

## Camp Rainbow 2019

July 23rd - July 27th

Arrival time will **NOT BEGIN UNTIL 10:00 on Tuesday, July 23rd.**

Pick up time on **Saturday July 27<sup>th</sup>, between 9:00 & 10:00 am.**

Dear Campers & Parents,

**It is important to notice the dates of Camp Rainbow 2019. Camp will be later again this year, these dates were the only dates available to us for Camp Rainbow to have a space at Twin Lakes.**

Transportation is always a HUGE deal, so PLEASE take care of this 1<sup>st</sup>!! If you can bring your camper to Twin Lakes (directions in packet), please do. **If you REQUIRE transportation to and from Camp, please email Paige at [camprainbowms@gmail.com](mailto:camprainbowms@gmail.com), IMMEDIATELY.** In the message, give me your name, your camper's name, and where you live. **WE WILL NOT BE ADDING OR CHANGING TRANSPORTATION AFTER JUNE 1<sup>ST</sup> !!**

\*If you know of a church group or organization that could provide transportation by bus or van, please let us know.\*

Please mail your applications back in the envelope inside the packet, or to:

Camp Rainbow  
502 Sandhill Township Rd  
Ellisville, MS 39437

Or you can scan & email it to:

[camprainbowms@gmail.com](mailto:camprainbowms@gmail.com)

**\*Please note that the address above is NOT the address to Twin Lakes\***

Please remember that the entire Camp Rainbow Committee are volunteers & we work full time jobs. We will try to return your phone calls or emails as fast as possible, but do not be offended if it takes a few days. Email is usually the best form of communication, it will be checked daily.

We look forward to seeing everyone at Twin Lakes for Camp Rainbow 2019!!



## What to Bring To Camp 2019!!

PLEASE label all clothing & towels. There is always lots of clothing, towels & more that is left at Camp. We will make a concerted effort to RETURN ALL THINGS PROPERLY LABELED. If it is NOT LABELED and it is left at Camp, it will be DONATED to Good Will.

### Clothing:

- 1 suitcase or trunk
- 6 pair of shorts or more
- 6 shirts or more
- 7 sets of underwear
- 1 pair of jeans or lightweight long pants
- Shower shoes/flip flops
- Swimsuit (girls- 1 piece suit only)
- Swimsuit cover up
- 2 pairs of tennis shoes
- **WATER SHOES FOR POOL**
- We have a dance - bring dance attire if camper wants to "dress up" - the theme this year is **Lost In Space!**

### Personal Care Items:

- Hair brush
- Toothpaste
- Toothbrush
- Soap
- Shampoo
- Other personal care items

### DO NOT BRING!!

TV/RADIO/COMPUTER GAMES  
CELL PHONES  
FOOD OR CANDY  
MONEY  
TOBACCO PRODUCTS

### Gear & Supplies:

- 1 set of twin sheets & pillow
- Blanket or sleeping bag
- Laundry bag
- 4 bath towels & wash cloths
- Beach Towel

# Camp Rainbow 2019 Camper Application

Camper Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M / F (please circle one)

Home Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone #:(    ) \_\_\_\_\_ Email: \_\_\_\_\_

T-shirt Size (circle one):

Child Size: S M L

Adult Size: S M L XL XXL XXXL

.....

## Family Contact Information

Parent/Guardian Name: \_\_\_\_\_

Please provide all phone numbers:

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

## Emergency Contact Information

If you cannot be reached in the event of an emergency during camp, please indicate below whom we may call.

Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

## Camper's Medical History

Camper's Diagnosis: \_\_\_\_\_

Treatment Facility: \_\_\_\_\_ Phone#: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ ID# \_\_\_\_\_

Group #: \_\_\_\_\_ or Medicaid#: \_\_\_\_\_

**\*\*\*\*Please attach a photocopy of the insurance card. FRONT & BACK\*\*\*\***

### Medication Information

A Medication Form will be mailed to you prior to Camp Rainbow. It should be completed the day before your child leaves for Camp. The form will request specific information such as name of medication, dose/amount, specific times medicine is given at home, and date/time of last dose given prior to arrival at camp. Medications **MUST BE IN THE ORIGINAL PHARMACY BOTTLES** and sent in a Ziploc baggie labeled with your child's name. The completed Medication Form should be included in the Ziploc baggie.

### General Health Information

Does your child have any other chronic health problems:

	No	YES (Give date, or type, where applicable)
Diabetes		
Asthma		
Hay Fever		
Heart Condition		
Other		
Seizures**		

\*\* Describe the type, frequency & date of last seizures:

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

Does your child have any allergies? Please be Specific.

	No	Yes
Food Allergies		
Drug Allergies		
Insect Allergies		
Plant Allergies		

Does your child have or do any of the following?

	Always	Sometimes	Never
Nightmares			
Walks in their sleep			
Talks in their sleep			
Wets the bed			
Afraid of heights			
Afraid of the dark			
Afraid of water			
Fainting spells			
Is very quite			
Home sickness			

Date of last tetanus shot; \_\_\_\_\_

**Camper Special Needs**

(Circle yes or no)

Can your child swim? Yes No

Does your child need full time adult help in the water? Yes No

\*\*\*\*\*Lifeguards will be on duty at all times\*\*\*\*\*

**Water Related Activities Consent Form**  
**Must be signed by parent or legal guardian.**

\_\_\_\_\_ YES, my child has my permission to participate in all water related activities(including but not limited to swimming pool & lakefront activities)

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

\_\_\_\_\_ NO, my child may not participate in water related activity.

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

.....

Does your child need assistance with any of the following? If yes, please give brief explanation.

	yes	no	Explanation
dressing			
walking			
eating			
Going to restroom			

Does your child use any of the following?

	Yes	No
eyeglasses		
Hearing aids		
braces		
Shower chair		
Prosthesis		
walker		
crutches		
wheelchair		

**FEMALE CAMPERS ONLY:**

Has child ever menstruated? Yes No

If not, has she been told about it? Yes No

Any Special Considerations? \_\_\_\_\_

Please Tell us any extra information you would like to share about your camper.

---

---

If you have any questions, please write them below. We will answer them as quickly as possible:

\_\_\_\_\_

---



## Behavior Commitment for Camp Rainbow Campers

Camp Rainbow participants are required to cooperate with the following policies. This is for the protection and well being of everyone.

1. I will protect the environment at the Twin Lakes Campground and will not harm the plant life & animals living in & around the camp facility.
2. I will remain under the supervision of my counselors unless given specific permission to engage in independent activities.
3. I will not engage in activities that are inappropriate for Camp Rainbow.
4. I will follow all instructions given to me by my counselors and will not engage in acts or behaviors which my counselor has specifically instructed against.
5. I will not engage in activities that would endanger others or myself.
6. I will be in my cabin each night at the specified time for lights out, unless instructed otherwise by my counselors.
7. I will arrive & remain at scheduled activities at the scheduled time.
8. If I am under the supervision of a counselor, other than my regular counselors, I will follow any instructions given to me by my temporary counselor.

I have read & understand each of the above policies, and agree to cooperate to the best of my ability.

**Campers can be sent home if deemed by the board that their behavior is not tolerable and cannot be handled by Camp Rainbow Staff.**

**Campers Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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





Authorization for Treatment  
**TO BE COMPLETED BY PARENT OR GUARDIAN**

CAMPER'S NAME: \_\_\_\_\_

In consideration of this camping opportunity the applicant does hereby agree to indemnify and hold Camp Rainbow harmless from any claims for accident or injury sustained by the camper named in this form while attending or participating in any Camp Rainbow program on or off the Camp Rainbow premises.

I further consent to any routine or non-surgical medical care that my child or ward may be required to have either due to circumstances previous to or during the camp session.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp Rainbow to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above. YOUR SIGNATURE IS REQUIRED OR WE WILL NOT BE ABLE TO ACCEPT YOUR CHILD AT CAMP.

PRINT CAMPER'S NAME: \_\_\_\_\_

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_



## Release of Camper Form

Please Print or Type.

Campers will be released only to those individuals listed below, upon proof of identity (i.e. valid driver's license, or government issued picture identification. This includes parents and/or guardians.

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Signatures of Parents or Guardians

\_\_\_\_\_

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



CAMP RAINBOW RELEASE OF LIABILITY.

ONLY COMPLETE THIS PAGE IF CAMPER **DOES NOT HAVE INSURANCE OR MEDICAID.**

**YOU MUST RETURN THIS FORM OR YOUR CAMPER WILL NOT BE ALLOWED TO STAY AT CAMP.**

I hereby acknowledge that my child or ward \_\_\_\_\_

(name of child)

is currently not covered by medical insurance. As a parent or guardian of the child named above, I agree to & understand that I am solely responsible for any and all costs for medical services and/or any transportation costs incurred during the time that he or she attends Camp Rainbow.

I also agree to & understand that neither Camp Rainbow, nor its employees, agents, or volunteers assume any liability whatsoever for any medical services and costs and/or transportation costs incurred by my child during his or hers participation at Camp Rainbow. I do hereby agree to indemnify and hold harmless Camp Rainbow and any Camp Rainbow employee, agent, volunteer, or designated chaperone from any and all liability, damage, loss, claims, or demands and actions of any nature whatsoever, including attorneys' fees, which arise out of or are in any way connected with the provision of such medical emergency medical services.

---

Print Camper's Name

---

Print name of Parent or Legal Guardian

---

Signature of Parent or Legal Guardian

---

Date



## MEDIA RELEASE CONSENT FORM

THIS MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN.

NOTE: REGARDING THE MEDIA CONSENT. each year, we put together an Annual Memory Book and/or promotional video of the camp activities. We make every effort to include each child doing at least 1 activity and a cabin photo with names of campers & counselors. By signing this consent, you give us permission to include your child in the memory book, advertising, fundraising materials and/or a promotional video about Camp Rainbow.

Also, your child could possibly be photographed and/or interviewed briefly by a local media personality. However, a Camp Rainbow Staff person will be with your child during any type of interview. We will make every effort to contact you by phone to obtain verbal permission before any interview and/or to encourage you to watch the spot on television or to read the article in the newspaper.

### Media Consent

\_\_\_\_ YES, my child may be photographed or videoed as described above.

\_\_\_\_ NO, my child may not be photographed.

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

\_\_\_\_ YES, my child may be photographed and/or interviewed by a local media person.

\_\_\_\_ NO, my child may not be photographed or interviewed by a local media person.

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



CONSENT FOR CAMP RAINBOW TRAVEL PARTICIPATION  
**PLEASE READ BOTTOM OF PAGE**

CAMPERS NAME: \_\_\_\_\_

I hereby request and consent that my child or ward \_\_\_\_\_ be permitted to travel to and from and participate in Camp Rainbow on the following dates: **Tuesday July 31st and Saturday August 4th.**

**I agree to and understand the following:**

- My child or ward may be accompanied and transported by Camp Rainbow, however, neither, Camp Rainbow, nor its employees, agents, or volunteers, assume any liability whatsoever by such accompaniments or transportation.
- I agree that neither Camp Rainbow nor its employees, agents, or volunteers associated with Camp Rainbow, shall be held responsible for any injuries or damages that occur while my child is traveling to or from Camp Rainbow, camp activities or during the time my child is in attendance at or is participating in Camp Rainbow and/or camp activities. I do hereby hold harmless Camp Rainbow, its employees, agents, and volunteers against any and all liability, damage, loss, claims or demands which arise out of or are in any way connected with my child or ward's travel to and from, attendance at or participation in Camp Rainbow and/or camp activities.

**I have read this document, I understand its contents, and I agree to its terms.**

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

Parent/Guardian Name (Printed): \_\_\_\_\_

**I understand that if I do not contact [Paige at camprainbowms@gmail.com](mailto:camprainbowms@gmail.com), or by text or phone call, to inform her that my camper requires transportation, by June 1st, I will be required to transport them to and from Camp.**

\_\_\_\_\_ Transportation is not needed. **I WILL** provide transportation for my child to and from Camp Rainbow.

\_\_\_\_\_ Transportation is needed, **I WILL NOT** be able to get my child to & from Camp Rainbow.