

**Camp Good News**  
**Box 388**  
**Huntsville, TX 77342-0388**  
**edsalpc@yahoo.com**  
**(936) 291-3153**

Dear Parent or Guardian:

We are happy to make you aware of Camp Good News! This camp is open only to children ages 10-15 who have a relative residing in the Texas Department of Criminal Justice, Federal Correctional Institution, or county jail. This camp offers an enjoyable experience in a supportive Christian environment. The week offers opportunities to worship together, sing, do crafts, swim, ride horses, canoe, play basketball and other games, fish, and cooperate together in the ropes course.

Two separate camps of thirty children will take place. One will have children aged 10-12; the second will have youth aged 13-15. There will be approximately one well-trained and caring counselor for every four children. Your child will enjoy being with them.

The children are expected to report to Camp Good News at Camp Allen just south of Navasota, Texas, at 4 PM Sunday. At noon, on the Friday following, join us for lunch and a program put on by the children just for you. Following the program, camp ends.

There is no cost for this camp as the people of the Episcopal Diocese of Texas and others have provided this camp as part of their ministry. Directions to the camp will be provided by return mail upon receiving your child's application to attend the camp.

If you have questions, please call.

Faithfully Yours,

Ed Davis, Coordinator



**CAMPER INFORMATION**

Camper Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Session Letter \_\_\_\_\_

Will the camper have a birthday at camp?	Y N	If yes, list date.	
Previous camp experience?	Y N	Where/When?	
Does camper have siblings?	Y N	No. older:	No. younger:
List siblings at camp this week:			

Name of church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

What are your camper's interests, hobbies, and activities? \_\_\_\_\_

List three personality traits of your camper: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please tell us anything that will help us insure the very best experience possible for your child. Please include limitations, characteristics or behavioral issues which could help the staff in working with your child (include such things as sunburn sensitivity, sleep walking, hyperactivity, bedwetting, etc.) \_\_\_\_\_

Are both parents living? Yes or No

Camper lives with (circle): Both parents Mom Dad Mom & Step-Dad Dad & Step-Mom Grandparents Other \_\_\_\_\_

**ASSESSING ESSENTIAL FUNCTIONS OF CAMPER**

Please rate your camper in the following areas. Scale: 4 = Excellent 3 = Good 2 = Needs Improvement 1 = No experience

1. Ability to live cooperatively in a community setting for a period of six days.	
2. Ability to independently take care of their own personal needs (i.e. showering and personal hygiene, dressing themselves, etc.)	
3. Ability to stay away from home for an extended period of time without calling home.	
4. Ability to function in a very active and physically challenging environment.	

**EMOTIONAL/ PSYCHOLOGICAL HEALTH**

Camp Allen strives to provide positive camp experience for all children whenever possible. Camp Allen does not provide programs that are rehabilitative or therapeutic in nature, and does not specialize in serving children with special needs, including children with severe emotional, social or behavioral difficulties. We appreciate the opportunity to work with you to determine if the Camp Allen experience will meet the needs of your child. Below, please provide information regarding your child's special needs prior to attending camp. To communicate this information directly to the Summer Camp Director, please contact Drew Day at [drewd@campallen.org](mailto:drewd@campallen.org).

Diagnosed with: <input type="checkbox"/> ADD <input type="checkbox"/> ADHD. Date of Diagnosis: ____ / ____ / ____	Medication:	
Has a psychiatric diagnosis such as Depression, OCD, and Panic/Anxiety Disorder.	Y N	Date of diagnosis:
Has seen or is seeing a professional to address mental/emotional needs.	Y N	If so, please list dates:
This camper has a learning disability/challenge.	Y N	
Has camper ever required any psychiatric counseling or hospitalization?	Y N	If so, please list dates



**CAMP GOOD NEWS**  
**Camper Registration & Health History**

Camp Good News  
 Box 388  
 Huntsville, TX 77342

Full Name of Camper: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: M F Grade for school year \_\_\_\_\_  
 School Name: \_\_\_\_\_ School District: \_\_\_\_\_

Please enter **session letter**. 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_ Cabin mate request (1 request): \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
 Address \_\_\_\_\_ City, ST, Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
 Address \_\_\_\_\_ City, ST, Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_  
 Relation to camper: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
 Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Work Ph: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Address \_\_\_\_\_  
 Ins. Co Phone # \_\_\_\_\_ Policy # \_\_\_\_\_  
*Basic accident insurance for camp activities is included in camp tuition. Parents and guardians are responsible for expenses in excess of coverage. Pre-existing conditions are not covered.*

Allergy \_\_\_\_\_ Response \_\_\_\_\_ Date of Last Reaction \_\_\_/\_\_\_/\_\_\_  
 Allergy \_\_\_\_\_ Response \_\_\_\_\_ Date of Last Reaction \_\_\_/\_\_\_/\_\_\_  
 List over-the-counter medications the camper **cannot** receive for minor symptoms. \_\_\_\_\_

Operations/Serious Injuries/ Dates \_\_\_\_\_  
 Chronic or Recurring Illnesses \_\_\_\_\_

**MEDICATIONS:** Please list medications being sent with camper including drug, dosage and condition requiring the medication. Prescribed medication and inhalers MUST be in original container with pharmacy label that includes camper's name, valid date, instructions and Dr's name. Sample medications MUST have signed physician's letter. Over-the-counter medications MUST be in original packaging with valid expiration date. OTC's for minor illnesses/emergencies (i.e. headache, stomachache, cough, rash, etc) are provided on site.

Drug _____	Dosage _____	Condition _____
Drug _____	Dosage _____	Condition _____
Drug _____	Dosage _____	Condition _____
Drug _____	Dosage _____	Condition _____

Each camper is required to receive a solution of alcohol based eardrops for any swimming activities to aid in prevention of swimmer's ear, unless child has tubes in ears or is designated otherwise below. My child may receive eardrops: Yes \_\_\_ No \_\_\_  
 Does camper have a history or ear aches? No \_\_\_ Yes \_\_\_ Tubes in ears? No \_\_\_ Yes \_\_\_ If yes, which ear? Right \_\_\_ Left \_\_\_

**IMUNIZATIONS:** All campers must have a current and complete immunization record on file. Please complete the following or attach copy of the record. State Law requires actual MONTH, DAY AND YEAR.

DTP Series	1.	2.	3.	4.	5.
Polio OPV/IPV Series	1.	2.	3.	4.	
MMR Series	1.	2.	* Hep. A	1.	2.
Hep. B	1.	2.	3.		
Varicella or Chicken Pox	1.	*2.	*Meningococcal meningitis	1.	2.
Tetanus Booster	1.	Must be within last 10 yrs	* Tdap booster (7 <sup>th</sup> grade)	1.	

\* Proposed requirement beginning 2009-2010 school year.

This health history and immunization report is true and accurate to the best of my knowledge. In the event of an illness or emergency, I hereby give permission for the staff of Camp Allen to authorize medical treatment of my child by licensed healthcare professionals and when necessary, authorize transportation to and from the medical facilities designated by Camp Allen for the care of my child. I hereby agree to release from liability and hold harmless Camp Allen, the staff, the Board of Directors, the Diocese of Texas, it's agents and assigns, from any legal action associated with injury to my child, except in the case of gross negligence.

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



Dear Parents and Guardians,

Camp Allen's first priority is the safety of your child. We strive to create a healthy, positive environment where campers can experience God's love and have a great time. However, there are inherent risks involved with all camping activities that no amount of caution, instruction, or expertise could completely eliminate. This document acts as a parental release and a covenant with our campers to respect Camp Allen, its property and staff, and fellow campers. Please read through this document completely and sign the release at the bottom of the page. Then read through the camper policies with your child and have them sign the agreement.

**The following behaviors are strictly forbidden at Camp Allen.**

- Damage of property, such as graffiti or vandalism
- Infliction of any sort of bodily harm to oneself or another person
- Participation in any variety of bullying (physical, emotional, relational, verbal, etc)
- Crude, harsh, sarcastic, or inappropriate language
- The use of all personal electronics (IPODS, cell phones, PSPs, MP3 players, etc)
- Possession of drugs, alcohol, tobacco, knives, firearms, or weapons of any kind
- Any behavior that could represent a danger to the safety of oneself or fellow campers
- Any behavior that circumvents the authority of the counselors, Sr. Staff, or adult campsite staff

I understand that these actions could endanger others or myself and will not be permitted at Camp Allen. Furthermore, I agree to avoid said actions and be held accountable for them. I will comply with any repercussions, which may include, but is not limited to, immediate dismissal from camp without financial reimbursement.

Campers Name (Print): \_\_\_\_\_ Session Letter: \_\_\_\_\_

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

- I understand that pictures and videos are taken at camp. I hereby give permission for the use of such pictures and videos of my camper for the promotion of Camp Allen.
- In addition, I give permission for my son or daughter to be transported in vehicles for camp approved transportation and activities at Camp Allen as well as transportation to and from medical facilities.
- I hereby give permission for my camper's belongings to be searched, with my camper present, when the Camp Allen Staff deem it necessary to protect the health, well-being, or safety of my camper or others.
- I hereby affirm that I have been advised of and understand the risks of camping and recreational activities at Camp Allen and that such activities involve certain risks and authorize my child to participate in all such activities except: \_\_\_\_\_
- I understand that the terms herein are contractual and not a mere recital.
- I have signed this document as my own free act and in consideration of the agreement by Camp Allen to accept my camper for the camp program chosen.
- I HEREBY AGREE BY EXECUTION OF THIS DOCUMENT TO RELEASE CAMP ALLEN, THE STAFF, THE BOARD OF DIRECTORS, THE DIOCESE OF TEXAS, AND ALL OTHERS ACTING FOR OR ON BEHALF OF CAMP ALLEN FROM ALL LIABILITY WHATSOEVER, FOR PERSONAL INJURY, OR INJURIES TO PROPERTY, REAL OR PERSONAL, CAUSED BY, OR ARISING OUT OF CAMPING AND OTHER ACTIVITIES SPONSORED BY CAMP ALLEN.

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

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