



## CAMPER FORMS

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We are so glad you are sending a child to summer camp! It is a transformative experience that is not easily rivaled. In making the experience the best that it can be, please complete the following forms mail them to Crestfield as soon as possible (preferably by June 1) to make registration on the first day of camp go as quickly as possible.

**195 Taggart Road :: Slippery Rock, PA 16057**

**In this packet you will find:**

- Camper Questionnaire
- Camper Covenant
- Medical Form
- Medical Release
- Packing List

Camper's Name: \_\_\_\_\_  
Week of Camp: \_\_\_\_\_



# Summer Camp Questionnaire

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(Camper Name)

If your camper is attending a middle school or senior high program, does the camper have your permission to go to Moraine State Park on Wednesday afternoon, under the supervision of the Crestfield Staff?

- Yes
- No
- Not Applicable

During Thursday Evening Vespers, the chaplain—an ordained pastor in the Pittsburgh Presbytery will be celebrating communion? Can your child participate?

- Yes
- No

Will your child need to leave camp before the scheduled departure after 6:30 PM vespers?

- No
- Yes\*

\*If yes, when will your camper be picked-up? \_\_\_\_\_

If you are not picking up your camper, who will be? \_\_\_\_\_

Is this your camper's first time at Crestfield?

- Yes
- No

**Parent Signature and Date** \_\_\_\_\_



## Camper Covenant

Dear Parent and Camper;

Please read through the following items concerning camper behavior. It is the goal of the Crestfield community to ensure that everyone has an exciting and fulfilling week. We hope that with these guidelines presented we will be able to achieve that goal. Please review, sign and return the covenant prior to registration to make registration go quickly.

Thank You,  
The Crestfield Staff

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- I will honor and worship God to the best of my ability.
- I will respect myself and put forth my best effort
- I will be kind and courteous to others
- I will be respectful to others and their belongings
- I will be cooperative with all camp staff and willing to follow their directions.
- I will follow all rules that are presented to me.
- I will not use foul language or words that may hurt others.
- I will ask an adult for help if I am upset, angry or sad.
- I will not touch another person in anger.
- I will help myself by being quiet and resting during FOB and after lights-out each night.
- I will stay with my family group at all times.

I have read these rules, signed the contract and understand that I (my child) may be asked to leave camp if I (my child) break any of these rules.

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*(Camper Signature)*

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*(Parent Signature)*

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*(Date)*

Please review, sign and return the covenant prior to registration. Please note that no refunds shall be given in cases where a camper has been sent home for breaking the covenant.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Program Name \_\_\_\_\_

Dear Parent/Guardian,  
It is essential that we have the medical and emergency information requested below. Our goal is that every participant experience is a safe and healthy time at Crestfield. Thank you for your time and attention in helping us achieve this goal. The Crestfield Staff



Participant's Name \_\_\_\_\_

Address \_\_\_\_\_  
Last First Middle

Street City State Zip

Phone \_\_\_\_\_ Child's DOB \_\_\_\_\_ / AGE: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address or phone if other than above \_\_\_\_\_

In case of emergency if above not available, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

In case there is a need for medical attention, we will make every effort to contact the persons listed above for permission to treat. Your family policy is the primary health and accident coverage; Crestfield provides only secondary health and accident coverage. We therefore need the following information in order to care for your child. Please be sure to complete both sides of this form and sign the consent statement on the reverse side. Please provide a copy of both sides of your child's insurance card.

Health Insurance Carrier \_\_\_\_\_ Name of Insured \_\_\_\_\_

Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

DOB of Insured \_\_\_\_\_ SSN of Insured \_\_\_\_\_

Has your child received all immunizations required for school entrance? Yes [ ] No [ ]

Has your child received a tetanus shot in the last ten (10) years? Yes [ ] No [ ]

If yes, give date: \_\_\_\_\_ If no, please make sure your child gets a tetanus shot before coming to camp.

Has your child been sick in the last two weeks prior to attending Crestfield for this program? Yes [ ] No [ ]

Has your child been in contact with anyone with a contagious disease within the last two weeks? Yes [ ] No [ ]

If yes, what? \_\_\_\_\_

Does your child have any skin irritation or infection at the present time? Yes [ ] No [ ]

If yes, what? \_\_\_\_\_

**Allergies:**  No known allergies;  this camper is allergic to:  food;  medicine;  the environment (insect stings, hay fever, etc.);  other. Please describe below what the camper is allergic to and the reaction seen.

**Diet & Nutrition:**  This camper eats a regular diet;  this camper eats a regular vegetarian diet;  this camper has special food needs. Please describe below.

**If you have specific dietary needs, please contact our Food Service Director at 724-794-4022.**

**Restrictions:**  I have reviewed the program and activities of the camp and feel the camper can participate without restrictions;  I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. Please describe below.

**Medication:**  this camper will not take any daily medications while attending camp;  this camper will take the following daily medications(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **All medication brought to Crestfield must arrive in the original pharmacy container with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp. All medication will be stored and administered by the Crestfield Health Care Manager.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should NOT be given.**

Acetaminophen (Tylenol)	Ibuprofen (Advil, Motrin)	Aloe
Phenylephrine decongestant (Sudafed PE)	Pseudoephedrine decongestant (Sudafed)	Sore throat spray
Antihistamine/allergy medicine	Guaifenesin cough syrup (Robitussin)	Generic cough drops
Diphenhydramine antihistamine/allergy medicine (Benadryl)	Dextromethorphan cough syrup (Robitussin DM)	
Calamine Lotion, CalaGel, 1% hydrocortisone cream	Antibiotic cream	
Dextromethorphan (Guifenissen)	Bismuth subsalicylate for diarrhea or upset stomach (Kaopectate, Pepto-Bismol, Tums)	

Check box(es) if camper has any of the following:

- |                                       |                                                     |                                                      |
|---------------------------------------|-----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Headaches    | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Seizures                    |
| <input type="checkbox"/> Bed-wetting  | <input type="checkbox"/> Bee sting allergy          | <input type="checkbox"/> Diabetes                    |
| <input type="checkbox"/> Nightmares   | <input type="checkbox"/> Heart problems             | <input type="checkbox"/> Asthma                      |
| <input type="checkbox"/> Ear problems | <input type="checkbox"/> Sleep walking              | <input type="checkbox"/> Depression/anxiety problems |

Has the camper had a significant life event that continues to affect the camper's life? Yes [ ] No [ ]  
 (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others.) If yes, please explain \_\_\_\_\_

Other comments or suggestions as we strive to provide the best possible care for your child:

Primary Care Physician \_\_\_\_\_ Office Phone: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Date of last physical exam: \_\_\_\_\_

The American Camp Association (ACA) recommends campers have a physical examination by their physician within two (2) years prior to attending camp.

**Parental/Guardian Consent Statement:**

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Photos of this person may be used by the camp. I give my permission to allow my child to participate in transportation for Crestfield sponsored events off of camp property. I will hold harmless Crestfield in any case of injury or illness. I will notify the camp Health Care Administrator of any medical problems or restrictions prior to the program period. **Authorization for treatment:** I hereby give permission to the medical personnel selected by the Crestfield director to order X-rays, routine tests, treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Crestfield director to secure and administer treatment, including hospitalizations, for my child as named above. This form may be photocopied for trips out of Crestfield.

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

Witness Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Health Center Use Only!**

Date: \_\_\_\_\_

Check in: \_\_\_\_\_

Comments: \_\_\_\_\_



## Medical Release

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*(Camper Name)*

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*(Parent Name)*

I realize that children at camp can become injured. I hereby assume the risk of injuries to my child and hereby release and discharge Crestfield Camp and Conference Center, its agents and employees from any and all responsibility that may result from injury to my child. Insurance protection is my responsibility. I give permission for the camp to administer medications as it deems necessary to my child. This includes medications sent with my child, or non-prescription medications available at camp. In case of emergency I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the Executive Director or designee to hospitalize and secure treatment (including surgery) for my child. I also give permission for my child to participate in all activities including, without limitation, rafting, climbing, repelling, biking, sailing, swimming, archery, field games and high and low ropes course events, understanding that some of these events are limited to older age groups.-I assume financial responsibility for my child's actions that may cause damage to property. If the staff deems it necessary for my child to be removed from camp, due to disciplinary or other problems, I will respond by promptly picking up my child. There will be no refunds for campers dismissed for disciplinary reasons.

My child has permission, without restriction, to participate in all snacks, regular and special programming, including out of camp trips, transportation, and late stays or overnights (where applicable), unless I notify the camp otherwise in writing. I understand and realize that Crestfield will follow safety procedures and safety precautions, both that all physical activities include a certain risk and that Crestfield assumes no liability for injury or damage arising from or as a result of participation. I affirm that I have been advised that field sports, ropes courses, camp craft, canoes, paddle boats, indoor and outdoor games, hiking, whitewater rafting, swimming, and other camp activities include certain risks and dangers. These risks include, but are not limited to loss of or damage to personal property, injury, or fatality. In consideration of, and as part payment for, the right to participate in all Crestfield activities and the services and food arranged (when applicable) for my child by Crestfield, and its agents, servants, and employees, I have assumed all of the above risks and intending to be legally bound hereby, will hold Crestfield and its agents, servants, and employees harmless for any liability which may arise out of or in connection with any trips and related participation in any other activities arranged for by Camp Crestfield, its agents, servants, and employees. The terms hereof shall serve as a RELEASE AND ASSUMPTIONS OF RISK for any minors.

**I also give permission for Crestfield to use my child's name, voice, testimonial, and/or picture in any type of promotional material, press releases, and news stories about camping or Crestfield. I understand I can notify the Executive Director if this is unacceptable.**

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*(Signature of Parent or Guardian)*

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*(Date)*



# Packing List

We are really looking forward to having you join us for camp. Here are a few things you will want to remember to bring with you.

## Please Bring

- Bible
- Writing materials
- Clothing: Underwear, T-Shirts, Shorts, Socks, Jeans/Long Pants, Jacket/Sweatshirt
- Swim suit (*one-piece*)
- Rain gear
- Claypit clothes\*
- Extra pair of shoes
- Sandals (*with a back-strap*)
- Medication in original pharmacy container with label
- Bug spray
- Toiletries
- Towels
- Sleeping bag & pillow\*\*
- Laundry bag/Plastic bag for dirty clothes
- Flashlight

\* **New to the Claypits?** The Claypits are a signature part of the Crestfield experience. In this natural clay deposit, campers will have to opportunity to get really (really, really) muddy clay-y. If your camper doesn't like the idea of getting dirty, don't worry, it is great for exfoliating the skin! If exfoliating isn't appealing either, then we will of course not force anyone to get in.



The Claypits are typically experienced in tandem with Swampball and are followed by initial cleaning in the Slippery Rock Creek (weather permitting) and showering in our bathhouses.

## **Dressing for Success in the Claypits**

- An old t-shirt - it will never be quite the same color again
- Shorts - pants are a bad idea as they become *very* heavy from the clay making it difficult to walk. Nylon is recommended over jean shorts or other types of cotton.
- Shoes that lace - Velcro will not withstand the challenge of the Claypits, nor will slide-on shoes or other loose-fitting shoes.
- As stewards of resources, campers are encouraged to bring a thick garbage bag to place their used clothes in where they can be transported home and thoroughly cleaned. Some campers make it a tradition to use the same clothes year after year.

\*\***Bedding.** Some campers may prefer to bring sheets and a light blanket to sleep in. That's great! You should note, though, that we do a sleep-out each week where a sleeping bag may be preferable.

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**Please do not bring** radios, iPods, cell phones, CD players, gameboys, drugs, firearms, fireworks, knives, weapons of any kind, personal sports equipment, pets, animals, candy, chewing gum, other “junk food” or tobacco. If you do bring these items, they will be held for you until the end of camp and parents will be notified. Snacks, crafts materials, and songbooks will be provided for all campers.

*Please note that Crestfield cannot be responsible for your personal items. We work to form a caring Christian community each week, but we cannot keep track of the things that you bring to camp. Please make sure that all items that you bring to camp have your name on them and that you collect them at the end of the week.*

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### Start of Camp

Campers must be accompanied by a parent or designated guardian. Campers who have a driver's licenses are not permitted to drive themselves to camp. Registration will begin at 3:00pm on the first day of camp for those campers with the last name beginning with A-L and 3:30pm for those campers with the last name beginning with M-Z. **Please do not arrive before the scheduled registration time, as our staff will be busy preparing for an exciting week of camp.**

### End of Camp

Typically we end camp by inviting parents to attend the closing worship service. This will begin at 6:30pm on the last day of camp. Departure will occur approximately one half hour after closing worship begins.

- *During the week of July 10-13 & Last Blast Camp we will end with a closing picnic which parents are invited to attend at 5:30pm.*
- Your parents should pick you up in the cabin and sign the check-out sheet with your counselor when you are leaving.
- If someone other than the person bringing you to camp will be taking you home, please let us know at registration.

### Receiving Mail

If your friends or family would like to write to you, they can direct letters to:

Your Name— Your Cabin Name  
c/o Crestfield  
195 Taggart Rd. Slippery Rock, PA 16057

The e-mail address for campers is: [campermail@crestfield.net](mailto:campermail@crestfield.net), and our FAX number is 724-794-1665. All messages must include the camper's name, and the camper's cabin name. Campers cannot send return e-mails and do not have access to phones. We will make certain that they receive emergency messages.

Thank you for adhering to these policies. We are excited about time with us, and we hope that you are, too!