



CAMP SIONITO

A PEACEFUL REFUGE PROMOTING WHOLENESS

YOUTH CAMP 2009

Camp Sionito is a Christian camping activity sponsored by Coastal Bend, Heart of Texas and Mexico-Texas Mission Centers of the Community of Christ. The camps are held at the Sionito Campgrounds, located six miles west of Bandera, Texas, on Route 16 in the Texas Hill Country. Parents and legal guardians of minor Campers are asked to complete this form. Every Camper MUST have a completed and signed form.

► IMPORTANT FOR 2009 ◀

1. **Early Registration** is \$290 if the completed registration form and a \$50 non-refundable deposit is post-marked by the early registration deadline. This information should be mailed to the appropriate Camp Business Manager. **Late Registration** is \$340. There will be no waivers for the early registration cut-off date. Please register early!

	<u>Camp Dates</u>	<input type="checkbox"/> <u>Early Registration (\$290)</u>	<input type="checkbox"/> <u>Late Registration (\$340)</u>
Sr. High Camp	June 14-20	<i>ends May 14</i>	May 15 – June 14
Junior Camp	June 28-July 4	<i>ends May 28</i>	May 29 – June 28
Jr. High Camp	July 12-18	<i>ends June 12</i>	June 13 – July 12

2. A \$50 non-refundable deposit is due with your completed registration form. (The deposit will be applied to your registration fee.) The remainder of the registration fee is due on or before the beginning of camp. If your congregation is assisting in payment of fees, it is your responsibility to make sure that the financial officer includes your name on the list of youth being given financial assistance by the congregation. The Camper is responsible for applying for the mission center campership available through their mission center. This application can be found on the mission center’s web page: www.heartoftexasmc.org or www.coastalbendmc.org. The applications are also on pages 2 and 3 of the registration form.

3. No early arrivals! The Camp Staff are engaged in training and orientation and cannot provide any supervision. Arriving before the start of camp is not permitted.

4. Rules for acceptance and participation in the program are the same for everyone without regard to age, handicap, national origin, race, religion, or sex.

PARENTS / GUARDIANS:

- Camp begins at 1:00 p.m. on the Sunday of each camp. Campers MUST NOT arrive prior to 1:00 p.m. as this seriously interrupts Staff Orientation Sessions.
- Camp is not over until the conclusion of the final activity on Saturday. There will be **no** lunch on Saturday. Campers MUST BE picked up between 12:00 - 1:00 p.m.
- NO part time Campers will be accepted.
- The presence of visitors and late arrival of Campers can be disruptive to any camp. Please be conscientious about arriving and leaving promptly.
- The camping environment is a close community. Therefore, as part of the health check in with the Medical Staff, each Camper will be confidentially checked for any communicable conditions. If the Medical Staff determines a Camper has any conditions that might be passed on to other Campers, depending on the nature of the condition, a Camper may stay under the care of medical staff supervision or, for the sake of the youth and the community, the parent may be asked to take the Camper home.
- Mailing address: Camp Sionito, 7754 State Highway 16 N, Bandera, TX 78003-3528.
- EMERGENCY CALLS ONLY: Phone 830-796-3510.

CAMPERS:

Bring jeans, shorts, bathing suit, T-shirts or casual shirts, raincoat or poncho, two pairs of shoes, warm jacket or sweater, pillow, blankets or sleeping bag, flashlight, toilet articles, camera, musical instruments, sports equipment, Scriptures, insect repellent, letter writing materials. DO NOT BRING radios, personal audio players, etc. that can't be listened to privately by way of a headset. Clothing or related items that promote the use of tobacco, alcohol, drugs, un-Christian conduct, abusive or derogatory language are not allowed. Cell phones will be collected at the beginning of camp. Their use will be at the discretion of the Camp Director.

MAIL YOUR REGISTRATION FORM AND HEALTH FORM TO THE CAMP BUSINESS MANAGER. Remember to include a \$50 non-refundable deposit and to register before the 30-day start date for a lower fee.

SENIOR HIGH CAMP - JUNE 14-20

Must be going into grades 10-11-12 in the fall of 2009 or graduated in the spring of 2009.

Director: Diana Solorio
2501 Monitor Dr
Austin, TX 78745
(h) 512-280-7390
(c) 512-940-6724
dsolorio1@yahoo.com

Business Manager: Carol Sutton
2101 Robin Ln
Taylor, TX 76574
(h) 512-365-8029
(c) 512-635-5956
larrycarolsutton@hotmail.com

JUNIOR HIGH CAMP – JULY 12-JULY 18

Must be going into grades 7-8-9 in the fall of 2009.

Director: Paul McMillan
3744 Limestone Mesa
Schertz, TX 78154
(h) 210-566-0294
(c) 210-861-2611
pmcmillan@satx.rr.com

Business Manager: Cindy Jones
P.O. Box 252
Liberty Hill, TX 78642
512-778-6859
cjonezin@hotmail.com

JUNIOR CAMP - JUNE 28-JULY 4

Must be going into grades 3-4-5-6 in the fall of 2009.

Director: Stacie Koerth
13000 Staton Dr
Austin, TX 78727
512-517-7868
skoerth@austinisd.org

Business Manager: Ron Saur
7002 Evans Dr
Round Rock, TX 78681
(h) 512-238-8094
(c) 512-468-8786
saurmcfo@swbell.net

Jamie Beck—Business Manager in Training

The Sionito Campgrounds Association is continually upgrading and enhancing the campground facilities. It is our hope that these enhancements will benefit our youth and other users of the grounds. If you are interested in making a tax-deductible donation to these ongoing efforts, please contact Kathie Moss at 817-991-1819.

2009 SIONITO Camper Registration / Health Form

Community of Christ

Please check the camp the Camper will be attending: ___ Junior Camp ___ Jr. High Camp ___ Sr. High Camp

General Information

Camper's Name _____

Age _____ Sex: ___ Male ___ Female Grade Completed in School _____ Phone (Camper) _____

Address _____

City _____ State/Province _____ Country _____ Zip _____

E-Mail address: (Camper) _____

Roommate Preference _____

Congregation/Church Attending _____ Mission Center _____

Name of Parent/Legal Guardian or next of kin _____

Work Phone _____ Home Phone _____ Cell Phone _____

Email Address (Parent/Guardian) _____

Additional Parent/Legal Guardian or next of kin _____

Work Phone _____ Home Phone _____ Cell Phone _____

Email Address (Additional Parent/Guardian) _____

Person(s) allowed to pick up your Camper from camp _____

Registration fee:

Early (30 days before camp) - \$290

Late (less than 30 days) - \$340

If you have a supporting jurisdiction that will be providing a Campership you will need to have them notify the Business Manager in advance of the Camp. If prior notice is not given, you may be responsible for the full-amount of registration at the start of camp.

Campers

Please Complete this Information!

Camper will Pay: \$ _____

Jurisdiction will Pay: \$ _____

(name of jurisdiction)

_____ \$ _____

(Campership - Circle - HTMC or CBMC)

Registration Total \$ _____

Business Manger's Use Only

Date Received & Amount

Amount due at start of camp

Please check this box if you have included a \$50 non-refundable deposit.

*** Camp Sionito T-shirt is included in the registration fee.

*** **Please indicate size by circling** XXL, XL, L, M, S (adult); L, M, S (youth).

VERY IMPORTANT!

A \$50 non-refundable deposit will reserve your place at camp and if received 30 days prior to the camp start date qualifies you for the early registration rate. The deposit will be applied to your registration fee. The balance of the registration fee is due at the beginning of the camp. *Please make your check payable to the Community of Christ.*

GENERAL CONSENT AND RELEASE

In consideration of _____'s (*name of participant, hereinafter "Camper"*) participation in an activity sponsored by the Community of Christ, I do for myself and for and on behalf of my Camper hereby release, forever discharge, and agree to hold harmless the Community of Christ and its directors, agents, employees, assigns, and any subordinate units from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever due to ordinary negligence that may be incurred by the undersigned and the Camper that occur while said Camper is participating in above listed activities, including transportation to and from such activity. I have listed below any activity that my Camper cannot participate in.

Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food, and lodging for this Camper.

The undersigned further agrees to hold harmless and indemnify Community of Christ, its directors, employees, and agents, assigns, and subordinate units for any liability sustained by said organizations as the result of the negligent, willful or intentional acts of said Camper, including expenses incurred attendant thereto.

If the Camper has not attained the age of 18 years, I am a parent or legal guardian of this Camper, and thereby grant my permission for him/her to participate fully in said event unless specific activities have been listed below. I also give my permission to take said Camper to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. I also agree that if my Camper has an illness on the day of departure, which could be harmful to him/her, or to others he/she will not be allowed to remain at the activity.

Further, I hereby give consent to and authorize the taking of photographs or videotape in which my Camper may appear, and their use in all media, including the world wide web, hereby waiving all right of privacy in and to any said pictures or tapes.

Here is the list of the activities my Camper cannot participate in:

Authorization Signature

I have read and agree to all statements in the liability release. I consent to have my Camper participate in the above listed activity/event.

Signature of Parent or Guardian

Date

Print Name of Parent or Guardian

For some camps an archery class or activity may be offered. The Archery class or activity will be taught by an adult authorized to teach and conduct an Archery class. Check with your Camp Director to determine if an Archery class will be offered.

RELEASE & WAIVER OF LIABILITY FOR ARCHERY

I certify that I have decided to participate in Archery with full knowledge of the potential danger, and understanding that participation in the activity involves potential risks and dangers, including but not limited to transportation to and from said activities, bodily injury, closed head injury, concussion, partial or total disability, paralysis and death to Camper's person and damages which may arise there from, and that I/we acknowledge said risks of Archery.

I declare and attest that I am willing to assume all risks in order to participate. In consideration of this right to participate, I waive any and all claims for myself and my heirs or anyone else claiming on my behalf for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever due to ordinary negligence, against Community of Christ, its heirs, assigns, or employees, because of injury or illness that may result from my participation in this activity. By this agreement, I agree to refrain from instituting or aiding in any claim or demand for damages, expenses, or compensation against and indemnify and hold harmless the Community of Christ, its heirs, assigns, or employees in connection with my attendance at and participation in this activity.

Camper Signature

Date

Print Name of Camper

Date of Birth. If under the age of 18 years* parent or guardian must consent.

Signature of Parent or Guardian

Date

Print Name of Parent or Guardian

CAMPER'S PROMISE: To make camp more successful I will abide by the rules and expectations of the camp and will live by the highest Christian standards or will be sent home at the expense of parent(s)/guardian. I will be at all activities on time and ready to participate. I will be courteous, kind and respectful of other persons and their possessions. Youth camp policy prohibits the use of tobacco, alcohol, and illegal drugs on the campgrounds. I will not bring tobacco, alcohol, drugs, knives, matches or cigarette lighters to camp. (Failure to meet this policy will result in the Camper being sent home at the expense of parent(s)/guardian.) I will not leave the campgrounds for any reason. I will only make collect phone calls and limit the call to a few minutes. I will not bring food to camp – snacks will be provided for me. I will not bring non-prescription medication to camp and all prescription medicine brought to camp will have my name on the bottle. (All medicine must be turned in to the medical staff.) I will refrain from abusive or derogatory language. I will live by the "Golden Rule" – do unto others as I would have them do unto me.

Camper's Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Who to Contact in the Event of an Emergency

Name _____ Relationship _____ Phone _____

Address _____

City _____ State/Province _____ Country _____ Zip _____

Name _____ Relationship _____ Phone _____

Address _____

City _____ State/Province _____ Country _____ Zip _____

Medical History

1. Allergies to foods, medications, etc. (if none, so state) _____

2. Is Camper currently under a physician's care for any acute or chronic medical condition?

(If so, please explain. If none, so state) _____

3. Does Camper carry medications on person? (If none, so state) _____

Medication(s) _____

Purpose: _____

4. Does Camper require prescription medications? (If none, so state) _____

Medication(s) _____

Purpose: _____

5. Family Physician _____ Phone _____

Office Address _____

6. Health Insurance Company _____ Phone _____

Policyholder's Name _____

_____ Address _____

Group No. _____ Policy No. _____

Please attach a photocopy of your insurance card and prescription card!

7. Does Camper have or has Camper had any of the following conditions? (Please circle "yes" or "no." If "yes" is circled, please list approximate date of last occurrence.)

Asthma	No Yes	Date: _____	Diabetes	No Yes	Date: _____
Bronchitis	No Yes	Date: _____	Tuberculosis	No Yes	Date: _____
Rheumatic Fever	No Yes	Date: _____	Kidney Trouble	No Yes	Date: _____
Hepatitis	No Yes	Date: _____	Mumps	No Yes	Date: _____
Scarlet Fever	No Yes	Date: _____	Heart Murmur	No Yes	Date: _____
Appendicitis	No Yes	Date: _____	Chicken pox	No Yes	Date: _____
Pneumonia	No Yes	Date: _____	Frequent Colds	No Yes	Date: _____
Epilepsy	No Yes	Date: _____	HIV	No Yes	Date: _____
Anemia	No Yes	Date: _____	Sore Throats	No Yes	Date: _____
Measles	No Yes	Date: _____	Fractures	No Yes	Date: _____
Heart Trouble	No Yes	Date: _____	Sinusitis	No Yes	Date: _____
Whooping Cough	No Yes	Date: _____	Nature of fracture	_____	

Other conditions medical staff should be aware of _____

8. Operations or Serious Injuries (describe and give dates)

9. Immunization Dates (A photocopy of the Camper's health card may be attached, if available.)

DPT	Booster	Diphtheria	Booster Tetanus
Smallpox	Typhoid	Tuberculin	
Measles	Mumps Polio Vaccine (Salk or Sabin)		

10. Has Camper recently been exposed to a contagious disease? (If "Yes," describe. If "No," so state)

11. Does Camper have problems in any of the following areas?

Vision _____	Hearing _____	Hernia _____	Fainting _____
Diarrhea _____	Constipation _____	Sleep Walking _____	Bed-wetting _____

Recent emotional upset (death of family member, divorce of parents, etc.)

12. Any other medical, emotional, psychological problems, dietary regime, or physical restrictions? If yes, please describe.

As a parent/guardian I acknowledge that my Camper will be checked by the medical staff at the start of camp for any condition that might be contagious. I also understand that should my Camper have to be sent home due to such a condition I will be responsible for any and all transportation cost.

Permission For Medical Treatment

I, the undersigned, being the parent, legal next-of-kin, or guardian of _____ hereby authorize any necessary medical treatment for this person. I also guarantee payment of all charges incurred during this medical treatment for Physician, hospital, x-ray tab, drugs, ambulance, etc.)

Parent or Guardian _____

Date _____