



Packet

June 8-12, 2020

A Note from Camp Directors:

We have made it a priority to provide an atmosphere that is centered on a genuine encounter with the presence of the Lord. It is a week set aside where students can hear, see, and respond appropriately to all that the Lord is saying to them. We will daily ASCEND the mountain of devotion thus introducing a generation to the lifestyle of the never-ending encounter with Jesus.

Mark & Destani Casto, Jimmy & Tina Lovejoy, and Bobby & Jessie Lemley

**Contact Information**

**Contact If:**

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| <p>Camp Site:<br/>Heartland Conference Retreat Center<br/>3201 County Road 225, Marengo, Oh 4334<br/>Phone: 740-747-0220 / Fax 740-747-0200</p>  | <ul style="list-style-type: none"> <li>• Facility Questions</li> <li>• Food Allergy Concerns</li> <li>• Handicap Capabilities</li> </ul> <p>* Please remember to copy any concerns to <a href="mailto:mrsjessielemley@gmail.com">mrsjessielemley@gmail.com</a></p> |
| <p>Circuit Riders Rising Office<br/>Mailing Address: PO Box 536, Covington, GA 30015<br/>Website: <a href="http://www.campascend.family">www.campascend.family</a><br/>Email: <a href="mailto:mrsjessielemley@gmail.com">mrsjessielemley@gmail.com</a></p> | <ul style="list-style-type: none"> <li>• Financial Questions</li> <li>• Registration (Including Forms)</li> <li>• Group and Leader Questions</li> <li>• Camp Activities</li> <li>• Schedule</li> <li>• Room and Board</li> </ul>                                   |

For any information about Heartland Conference Retreat Center (i.e.: driving directions, camp layout, etc.) please go to **heartland retreat.com**.

## WHAT TO EXPECT FROM CAMP ASCEND:

### ROOMING:

- Bunk style rooms
- Restrooms and showers provided within building
- A minimum of one approved adult leader per room

### GENERAL CAMP RULES:

**These rules are given as guidelines for every student to follow. This code of conduct has been established for the protective benefit of each student. They must be observed at all times:**

- The daily schedule must be followed and attendance at all activities is required. (2019 Schedule Appendix Attached)
- No one is to leave the campgrounds without specific permission from Mark Casto
- Students are expected to observe habits of personal and group cleanliness, courtesy and Christian conduct.
- Guys and girls are not allowed in each other's housing dormitories – No Exceptions!  
Disobedience to this rule could result in **immediate dismissal from camp!**
- Dress Code: Guests are to be modestly attired at all times. While comfort is important, all shorts, pants, shirts, and dresses are to be “size-appropriate” with no objectionable or suggestive slogans, artwork, or revealing style. Modest swimwear is required by anyone using the pool area. (See Dress Code)
- Radios, MP3 players, CD players, air soft guns, and paintball guns are not permitted.
- Special Government/Camp Statement: Fireworks, smoking, drinking of alcoholic beverages, drugs and profanities are NOT allowed on the campground.
- We reserve the right to inspect the contents of all personal belongings. The holding and/or disposal of improper contents are the right of the camp staff.

## **Recommended Items to Bring to Camp:**

1. Bible, Notepad, Pen
2. Set of Twin Sheets
3. Blanket/Sleeping Bag
4. Pillow
5. 2-3 Bath Towels
6. 4 Wash Clothes
7. Toiletries (Soap, toothbrush, brush, deodorant...)
8. Tennis Shoes to Play for Outside Games (water & mud)
9. Water Shoes for water games (suggested)
10. Shoes that will stay nice for services
11. Shower Shoes (flip-flops)
12. 4 Sets of Clothes to Play Games (See Dress Code)
13. 4 Sets of Service Clothes (See Dress Code)
14. Modest Bathing Suit & Cover-Up (See Dress Code)
15. Swim Towel
16. Sunscreen and/or bug spray
17. Hat
18. Sweatshirt
19. Flashlight
20. Personal Water Bottle
21. Spending Money (\$20.00 Cash) – for snack shack

### **Important Note:**

*Please note that neither Circuit Riders Rising nor Heartland Retreat Center will take responsibility for lost or stolen items.*

### **WHAT NOT TO BRING:**

1. Electronic devices other than cell phones
2. Cell phones will only be allowed to be used during FREE times
3. No Bluetooth Speakers
4. No Candles
5. No Clothing Irons
6. Skateboards
7. Chewing Gum

**CAMP ASCEND SCHEDULE 2020****MONDAY, JUNE 8, 2020**

10:00 AM Buses Begin Arriving / Check-in at Heartland Camp for All Camper and Leaders  
 12:30 PM Lunch for all campers  
 2:30 PM Mandatory Leaders Meeting  
 3:30 PM Welcome and BEGIN TEAM COMPETITION  
 5:30 PM Dinner  
 6:00 PM **OPEN TO PUBLIC SERVICE**  
 6:30 PM Service  
 12:00AM Lights Out (determined by Dorm Mom & Dad)

**TUESDAY, JUNE 9, 2020**

7:00 AM Camper Wake-up  
 8:00 AM Breakfast  
 9:00 AM Team Competition/Activity (Wake up - quick paced)  
 10:00AM Morning Worship  
 12:30 PM Lunch  
 1:30-3:30PM Team Games  
 3:00-5:00PM Free Time (Pool/VB/Field Games/Dorms with Leader)  
 5:30 PM Group Dinner  
 6:00 PM **OPEN TO PUBLIC FOR SERVICES**  
 6:30 PM Service  
 12:00AM Lights Out

**WEDNESDAY, JUNE 10, 2020**

7:00 AM Camper Wake-up  
 8:00 AM Breakfast  
 9:00 AM Team Competition  
 10:00 AM Morning Worship  
 12:00 PM Lunch  
 1:30-3:30 PM Team Games  
 3:30-5:00PM Free Time (Pool/VB/Field Games/Dorms with leader)  
 5:30 PM Group Dinner  
 6:00 PM **OPEN TO PUBLIC FOR SERVICE**  
 6:30 PM Service  
 12:00 AM Lights Out

**THURSDAY, JUNE 11, 2020**

7:00 AM Student Wake-up  
 8:00 AM Breakfast  
 9:00 AM Team Game  
 10:00 AM Morning Worship  
 12:30 PM Lunch  
 1:30-3:30 PM Team Games ( Mud Course)  
 3:00-5:00PM Free Time (Pool/VB/Field Games/Dorm with leader)  
 5:30PM Group Dinner  
 6:00 PM **OPEN TO PUBLIC FOR SERVICE**  
 6:30 PM Service  
 12:00AM Lights Out \*Flexible on the time

**FRIDAY, JUNE 12, 2020**

7:00 AM Student Wake-up  
 8:00 AM Breakfast  
 10:00AM Groups begin to depart from camp

***NOTE: This schedule is subject to change at anytime before or during Camp Ascend.***

## Camp Dress Code:

***Our dress code at camp is based on the biblical principles of modesty, neatness, and appropriateness. The following guidelines are for both students as well as Leaders:***

1. No undergarments or midsections showing, and appropriate undergarments are to be worn at all times.
2. **Shorts and skirts must be “Fingertip Length” while standing.** This means that the hem of these articles of clothing must be the approximate length of the campers’ fingertips when the hands are relaxed at their side while standing.
3. No clothing with inappropriate symbols or messages on it (including alcohol, tobacco, or sexually suggestive language or images)
4. No halter tops, tube tops, bare midriff tops, or spaghetti strap tops. Tank tops can be worn, but must have straps at least the width of two fingers.
5. Only modest swimsuits are permitted to be worn at camp. Campers could be asked to wear a dark color t-shirt if the suit is deemed inappropriate

**GIRLS:** One-Piece bathing suits without inappropriate cut-outs or plunging necklines are permitted. Tankini bathing suits are permitted if the top and bottom meet completely as to not show any midriff. NO bikini bathing suits – no exceptions.

**BOYS:** Swim trunks only - NO speedo style bathing suits.

7. When walking back and forth from the pool, all swimmers must be appropriately covered by shirts/shorts or another form of appropriate bathing suit cover-up
8. Jeans and shorts can be worn to service – services are casual dress.
9. Shirts must be worn at all times, unless swimming.
10. Shoes or flip-flops must be worn at all times (except when swimming)
11. Open-toed shoes are not permitted to be worn during games.

***If camp leadership deems an outfit inappropriate, they will ask the individual privately to promptly change into something better suited for camp.***

## **Medical Policies:**

All medications for students under the age of 18 must be turned in at Registration to the camp nurse. Also, all medications must be in their original containers – no exceptions!

The nurse will be available 24 hours a day on-site to administer medications to the students.

## **Important Medical Notice from Heartland Staff:**

In order to prevent an outbreak of lice within the camp, Heartland's policy is that all camper's are lice and nit free.

Your child is being sent home because, during the registration process, trained camp staff detected lice and or nits.

For this reason we are following the policy stated below:

If lice or nits are found during registration or at any point during camp, the personnel in charge of the camper during camp will be asked to notify the child's parental guardian to:

- a. Return the camper home; and
- b. Arrange treatment (camp staff will not provide treatment and no form of treatment is permitted to take place at camp).

The camper will be readmitted only if:

- Properly treated (please refer to the attached instructions regarding treatment for your child, their clothes and your home).
- A letter is presented from a Physician stating the child is both lice and nit free.
- The camper is re-checked by the camp nurse to confirm he or she is lice/ nit free before re-entering camp.

Thank you for your cooperation and understanding.

Sincerely

Executive Director

Heartland Conference Retreat Center

**2020 CRR "Ascend" Summer Camp: Medical/Civil Liability Release Form**

I, (Guardian Name) \_\_\_\_\_, the legal guardian of (Participant Name) \_\_\_\_\_, authorize Circuit Riders Rising and/or its representatives, to care for the administration of general first aid treatment for any minor injuries received to the above said person(s) and/or child during any of the events or activities that they will be involved in throughout Circuit Riders Rising Summer Camp, June 8-12, 2020.

If the injury sustained is life threatening or in need of emergency treatment , I authorize the leadership of Circuit Riders Rising and/or its representatives to summons any or all professional emergency personnel to attend, transport and/or treat me and/or my child.

I understand that these activities will require the student or adult to make choices, keep a schedule and follow all rules. I also understand that me or my student may NOT be under total supervision at all times.

I agree to release and hold harmless any staff and/or lay assistant of Circuit Riders Rising, from any and all claims, suits, costs and actions, of any kind whatsoever, arising from their exercise of the power granted by this authorization.

This liability release is valid the week of June 8-12, 2020, at Heartland Conference Center in Marengo, Ohio.

**Personal Information of Camp Participant Only Please:**

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender (circle one): M or F

Current Grade in School: \_\_\_\_\_ Unisex T-Shirt Size (XS to 5X): \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Participant Guardian Information if Under 18 OR Emergency Contact Information for Leader:**

Guardian Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Signature of Participant:** \_\_\_\_\_

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

**Signature of Guardian:** \_\_\_\_\_  
*(Only If Participant is Under 18)*

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

**2020 CRR "Ascend" Summer Camp: Swimming Liability Release Form**

I, (Guardian Name) \_\_\_\_\_, the legal guardian of (Participant Name) \_\_\_\_\_, authorize Circuit Riders Rising and/or its representatives, to care for the administration of general first aid treatment for any minor injuries received to the above said person(s) and/or child during any of the SWIMMING events or activities that they will be involved in throughout Circuit Riders Rising Summer Camp, June 8-12, 2020.

If the injury sustained is life threatening or in need of emergency treatment, I authorize the leadership of Circuit Riders Rising and/or its representatives to summons any or all-professional emergency personnel to attend, transport and/or treat me and/or my child.

I understand that these activities will require the student or adult to make choices, keep a schedule and follow all rules. I also understand that there will be a certified lifeguard on duty at all swimming activities.

I agree to release and hold harmless any staff and/or lay assistant of Circuit Riders Rising, from any and all claims, suits, costs and actions, of any kind whatsoever, arising from their exercise of the power granted by this authorization.

This liability release is valid the week of June 8-12, 2020, at Heartland Conference Center in Marengo, Ohio.

**Can you student swim in all depths of water up to 12 feet?**

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

*Please note that if you mark "NO" the named participant will NOT be allowed to participate in any of the swimming events - no exceptions!*

**Signature of Participant:** \_\_\_\_\_

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

**Signature of Guardian:** \_\_\_\_\_

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

*(Only If Participant is Under 18)*

**HEARTLAND CONFERENCE RETREAT CENTER  
Activities & Program Participation Agreement**

Participant's Name: \_\_\_\_\_ Church Name: \_\_\_\_\_

Event: Circuit Riders Rising Summer Camp Date: June 8-12, 2020

**INSTRUCTIONS: Please read this entire form carefully. Each participant and/or their custodial parent/guardian must read, complete, sign and submit this agreement to Heartland so that Heartland receives all completed and signed forms at least one business day before the Event Date. Without an appropriately signed form delivered to Heartland in advance, the individual will not be permitted to participate in the Program.**

I have read, and do understand, the Participation Is Voluntary statement accompanying this form. I understand that my/my child's participation in all activities offered by Heartland Conference Retreat Center (Heartland) is based on the Participation Is Voluntary philosophy. These activities include, but are not limited to: High Ropes, Zip Line, Paintball, Team Challenge, Group Problem Solving, Archery, Night Hike, Nature Center, Large Group Game, Orienteering, Living History, Wagon Ride, Bird Blind, Climbing Wall and Wilderness Rush. I recognize that the Heartland Activities are designed to utilize experiential and engaging teaching techniques, and that my participation is purely voluntary. At all times I will choose my level of participation in any activity, and I agree to follow all guidelines and instructions as presented.

I do understand that the staff of Heartland have received extensive training, and will work to protect the emotional and physical safety of myself/my child. I understand that participation in Heartland activity in which I/my child have enrolled, may entail certain risks. I elect to participate in spite of these risks.

I do understand that safe participation in Heartland Activities requires reasonably good health, and I certify that I have/my child has no medical, emotional and/or physical conditions which could interfere with my/my child's safety in this activity/these activities.

I grant to Heartland and all persons acting through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself/my child for use in materials they may create.

I have read and do understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon my heirs, assigns, personal representatives and estate and for all members of my family, including minor children.

**Therefore, for myself/my child, I knowingly and voluntarily assume all risks involved in my/my child's participation, and do hereby release and promise to defend, indemnify, and hold harmless, Heartland and its members, trustees, officers, employees, volunteers, independent contractors, and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, or loss that may occur as a result of participation in Heartland Activities, whether such injury arises out of the negligence of Heartland, myself/my child, or otherwise.**

**I hereby give my permission to Heartland, Licensed by the State of Ohio and Morrow County, to secure emergency medical and surgical treatment.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Only If Participant is Under 18)

Address City State Zip Phone: \_\_\_\_\_ Age of Participant if a minor: \_\_\_\_\_

**Medical Information:**

Does the participant have an insurance or medicaid card?

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

If you marked "YES" please provide a copy of both the front and the back of the current insurance card or medicaid card for the month of camp.

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

***Due to Federal and State Law ALL medications must have the current prescription label, be in the name of the student taking the medication, and in their original bottle (prescriptions in the prescription bottle, supplements in their original bottle). All medication will be given according to the dosing instructions. If they have changed, we must have a note with the changes and the doctor's signature. We cannot give a medication unless it meets the criteria listed above.***

Please list any medications that your child will be taking while at camp. Please send only the amount of medication needed for the camp trip on attached form.

**Last Tetanus Shot Date:** \_\_\_\_\_

**Allergies** (please check if applicable)

\_\_\_Bee stings \_\_\_Allergies to medication (please list)

**Please list any and all allergies (food, medicines, bugs, etc.):**

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

**Please list any and all medical conditions or activity limitations (special needs, etc.):**

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

**Over-the-Counter Medication(s) Authorization:**

The named participant above has my permission to take "TYLENOL," "ADVIL," and or "BENADRYL" as administered only by the camp nurse, as deemed necessary by the camp nurse, for fever, pain, swelling, etc.

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

**Signature of Participant:** \_\_\_\_\_

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

**Signature of Guardian:** \_\_\_\_\_

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

*(Only If Participant is Under 18)*

| Name Of Medication    | Dose                  | Reason for Medication |
|-----------------------|-----------------------|-----------------------|
| Example: Erythromycin | 1 pill, 4 times a day | Asthma                |
|                       | _____                 |                       |
|                       | _____                 |                       |
|                       | _____                 |                       |
|                       | _____                 |                       |
|                       |                       |                       |

*If you need more room for the medications or health history, please use the back side of this form.*

Camp Nurse Note: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_