attempt to contact me. In the event that I cannot be reached, I consent to any medical attention deemed appropriate. In the event treatment is called for where the medical provider refuses to administer without my consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be reached immediately or because of emergency there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent.

Parent/Guardian Signature _____ Date _____

2018 Camp Quarterman

WHAT TO BRING CHECKLIST

Please bring informal, inexpensive clothing to camp. Camp Quarterman is not responsible for articles lost, damaged or left behind. Please mark all clothing and other belongings with campers name. Please bring enough clothing and toiletries to last the entire week. Please remember to bring modest clothing. We do not do wash!

<input type="checkbox"/> Shirts	<input type="checkbox"/> Shoes (hiking, tennis, sandals)
<input type="checkbox"/> Shorts	<input type="checkbox"/> Bedding for twin-sized bunk (sheets, blanket, sleeping bag, pillow) Remember it gets chilly at night.
<input type="checkbox"/> Underwear and socks	<input type="checkbox"/> Towels, washcloth
<input type="checkbox"/> Sweater/sweatshirt	<input type="checkbox"/> Jeans or long pants
<input type="checkbox"/> Jacket	<input type="checkbox"/> Pajamas
<input type="checkbox"/> Swimwear	<input type="checkbox"/> Dressy clothes for Friday Night**
<input type="checkbox"/> Toiletries (shampoo, soap, deodorant)	<input type="checkbox"/> Sunscreen and bug spray
<input type="checkbox"/> Flashlight	<input type="checkbox"/> Camera
<input type="checkbox"/> Letter writing materials (paper, envelopes, stamps, addresses)	<input type="checkbox"/> Something to read
<input type="checkbox"/> Talent show props (appropriate) **	<input type="checkbox"/> Water Bottle (marked with name)

**Optional

Please do not bring any of the following with you to have at camp:

Alcohol
Illegal Drugs
Cigarettes or tobacco products
Knives
Firearms
Phones/Tablets, Laptops
(See below*)

Any of these items brought to camp will be confiscated. Camp Quarterman is not responsible for jewelry, other valuables or lost items.

*All cell phones and any other electronics that can either make or receive calls or can connect to the internet must be turned in to the camp director upon arrival in Colorado. Personal music players (iPods, mp3 players, etc) may be used during approved "free time." Items will be returned at the end of camp. CQ staff will NOT be able to charge your items prior to departure back to Texas.



Camp Quarterman Jr. 2018 Information and Policies

All sessions are coeducational. All people are welcome without regard to race, creed, national origin or religion (although an important part of camp activities will be worship in the Episcopal tradition). Campers are expected to attend the full camp session. Each camp runs Sunday through Saturday. This ensures a full camp experience for all campers and staff.

Check In and Out-

Camp Quarterman Jr. will have check in at Ceta Glen Camp from 4:00-5:00 p.m. on June 24th. Campers can be picked up at 11:00 a.m. on Saturday, June 30th.

Directions to the camp: From I-27 take exit 94 to FM 285. Go 8 miles east on FM 285 (right turn if coming from Lubbock, left turn if coming from Amarillo). Turn left (north) onto FM 1721 (there's a sign for the camp). Go 2 miles on FM 1721 straight into Ceta Canyon. Ceta Glen's entrance is through a gate on the left as you're coming down the side of the canyon.

Clothing—Please see attached "What to Bring" checklist

Mail

Mail is an important part of your camper's experience at Camp Quarterman Jr.-- Please feel free to write them often. Please DO NOT SEND ANY TYPE OF FOOD, CANDY OR GUM! You may send mail via USPS OR you can write the letters, place in envelope, address with child's name and day you want it delivered and give to Renee at Check-In.

Camper mail should be addressed:

Camp Quarterman Jr., Camper's Name
Ceta Glen
37201 FM 1721
Happy, TX 79042

Medications

Campers are only allowed to bring medications in the original container. Prescription medications must be in the prescription bottle with the camper's name, physician's name and dosage clearly printed on it. All other medications must have camper's name clearly labeled on each item. All medicine will be collected at registration and dispensed by an appointed staff member. The camp carries a variety of over the counter medications. The "Camper Health Information and Emergency Treatment Release Form" must be completed and on file for the camper to attend.

Cell Phone Policy

Campers are not allowed to make or receive phone calls during a camp session. Exceptions will be made in emergencies and urgent cases with special permission from the Youth Coordinator. All cell phones will be turned in at registration and returned at end of camp.

Electronic Devices-All cell phones and any other electronics that either make calls or can connect to the internet must be turned it to the director (or left at home). Personal music players (iPods, mp3 players, etc.) may be used during approved "free time."

Emergencies

In the event that you need to reach a camper due to an urgent matter or emergency, please call or text Renee Haney's cell phone at 806-445-3667.

The emergency land line for Ceta Glen is 806-488-2452.

Visitor Policy

VISITORS WILL NOT BE ALLOWED DURING CAMP SESSIONS! This includes parents or social visits from family or friends. This is for the safety of the campers and staff.

Additional Information

Responsible care of all buildings and facilities is expected of all campers. In cases of willful destruction of property or natural surroundings, parents will be asked to pay for damages.

If a camper forgets an item of necessity, the camp will provide it for him/her. Parents are never to bring items or visit camp without permission of the Youth Coordinator.

Rooming requests will not be accepted, unless special circumstances or needs are explained to Youth Coordinator, prior to check-in.

Please contact Renee Haney, Diocesan Youth Coordinator at 806-445-3667 or at nwtxyouth@suddenlink.net with questions or concerns.
