



CAMP J.A.M. Information Form

Child's Full Name: _____

T-Shirt Size: Youth 14 - 16 Adult S M L XL XXL

Parent's home and work phone numbers including area codes:

Mother/Guardian: Home: (_____) _____ Work: (_____) _____

Father/Guardian: Home: (_____) _____ Work: (_____) _____

Please review the Camp J.A.M brochure for a description of activities that will take place during the camp program. If you or your child's physician do not want your child to participate in a specific activity, please state such below:

Health History: Please circle any of the following conditions that your child has had.

- | | | | |
|-------------|--------------------|----------------|---------------|
| seizure | chicken pox | retardation | ear infection |
| T.B. | drug allergy | asthma | gastritis |
| diabetes | penicillin allergy | lung problems | GI problems |
| hepatitis A | insect bite | heart problems | ulcers |
| hepatitis B | allergy | hypertension | bleeding |
| | other allergy | | problems |

Please explain more about any items circled above: _____

Other medical conditions your child currently has: _____

Date of child's last tetanus booster shot: ____ / ____ / ____

Are child's immunizations up-to-date? Yes No

Does your child need to follow a special diet or have any other needs of which the camp staff should be aware?

Parent authorization: This health history is correct as far as I know. I give my permission for my child to participate in all activities except those noted on the physician consent form, if any. I hereby give permission for the camp staff and nurses to select and seek medical treatment for my child should such a need arise and in the event of an emergency, if I cannot be reached, I give permission to the medical personnel to hospitalize, secure treatment for, and/or order any other medically necessary interventions for my child.

Parent/Legal Guardian's Signature: _____ Date: ____ / ____ / ____



CAMPER MEDICATION FORM

Camper's Name: _____

Please note that camp is four days long. Please send enough medication for five days. This will provide extra medicine in case some pills are dropped or lost. Remember to include any "as needed" medications such as antacids if your child uses them.

All medicines must be sent to camp in their pharmacy containers or in weekly dispensing pill boxes. Have your doctor write a note that describes each medication and indicates how each medicine is taken. The doctor should sign the note. In order to protect your child, we cannot give your child unlabeled, unidentified medications.

When you take your child to camp, we will collect the medications. They will be kept by the camp nurse and dispensed at appropriate times by the nurse or assistant nurse. We will review your child's medication schedule at camp check-in. Please return this form with the application form.

MEDICATION

DOSAGE

TIME TO BE TAKEN

SPECIAL INSTRUCTIONS:



CAMP J.A.M
PARTICIPATION WAIVER

I, the undersigned, hereby attest that I am the legal guardian of

Camper's Name

and I acknowledge that I have chosen for him/her to participate in the Arthritis Foundation, Gertrude and Harry G. Fins Camp J.A.M. 2014 program at Covenant Harbor in Lake Geneva, WI.

I hereby waive any and all rights and claims for damages and any or all injuries suffered in connection with said event I or my child may have against the Arthritis Foundation, Heartland Region, Covenant Harbor, the camp staff or any other individuals associated with the said event and their representatives or successors. I understand that none of the above are responsible for the loss or damage of personal items in connection with the said event.

I will allow his/her address to be added to the Camp J.A.M. address book to be distributed to all campers at the end of Camp J.A.M. 2014 as well as grant to the Arthritis Foundation, the right to use, reproduce, edit, exhibit, distribute, publish, display or transmit any photograph or video of my child without limitation restriction, review, approval, consideration or compensation, except where and to the extent prohibited by law.

I hereby waive any and all rights and claims on any photos of my child taken by the Arthritis Foundation, its employees or individuals associated with the Arthritis Foundation, Covenant Harbor, the camp staff or any other individuals associated with the said event and their representatives or successors.

Parent/Legal Guardian's Signature

_____/_____/_____

Date



CAMP J.A.M.
PHYSICIAN CONSENT FORM

Camper's Name:

The above named child is scheduled to attend the Gertrude and Harry G. Fins Camp J.A.M. - Juvenile Arthritis and Me, a four-day retreat for children with any form of arthritis or related rheumatic condition. The event will be held on June 26th-29th at Covenant Harbor in Lake Geneva, WI. A physician and two nurses will be at the campsite for the program to dispense medications and monitor the safety and health of participants. Camp activities will include:

- outdoor nature education
arts and crafts
bingo
dancing
*tower climb
* swimming
archery, air rifle
campfire
*nature hike
games
* orienteering
* zip line
* canoeing
* ropes course

The retreat program is designed for children with mild to moderate disease involvement. Several of the above activities are highlighted with an asterisk (*). These activities will create a certain amount of stress on the child's joints and muscles. It is up to the parent and physician to determine the appropriateness of these activities for the individual child. Children with severe joint involvement should attend JA camps sponsored by either the Wisconsin or Indiana Arthritis Foundation chapters, as these camps are hosted at facilities designed to meet such special needs.

By acknowledging this form, we request that the above named child be medically cleared for the purposes of camp activities. Please sign below if the patient has your consent to participate in Camp J.A.M. 2014. Please note any restrictions or limitations the child should follow.

Restrictions/limitations, if any:

Physician's Signature

() Area code and phone number

Physician's Name - Please Print



Covenant Harbor Waiver

Participant Information

Name _____	Group _____
Address _____	
City/State _____	Zip _____
Phone _____	Age if under 18 _____
Any limitations to participation? (physical, medical, behavioral) _____	
Any allergies? (food, drug, environmental) _____	
If food allergy: <input type="checkbox"/> Mild / preference / guest can self manage <input type="checkbox"/> Moderate / guest can self manage <input type="checkbox"/> Serious / life threatening	
Other participation concerns? _____	
Emergency Contact _____	Relationship _____ Phone _____
Wisconsin statute HFS 175.15 requires camps obtain names and home address of every participant including emergency contact information	

Release and Waiver of Liability

I hereby give my consent to have the above-named Participant fully participate in all camp activities, outings and field trips conducted on and off the campus of Covenant Harbor recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. Covenant Harbor has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Harbor nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage or death which may occur to the above Participant as a result of participation in these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary for the Participant should he/she require such assistance. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant. I agree to allow Covenant Harbor to transport Participant as needed and to use a photocopy of this form as my authorization when necessary. Covenant Harbor may use the Participant's photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Participant Signature/ Legal Guardian (if minor): _____ Printed Name: _____ Date: _____



CAMP J.A.M.

PACKING LIST

PLEASE BRING WITH YOU:

- Your personal medical supplies
- Small box with camper's name to hold medicine
- Long pants (at least one pair)
- Long sleeve shirt
- Shorts / shirts / socks / undergarments / sleepwear
- Two pairs of closed toed shoes
- Flashlight
- Notebook and pen (for autographs / notes)
- Swimsuit and water shoes (needed for swimming in Lake Geneva)
- Towel
- Toiletry items (toothpaste, toothbrush, shampoo, soap, etc.)
- Sunscreen
- Hat and sunglasses
- Rain gear / light jacket / umbrella
- Bug spray
- Camera and film

*Each child will have his/her own bed at Camp J.A.M. There is no need to bring a sleeping bag, sheet or pillow. They will be provided by Covenant Harbor. A hair dryer is in each bathroom. Bathrooms are in each sleeping room.

DO NOT BRING:

Any extra money or any valuables

ANY electronic device (Laptop/IPAD/IPOD)

Cell phones can be used in the evenings or for emergencies only



CAMP J.A.M.

TALENT SHOW

This year, we will once again be having a talent show! Here's your chance to demonstrate your great skills and talents - and to have fun!

Dazzle the other Camp J.A.M. campers by:

Dancing



Doing a Skit



Playing an Instrument



Or any other talent you'd like to display!

If you are interested in participating in the talent show, please come prepared with all your necessary props and equipment. Each camper will have 3-4 minutes to perform.

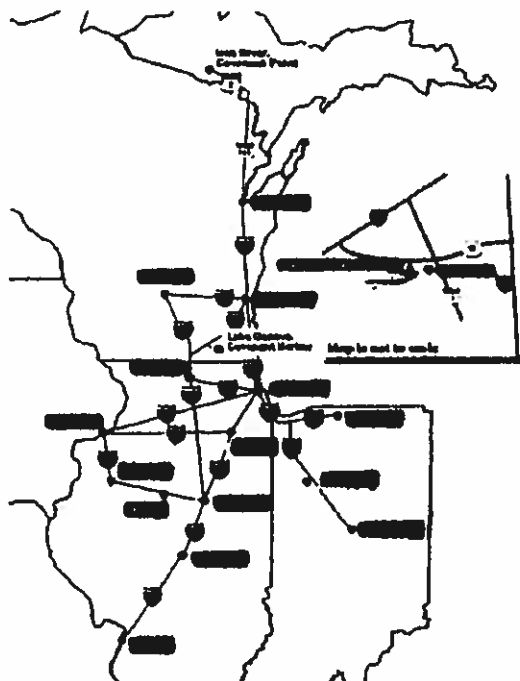
Camp staff is not responsible for any equipment you bring.

Directions to Covenant Harbor

Ministries of Covenant Harbor

- Bible Camp and Retreat Center
- Geneva Bay Centre
- Snake Road Adventure Center
- Elderhostel

Covenant Harbor
1724 Main Street (Hwy 50)
Lake Geneva WI 53147
262-248 3600
office@covenantharbor.org
www.covenantharbor.org



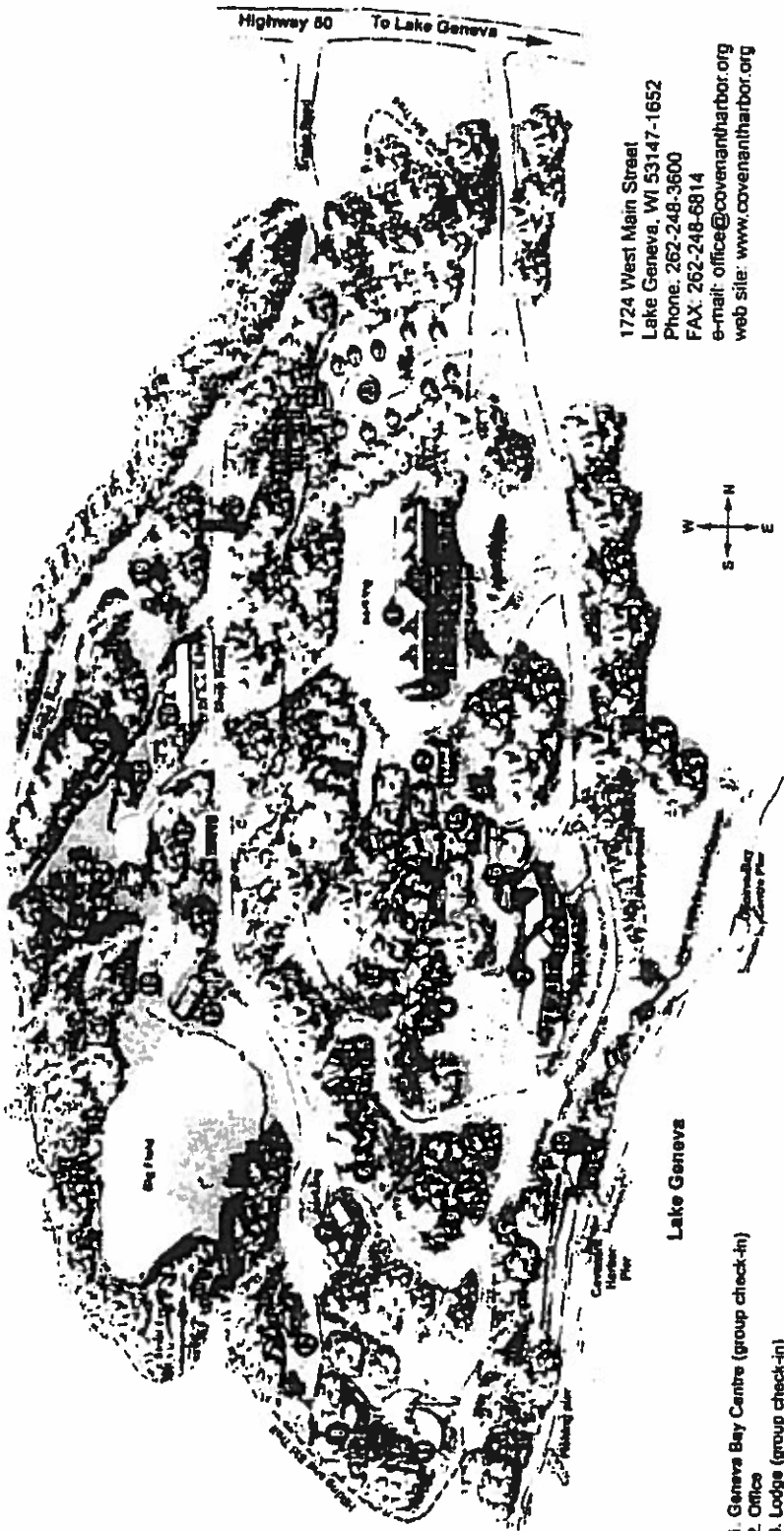
1) From Chicago follow I-94 to Wisconsin. Continue on I-94 for 5 miles to Hwy 50. Head west on Hwy 50 to Lake Geneva about 25 miles. Continue driving through Lake Geneva on Hwy 50 and when the road opens up to four lanes on the west side of Lake Geneva, Covenant Harbor will be on the left side of the road.

2) From the western suburbs you can take Hwy's 12, 31 and 47 north to the Wisconsin state line. Hwy's 12 and 31 meet in Richmond Illinois at this point follow Hwy 12 to Hwy 50 and head west into Lake Geneva. Hwy 47 turns into Hwy 120 at the state line, follow Hwy 120 to Hwy 50 in Lake Geneva and turn left. From both locations follow Hwy 50 through town and when the road opens up to four lanes Covenant Harbor will be on the left side of the road.

3) From Rockford take I-90 north to I-43. Follow I-43 to Hwy 50 Lake Geneva exit turn right. Follow Hwy 50 for about 10 miles. As you enter Lake Geneva you are coming down a big hill and the highway will narrow from four lane to two lanes, at this point Covenant Harbor will be on the right side of the road.

4) From Janesville take Hwy's 11 and 14 east to Delevan. Follow Hwy 14 where Hwy 11 and Hwy 89 split off at the stop sign. From there Hwy 14 meets I-43 about three and a quarter miles after the split. Turn left onto I-43 and continue until the Hwy 50 Lake Geneva exit about 6 miles, turn right. Follow Hwy 50 for about 10 miles. As you enter Lake Geneva you are coming down a big hill and the highway will narrow from four lane to two lanes, at this point Covenant Harbor will be on the right side of the road.

5) From Milwaukee take I-43 south to Hwy 120 Lake Geneva exit and turn left. Follow Hwy 120 into Lake Geneva to Hwy 50 about 13 miles and turn right. Follow Hwy 50 through town and when the road opens up to four lanes Covenant Harbor will be on the left side of the road.



1724 West Main Street
 Lake Geneva, WI 53147-1652
 Phone: 262-248-3600
 FAX: 262-248-6814
 e-mail: office@covenantharbor.org
 web site: www.covenantharbor.org

- 1. Geneva Bay Centre (group check-in)
- 2. Office
- 3. Lodge (group check-in)
- 4. Triplets
- 5. Carriage House / Gym (restrooms)
- 6. Engelbreitson Lodge
- 7. Hilltop House
- 8. Guest House
- 9. Beech House (restrooms)

- 10. Boathouse
- 11. Worship tent (summer)
- 12. Sprug Inn (staff housing)
- 13. Craft House / Ski room
- 14. Slugs (staff housing)
- 15. Staff House / Infirmary (summer)

- 16. Maple Shed
- 17. The Knoll
- 18. Recreation Area
- 19. Gate House (staff housing)

- 20. Tower / zipline
- 21. High ropes course
- 22. Ropes Building
- 23. Maple Commons (summer)

- 24. Kishwaukee (summer)
- 25. Director's Cabin
- 26. Nicholls Facility Center
- 27. Tree House