

# Liberty Deaf Camp

# Winter Camp

**February 19-21, 2010**



**Where: Stony Glen Camp  
5300 West Loveland Rd.  
Madison, Ohio 44057  
440-298-3938**

\$50 dollars per person, includes Food, Registration and Transportation

## **What should they bring?:**

Bible, notebook, thick blankets or sleeping bag, pillow, towels, flashlight, toothbrush, outdoor pants, pants, sweatshirts, snow gear, plastic bag for dirty clothes, spending money for snacks. We have a camp bank to protect your children's money. Oh, and don't forget rule #1... **A GOOD ATTITUDE.** *Please label your child's things so if lost, they can be returned.*

There are various activities such as crafts, sports, games, fun in the snow, team building, competitions, camp fireplace, and many other activities

### **Liberty Baptist Church of the Deaf**

**DEPART:  
FROM LBCD  
At Feb. 19 @ 4 PM**

**RETURN:  
WE WILL RETURN FEB. 21  
@ 4 PM to LBCD**

### **Deaf Outreach Church**

**DEPART:  
FROM DOC  
At Feb. 19 @ 5 PM**

**RETURN:  
WE WILL RETURN FEB. 21  
@ 3 PM to DOC**

For more information contact Kevin Kenreich: [Kenreich@gmail.com](mailto:Kenreich@gmail.com) in Columbus & Tony Woodward: [tony.woodward@att.blackberry.net](mailto:tony.woodward@att.blackberry.net) in Akron

## REGISTRATION

Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-Mail \_\_\_\_\_ Phone \_\_\_\_\_ Church \_\_\_\_\_

**Please Check all that apply:**

Deaf  Hearing  18 or below  College Student  Adult  Counselor  Counselor in Training

↙ ↘  
Must be over 16 and CIT form signed by Pastor

I agree to abide by all camp rules and understand that my wrong behavior can result in being sent home.

Camper's Signature: \_\_\_\_\_ Date \_\_\_\_\_

*A form must be completed for each member of your family going to camp!*

## MEDICAL INFORMATION

Full Name \_\_\_\_\_

Health Conditions: \_\_\_\_\_ Physical Restrictions: \_\_\_\_\_  
Medication Instructions: \_\_\_\_\_ Insurance Name: \_\_\_\_\_  
Group/Policy #: \_\_\_\_\_ Emergency #: (\_\_\_\_) \_\_\_\_\_  
Cellular Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

If my son / daughter experiences:

- Headaches or general aches/pain, he/she may take \_\_\_\_\_ (fill in name of medicine, dosage and how often.)  
Example: "Tylenol, 500 mg every 6 hours." Or "Advil, according to directions for children on the bottle."
- For coughing, my child may have \_\_\_\_\_ (fill-in) Example: Robitussin 1 Teaspoon every 6 hours.
- At bedtime, my child may have \_\_\_\_\_ (fill-in) (Nyquil, dose, for example)

## HEALTH INFORMATION

Does camper have any health conditions that we should know about such as diabetes, allergies, medications or other physical restrictions?

NO or YES \_\_\_\_\_

If yes please record this above medical information along with any instructions for our nurse and medications to be taken.

### MINORS MUST HAVE THIS SIGNED!

I hereby give my permission for my child to take part in all Liberty Deaf Camp activities including sports, transportation, swimming, and all other activities at camp and absolve the Liberty Deaf Camp; Stony Glen Camp; and all other personnel involved with camp from liability to me or my child because of an injury received while attending the Liberty Deaf Camp. I understand and hereby agree to assume all of the risks which may be encountered on said activity, including activities preliminary and subsequent thereto. I do hereby agree to hold Liberty Baptist Church of the Deaf and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities. Although care will be given, LBCD is not responsible for lost or broken hearing aids, cochlear implants, or processors.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital. In case of any accident or serious illness I hereby authorize the Liberty Deaf Camp to call upon a physician of their choice and to follow his instructions. If emergency treatment or hospitalization is required, I request to be notified.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

### SIGNATURE OF PARENT OR LEGAL GUARDIAN

(Please read before signing)

Signature: \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_