

# CAMP HEAVENLY WATERS



*30585 Boothe Rd.  
Wakefield, VA 23888*



### HOW TO SIGN UP

To register your child for a week of camp, please complete the registration form and return to us. Camp fee will be \$185.00 per person per camp week. This fee includes meals, lodging, accident insurance, camp activities, and canteen. A \$50.00 nonrefundable deposit is due with registration. The balance is due three (3) weeks before the session. Please include the camper's name and camp week on all correspondence (including your check). Scholarships are available for children with an incarcerated parent/step-parent.

### CAMP WEEK TYPICAL DAILY SCHEDULE

8:00 A.M.	WAKE UP
8:25 A.M.	MORNING WATCH
9:00 A.M.	BREAKFAST
9:30 A.M.	CABIN CLEAN UP
10:15-11:00 A.M.	1ST ACTIVITY PERIOD
11:05-11:50 A.M.	2ND ACTIVITY PERIOD
12:00-1:00 P.M.	LUNCH
1:00-3:00 P.M.	REST/FREE TIME
3:05-4:00 P.M.	3RD ACTIVITY PERIOD
4:05-5:05 P.M.	4TH ACTIVITY PERIOD
5:05-6:00 P.M.	PLAY TIME
6:00 P.M.	DINNER
6:30 P.M.	FREE TIME
7:15-8:55 P.M.	EVENING PROGRAM
9:00-10:00 P.M.	SHOWERS
10:15-10:30 P.M.	LIGHTS OUT

## Things to bring...

Anything brought to camp needs to have your name on it. Heavenly Waters is not responsible for any lost items.

- Bible
- Raincoat
- Flashlight/batteries
- Shower shoes
- Show cap (optional)
- Stationery
- Hiking boots
- Blue Jeans
- Swim Suits
- Towels
- Soap and Deodorant
- Lotion/Insect repellent
- Stamps
- Sweatshirt or jacket
- Socks
- Washcloths
- Toothbrush and toothpaste
- Laundry
- Tennis shoes
- Sheets
- Pillowcases

# *Camp Heavenly Waters*

## *Registration Form*

(PLEASE TYPE OR PRINT)

Camper's Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ Phone :( ) \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Grade to be entered Fall \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Father's Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work No. \_\_\_\_\_

Mother's Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Work No. \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Camp Roommate \_\_\_\_\_

In Cases of Emergency, Notify \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Camper fees will be \$185.00 per person per camp week. A \$50.00 non-refundable deposit and any extra fees are due with registration. (The deposit will be deducted from the total cost of camp).

### SWIMMING ABILITY

\_\_\_ My child is not to swim in the deep end of the swimming pool.

\_\_\_ Please give my child a swimming test to determine if he/she can swim in the deep end of the pool.

\_\_\_ My child is a swimmer and can swim safely in the deep end of the pool.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mail registration and payment to: Joanne White, 757-825-8888 Camp Heavenly Waters, 1525 Power Plant Parkway, Hampton, VA 23669

\*Make checks payable to HEAVENLY WATERS. Balance of camp fee is due three weeks before camp begins. If full payment is not received by the specified date, your child's position will be forfeited and your registration will be cancelled.

### Office Use Only

CHW \_\_\_\_\_ Session \_\_\_\_\_

Deposit Fee \_\_\_\_\_ Date Rec'd \_\_\_\_\_

Full Registration Fee \_\_\_\_\_ Date Rec'd \_\_\_\_\_

# HEALTH AND INSURANCE INFORMATION

Registration not complete until this form is completed and signed. A doctor's physical is not required, but the Camp Nurse requires the following information.

Camper's Name \_\_\_\_\_  
Parent or Guardian \_\_\_\_\_  
Personal Physician's Name \_\_\_\_\_  
In Emergency, Notify \_\_\_\_\_  
Parent Insurance Information **REQUIRED:** \_\_\_\_\_  
Ins. Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Past Illnesses: (Check & give dates where applicable)

Frequent colds _____	Kidney trouble _____	Bedwetting _____
Frequent sore throats _____	Heart _____	Sleepwalking _____
Sinusitis _____	Diabetes _____	Convulsions _____
Ear Problems _____	Fainting _____	Asthma _____
Operations _____	Menstrual problems _____	Stomach pets _____
Other _____	Bronchitis _____	Serious injuries _____
Recent exposure to contagious disease _____		
Psychological disorders. Diagnosis _____		
Treatment given _____		

Immunizations and other information (**THIS MUST BE COMPLETE**)

Date of the last tetanus (or DPT) shot \_\_\_\_\_  
Any medical treatment camper is currently receiving \_\_\_\_\_  
Any medications camper takes on a regular basis \_\_\_\_\_  
Medical conditions (treated or not, current or ongoing) about which the camp staff should be informed \_\_\_\_\_

If health history shows physical limitations or restrictions for vigorous camp activities, your camper is required to have a doctor's permission for camping activities or indication of limitations. (attach to this from)

DO YOU (CAMPER) HAVE ALLERGIES? ☐ YES ☐ NO

If yes, indicate below:

Bee stings _____	Is reaction severe? <input type="checkbox"/> Yes <input type="checkbox"/> No
Foods _____	Is reaction severe? <input type="checkbox"/> Yes <input type="checkbox"/> No
Drugs _____	Is reaction severe? <input type="checkbox"/> Yes <input type="checkbox"/> No
Aspirin _____	Is reaction severe? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other _____	Is reaction severe? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please describe in detail any severe reactions indicated above:

\_\_\_\_\_  
\_\_\_\_\_

For girls: Has menstruated? ☐ Yes ☐ No  
Has she been told about menstruation? ☐ Yes ☐ No

**IMPORTANT: IF ANY CHANGES OCCUR IN THIS MEDICAL INFORMATION BETWEEN THIS DATE AND THE START OF YOUR CHILD'S CAMP SESSION, THE PARENTS MUST INFORM CAMP HEAVENLY WATERS**

I hereby authorize the staff at Heavenly Waters to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Heavenly Waters and its staff from all liability for any injuries or illnesses incurred at the camp. I acknowledge that all the medical information given is accurate and up to date. I agree to notify HW Camp if any change occurs in my child's medical condition before arriving at camp.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# CAMP HEAVENLY WATERS

## *Camper Rules*

1. Everyone is required to **follow the camp schedule of activities during the camp week.**
2. **All campers must obey the Camp Director, teachers, and counselors at all time.**
3. **No one may leave** the campgrounds without permission of the Camp Director.
4. The use of **alcohol, tobacco, and drugs** is strictly prohibited.
5. Sickness and any injury must be reported immediately to the Camp Director or the medical-aid technician. **Prescription drugs** are to be turned in upon arrival to the medical-aid technician for distribution.
6. Automobiles are **restricted** during camp.
7. All campers and staff must wear decent and modest clothing at all times. In matters of dress, **MODESTY** must prevail. Halter-tops, short shorts, offensive t-shirt (language, sex, etc.) gang style clothing, pants below the waistline will not be allowed. Wear shoes at all times. Camp Director, staff and faculty **must** enforce this.
8. Campers will not be permitted to leave the campground during camp week unless approval is granted by Camp Director.
9. Please do not deface camp property. It's your camp too—help **keep it looking nice.** Each camper will be held responsible for deliberate or careless destruction of camp property.

# CAMP HEAVENLY WATERS

## *Camper Rules (cont'd)*

10. Radios, CD/MP3 Players, magazines, comic books, electronic games, cell phones, fireworks, etc are a **distraction** to camp and are not permitted at the camp. Items may be confiscated by the Camp Director and held until the end of the camp week.
11. No camper is to be out of his/her dorm after **lights are out**.
12. Please observe **boundaries** placed by the Camp Director.
13. **Food is not allowed** in the cabin at any time.
14. **Telephone calls** may not be made without the Camp Director's permission.
15. **No one is allowed in the kitchen.**
16. **DO NOT** push the beds together or jump and play on top of beds.
17. You are responsible for cleaning the area you mess up, putting back the things that you pulled out, or buying the thing you break up.
18. The Camp Director has the right to dismiss and exclude from camp anyone who, in his opinion, does not obey these regulations. If a camper is dismissed from camp, there will be no refund of camp fees.