

Winter Camp

December 27-29, 2011

Chuck Wagon Dinner
Nature/Tracking
holiday crafts

Hay Rides
Bonfire and S'mores



Campers 3rd-8th grade: Don't miss this amazing opportunity for a 3 day, 2 night getaway in this Winter Wonderland. This will be a fun time where campers can reconnect with friends and counselors from the summer and make new friends this winter.



AGENDA

Tuesday

Arrive 6pm
Welcome, move in
Snack
Astronomy
Opening Camp Fire
Vespers

Wednesday

Breakfast
Morning Devotion
Large Group Activity Times
Lunch
Small Group Activity Rotation (age appropriate)
Dinner
Campfire and Vespers
Movie and popcorn on the big screen

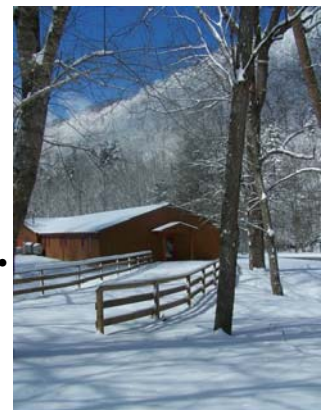
Thursday

Breakfast
Morning Watch
Large Group Activity Time
Lunch
Rest time, clean up and pack up
Small Group Activity Rotation (age appropriate)
Talent Share and Closing
Campfire
Snack
Closing Ceremony

We will have winter only activities such as winter camping skills such as dutch oven cooking and winter hiking, create and star in the Christmas play, star gazing, and lively praise and worship. See the frozen waterfalls, night hike and hopefully SNOW games. Campers will stay in the Burrows Lodge.

6pm December 27 – 6pm December 29

Cost: \$80



Alta Mons: Outdoor & Retreat Ministry
2842 Crockett Springs Road
Shawsville, VA 24162

Phone: 540-268-2409
Fax: 540-268-9503
office@altamons.org
www.altamons.org

Sign up online or complete the registration form and return it in the mail.



THINGS TO BRING WITH YOU TO CAMP!

(Please put your name on all articles)

- ___ a positive attitude
- ___ Bible, pen and pad of paper or notebook
- ___ sleeping bag or blankets & sheets adequate for winter weather and a pillow
- ___ winter weather coat
- ___ two pairs of closed toe shoes, one wet, one dry – adequate for wet and snowy weather
- ___ several changes of warm clothes
- ___ flashlight and extra batteries
- ___ a hat and gloves
- ___ personal articles: toothbrush, shower items, towels
- ___ camera (optional, one time use best type; camera phones **not** permitted)
- ___ balance of your registration fee, if any is due



THINGS NOT TO BRING

- ___ a negative attitude
- ___ no over-the-counter medicines
- ___ radios, cassette, CD players, iPods, **cell phones**, or any other antisocial device.
- ___ alcohol, tobacco products, illegal drugs, knives or weapons, fireworks
- ___ money, valuables of any kind, jewelry, etc.
- ___ food, candy or snacks

*Elementary and Jr. High Campers will stay in the Burrows Lodge (Retreat Center)



CAMP INFORMATION

CAMP CHALLENGES: Camp Alta Mons is a beautiful mountainous terrain. Programs are adventurous, involving risk. All staff are certified in CPR and go through counselor TRAINING. A nurse or EMT are onsite 24-hours while camp is in session. With training, close supervision, adhering to established safety guidelines, and being alert to potential dangers, Camp Alta Mons aims to minimize risk while offering a challenging program.

EXPECTATIONS OF CAMPERS: Participants must be willing to play fair and have fun. This includes being committed to working with staff and fellow campers to build community and face the challenges of outdoor activities. All campers, as physically able, are expected to be present and participate in all unit activities. CAMPERS should also not attend camp if they know they will not be able to complete the program for emotional or physical reasons.

ACCEPTANCE: Guidelines for ACCEPTANCE and participation in all sessions of this camp are the same for everyone without regard to race, color, national origin, sex or handicap.

INSURANCE: Camp Alta Mons provides limited primary accident coverage. Illness insurance is the responsibility of the parent/guardian.

CAMPERSHIPS: Limited campership funds are available to those who fill out this section of the form. Also, many churches have funds or scholarships for camp.

REGISTRATION INFORMATION

PROCEDURE AND PAYMENT: Fill out the registration form attaching a **non-refundable registration fee** of \$30.00. This fee will be deducted from the total camp fee. The balance must be paid in full by or at camper check-in (this includes agency/church sponsorships).



DONATION: Give the gift of camp. Give a child an opportunity of camp by contributing to our Harry Leake Campership Fund this Christmas.

PROCESSING: Applications are processed in the order they are received. Please be careful to fill out the form accurately and completely. Incomplete forms or wrong information will delay processing and could result in loss of camp availability. **Forms will only be processed with correctly paid registration fee.** A confirmation letter will be sent indicating camp session, release forms (adventure camps), what to bring, and balance. **PLEASE CAREFULLY READ THIS INFORMATION WITH YOUR CAMPER.**

Winter Camp Registration

Quick and simple registration available Online: WWW.ALTAMONS.ORG

Camp Alta Mons Camper Registration Form

Camper Information:

Camper's Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Gender: Male Female / Age (as of camp) _____ / Grade (Fall) _____ Date of Birth ____/____/____

Will the camper require special assistance? yes no
If so please contact the camp office before sending in this form.

Camper is a member of _____ Church
If UMC, indicate which District: Roanoke Danville Lynchburg Other _____

(Check all that apply) Camper is a Swimmer Non-Swimmer First time Camper Returning Camper

Parent or Guardian Information:

Parent/Guardian Name: _____ Relationship to Camper: _____
Phone Numbers: Home: _____ Work: _____ Cell: _____
Additional Home: _____ Work: _____ Cell: _____
Parent/Guardian E-mail Address: _____

Camp Session Requested: WINTER CAMP

Must Check One: Elem Jr High Res Sr High Res

Cabin Mate Request: _____ (one same gender friend of similar age, *this is not a guarantee*)

PHOTO PERMISSION: I give permission for photos of camp activities, which may include my child, to be used in camp promotional or newsletter materials without liabilities or numeration.

Parent Signature: _____ Date: _____

Payment Information: (please include address associated with the payment, if different from above)

Check: \$ _____ Donation: \$ _____
Visa: MC: Disc: CARD # _____ Exp Date _____ Amt. Charged \$ _____ Donation: \$ _____
Last 3 numbers in signature strip: _____ Address of card: _____
_____ Print Name on Card: _____
SIGNATURE: _____

Campership Assistance: *Please contact the camp office for information about guidelines.*

Is Scholarship Assistance Needed? YES (If so see below) NO

TO BE FILLED OUT BY PASTOR or SOCIAL WORKER BEFORE MAILING TO CAMP OFFICE

Scholarship Approval:

Amount contributed by Church/Agency \$ _____ (at least 1/3 cost of the camp)

Amount Requested from Camp Alta Mons \$ _____

Signature of Pastor/Social Worker: _____

Printed Name: _____ Phone # _____

Name of Church or Agency: _____

*Confirmation notices, including outstanding balance, will be sent to the "parent/guardian" unless otherwise noted.
*Registration Fee must accompany form to be processed.**

Registration Continued

Camper Health Form

Emergency Medical Information

Camper's Social Security Number: _____ - _____ - _____

Who to call if unable to contact **parents/guardians**: _____

Phone (day): _____ Phone (evening): _____ Relationship: _____

Doctor's Name: _____ Phone: _____

Insurance Company: _____ Policy # _____

Hospital Preference due to insurance when possible: Mont. Regional Lewis Gale Carilion
 Other: _____

Required Medications:

Yes _____ (list below or write "none" – leave no blank spaces)

Medication Name: _____
(When) _____ (Dosage) _____

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(When) _____ (Dosage) _____

Past History:

Last Tetanus Shot Date: ____/____/____ (month and year **required**)

Last Health Exam Date: ____/____/____ (month and year **required**)

Medical History (major past illnesses, surgery or condition w/ general dates): _____

Allergies: _____

Fears: _____

Hobbies: _____

Comments/Other Instructions: _____

MEDICAL RELEASE:

Camp Alta Mons has my permission to provide medical treatment for: (camper's name) _____
in case of medical emergency.

Parent or Guardian Signature: _____

Assumption of Risk and Release

Be aware that you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of Alta Mons activities, on or off its premises. My camper, _____, has permission to participate fully in all camp related activities "by choice", knowing that there are inherent risks in any outdoor adventure program and that the activity is under supervision of cabin counselors and/or specialized program staff. Please list any individual/unit activities in which the camper cannot participate: _____ (write "none" if none, leave no blank spaces). "By choice" means a camper is encouraged and chooses to challenge himself/herself, with camp supervision, at a new or expanded personal level of an activity. Example: Camper chooses to only take pictures of the group fishing rather than actually fishing.

must be signed by parent/guardian and camper

parent/guardian signature

print name

camper signature

print name

Check List: Have you?...

- Read all information
- Completed Health Form
- Enclosed Registration Fee
- Completed Registration Form
- Filled all blank spaces