

Round Lake V.I.P. Camp Application Form

Dates: July 3-6, 2021

Cost: \$250

Thank you for your interest in V.I.P. Camp at Round Lake Christian Camp! This packet includes everything you need to apply for V.I.P. Camp. **You will also need to send in at least a 50% tuition deposit (\$125) with your application. The remaining 50% is due two weeks before camp.**

Submission of this application does **NOT** guarantee acceptance into the program. V.I.P. Camp operates with a volunteer staff. Abilities and facilities have their limitations, and we want to ensure we can give each V.I.P. camper accepted into the program a great camp experience. Therefore, the deans and camp management reserve the right to deny any camper when they believe the volunteers are unable to accommodate an applicant's needs after reviewing this application packet. Your tuition deposit will only be processed if you are accepted into V.I.P. Camp. We will let you know whether or not you are accepted into the program.

Please complete all information on the following pages of this packet. Pay special attention to the medical information section as it will help us understand your needs and how to meet those needs in the best possible manner. **You must complete and submit all paperwork in this packet in order to apply. Please mail completed forms to the camp.**

The dates for this year's camp are Saturday, July 3 through Tuesday, July 6, 2021. Campers need to arrive at the Camp Side at **10:00 AM on Saturday**. Camper pick-up will be at 10:00 AM on Tuesday. **The address for the Camp Side is 114 State Route 3, Lakeville, OH 44638.**

Enclosed you will also find a **"What to Bring"** insert detailing what you need to bring to camp in the form of supplies as well as **"What NOT to Bring"** listing items we ask you not to bring to camp.

Attention guardians and caregivers! We do not allow campers to share items such as clothing and toiletries. Carefully review the list and make sure all items are packed.

COVID-19 Prevention

Camper health and safety remain a top priority at Round Lake. We continue to stay up-to-date with federal, state and local mandates and recommendations related to COVID-19. Round Lake operates under a state license for residential camps. The State of Ohio has published a document outlining mandates and recommended best practices for residential camps. A link to this document is available on our website. If you have any questions regarding COVID-19 prevention please visit our website or call our office at 419-827-2017.

Again, thank you for your interest in V.I.P. Camp!

The Round Lake Staff

Questions about V.I.P. Camp? Feel free to contact the deans, Bart and Amy Rine at amyrine17@gmail.com or 740-507-3885.

V.I.P. Camp (Camper May Keep This Page)

July 3-6, 2021

What to Bring

- ☺ Enough clothing for the week
- ☺ Bed sheets, pillow, blankets
- ☺ Soap & shampoo
- ☺ Toothpaste, toothbrush, deodorant, brush and/or comb
- ☺ 2 towels and washcloths for bathing as well as 1 beach towel for swim time
- ☺ A separate bag to hold dirty clothes (**NOT** a trash bag)
- ☺ Any medications must be placed in a clearly labeled container and given to the camp nurse at check-in
- ☺ Insect repellent
- ☺ Shaving cream and razor (if you need it!)
- ☺ Swimwear (optional)
- ☺ Sunscreen
- ☺ Money (Campers are not required to spend money at any point during camp. Campers will, however, have opportunities to purchase camp souvenirs, snacks, etc. during camp store time. Missions offerings are also collected on a strictly volunteer basis.)

What NOT to Bring

- ☹ Tobacco products
- ☹ Alcoholic beverages
- ☹ Illegal drugs
- ☹ Stereos or “boom boxes”
- ☹ CD or MP3 Players
- ☹ iPods, iPads, iPod Touch, etc.
- ☹ Gameboys or any equivalent
- ☹ Cell Phones

A note from the nurse . . .

Although we want our campers to have a great time, safety is our main concern. We want to be safe and accurate with all medications. Therefore, we are asking campers who have more than three medications to bring them “pre-packaged” from home. This can be in the form of labeled envelopes or a sectioned pill pack. For example, all medications due at 8:00 AM on Tuesday would be in an envelope or small baggie labeled with “Tuesday 8 AM” and the camper’s name –OR- in the section of the pill pack for Tuesday morning. Each individual day and time meds are due should have its own package or section. Again, this is only for campers with several medications. The pill bottles will still need to be sent for identification of the medications. Thanks for your help in making this a successful week of camp!

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Application Form - 2021

Mail This Page To:

Round Lake Christian Camp
Attn: V.I.P. Camp
114 State Route 3
Lakeville, OH 44638

Personal Information

Camper's First Name: _____ Camper's Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Mom/Legal Guardian's Name: _____ Relationship to Camper _____

Mom/Legal Guardian's Phone: _____

Dad/Legal Guardian's Name: _____ Relationship to Camper _____

Dad/Legal Guardian's Phone: _____

Family Email Address: _____

Preferred Contact Method to Receive Future Camp Info: Mail Phone Email

Church You Attend: _____ City: _____

Camper Immersed? Yes No

Please continue application on the next page!

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Medical Information

Camper's First Name: _____ Camper's Last Name: _____
Gender: Male Female Birth Date: _____ Age: _____
Height: _____ Weight: _____

Parent/Guardian: _____ Group Home (If Applicable): _____
Emergency Contact: _____ Emergency Phone: _____

Specific Diagnosis of Disability:

Please check (√) any of the following that applies:

Camper uses:

- Wheelchair
- Walker
- Crutches
- Cane
- No walking aides necessary

Type of disability:

- Mental
- Physical
- Both

Level of mental disability: (if applicable)

- None Moderate
- Mild Severe

Has camper ever had seizures? If yes, please describe and indicate frequency:

Does camper have any allergies? If yes, please describe:

Please continue application on the next page!

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Will camper need any medication while at camp? YES NO

If yes, please list medication, dosage, and time to be dispensed (send an adequate supply!):

* _____	Dosage: _____	Time taken: _____
* _____	Dosage: _____	Time taken: _____
* _____	Dosage: _____	Time taken: _____
* _____	Dosage: _____	Time taken: _____
* _____	Dosage: _____	Time taken: _____
* _____	Dosage: _____	Time taken: _____
* _____	Dosage: _____	Time taken: _____

What is camper's normal bed time? _____ What is camper's normal rising time? _____

Check (√) all that are experienced by camper:

- | | | |
|------------------------------------------------|--------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Speech Impediment | <input type="checkbox"/> Cardiac Condition | <input type="checkbox"/> Hearing Difficulty |
| <input type="checkbox"/> Nonverbal | <input type="checkbox"/> Asthma | <input type="checkbox"/> Blindness |
| <input type="checkbox"/> Fainting or Blackouts | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Deafness |
| <input type="checkbox"/> Sensitive to Sunlight | <input type="checkbox"/> Visual Difficulty | |

Camper needs help. Check (√) all that apply:

- | | | |
|-----------------------------------|-----------------------------------|------------------------------------------------|
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Swimming | <input type="checkbox"/> Brushing Teeth |
| <input type="checkbox"/> Toilet | <input type="checkbox"/> Bathing | <input type="checkbox"/> Getting In/Out of Bed |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Writing | |

Will camper be taking the swim test required to swim in the deep end? YES NO

Please list any restrictions we should be aware of:

Please list any other information that would be helpful ("key words," routines that work well with the camper, etc.):

Does camper have a friend or family member who is also attending V.I.P. Camp? _____

Please continue application on the next page!

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RECREATIONAL ACTIVITY RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

To attend Round Lake Christian Assembly-Round Lake Christian Camp, a copy of this waiver must be completed by a parent or legal guardian for every child. Please read the waiver in full and be certain that you understand the implications of signing.

Express Waiver of Risk(s) Associated with Recreational Activities:

I, as parent or legal guardian of my child, hereby affirm and acknowledge that I fully understand the hazards and risks associated with the many outdoor and other recreational activities which my child may engage or participate in at Round Lake Christian Assembly-Round Lake Christian Camp. The inherent risks and hazards include but are not limited to:

- 1) Injuries sustained from any and all outdoor activities, such as running, jumping, hiking, swimming, biking, climbing, camping, cooking, engaging in sporting events such as basketball, volleyball and more.
- 2) Injuries sustained from objects that are either natural or man-made, such as rocks, cliffs, trees and campfires, or from misjudging trails or other terrain that induces slipping, falling, colliding or otherwise.
- 3) Injuries and illnesses from swimming, diving, scuba diving, cliff jumping, impacting the water, and/or water entering bodily orifices.
- 4) Injuries from hypothermia, heat stroke, dehydration, etc. from exposure to the elements, such as rain, cold, excessive heat or the weather in general.
- 5) Injuries or illnesses sustained from either plants or animals, such as poison ivy, poison oak, poison sumac, aggressive or biting pets, service animals, wildlife, or exposure to any plants or animals present within the camp in general.
- 6) Accidents, injuries or illnesses occurring in remote locations where no immediate medical attention is available.
- 7) If any member of your event or group is sick or may have been exposed to anyone with COVID-19 and attends an event or camp held at Round Lake, Round Lake is not responsible for the consequences thereof and waives all liability from the same.

I understand that the description of these risks is in no way complete and that all such dangers, both anticipated and unanticipated, can lead to illness, injury, permanent disability, drowning and death.

Release of Liability, Waiver of Claims and Indemnity Agreement:

In making it possible to participate in many of the above-described activities and more, I both agree and acknowledge that:

- 1) I hereby release and hold harmless with respect to any and all illness, injury, disability, death, or loss or damage to person or property—whether caused by negligence or otherwise—the following named persons or entities, herein referred to as Releasees: Round Lake Christian Assembly, Round Lake Christian Camp, and any and all other camp programs of Round Lake Christian Assembly.
- 2) I hereby release the Releasees, their officers, directors, managers, employees, representatives, agents, volunteers, and other vessels from any and all liability and responsibility and for any claims that I or my child's, estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the Releasees or otherwise. By executing this document, I agree to hold the Releasees harmless and indemnify them in conjunction with regard to any illness, injury, disability, death, or loss or damage to my child's personal property that can ensue from engagement in the full body of activities as stated above and otherwise.
- 3) I grant Round Lake Christian Camp and persons acting through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself or my child for use in materials they may create.
- 4) By entering into this agreement, I am not relying on any oral or written representation or statements made by the Releasees other than that set forth in this agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall still be enforceable.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND NOT ONLY DO I FULLY UNDERSTAND ITS TERMS BUT I UNDERSTAND THAT I HEREBY RELEASE ALL LIABILITY AND THEREIN RELINQUISH LEGAL RIGHTS BY SIGNING IT. I ALSO SIGN IT FREELY AND VOLUNTARILY UNDER MY OWN FREE WILL WITHOUT ANY INDUCEMENT, COERCION OR OTHERWISE.

Signature (Parent/Legal Guardian): _____

Print Name: _____

Date (mo./day/year): _____

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Payment Information

(Tuition is \$250. A minimum deposit of at least \$125 is due with this application.)

Is your church offering you a scholarship to help pay for camp? Yes No

If "Yes" please write in your church scholarship code: _____

Round Lake Refund Policy

If you are unable to attend, you may transfer your full registration fee to another attendee or camp session within the same summer, or you may choose to donate your money to help other campers attend summer camp.

You may apply for a partial refund as long as certain conditions are met and refund application is submitted no later than 14 days prior to event start date. For more information, please see our FAQs page article on our website entitled: "What is Round Lake's Refund Policy?"

Round Lake Payment Policy

A minimum of 50% deposit is required along with completed application form before registering for a session. Registrations will be processed on a first come, first served basis until camp sessions are filled. Camps do fill up, so register early to avoid disappointing your camper! Any declined or overdue payments are subject to a \$25 fee. Full balances must be paid in full 14 days prior to check-in. **Church sponsorship portion does NOT apply to 50% deposit.**

Payment Options

- Round Lake Accepts Checks, Cash, Money Order, Visa, Master Card, American Express and Discover.
- Make checks payable to Round Lake Christian Camp.

FOR CREDIT CARD PAYMENTS – FILL OUT REQUIRED INFORMATION BELOW

Amount to be Charged to Credit Card \$ _____

Please Print Cardholder Name on Credit Card _____

Credit Card – – –

Expiration Month & Year as Shown on Card ____ / ____

Verification Number (located on back of card, last 3 digits on signature section)

Card Holder's Contact Number (_____) _____