



190A Pine Meadow Road • Lebanon, PA 17046  
(717)865-4547 • [info@kenbrook.org](mailto:info@kenbrook.org)  
[www.kenbrookyouth.org](http://www.kenbrookyouth.org)

## Resident and DZX Camps Important Information

For those who register by **MAIL**, please complete all forms and send to Kenbrook with your registration. These forms are available on the web at [www.kenbrookyouth.com](http://www.kenbrookyouth.com) or call the camp registrar to have them mailed to you. For those who did **register ONLINE**, please send the Consent and Release to complete your registration.

**REFUND POLICY:** If notification of cancellation is received prior to the day the camp session is scheduled to begin, you will be refunded all fees paid except your non-refundable \$50 deposit. For Adventurer Camp, a refund of 50% will be given if the camper leaves camp for any reason before the second night. If a camper leaves after this time, no refund will be given. For all other camps a refund of 50% of the total fee will be given if the camper leaves camp for any reason through Monday night. If a camper leaves after Monday, no refund will be given.

**INCOMING CAMPERS:** NOTE: Due to staff time-off and in-service training, *we cannot check in anyone before the stated times*. If an emergency situation forces you to check in early, you must call ahead to make special arrangements. If you anticipate being quite late, please let us know. Check in times:

Adventurers (ages 6-8) check in time: Wednesday 3:00-5:00pm • ALL other camps on Sundays 3:00pm-5:00pm

**LEAVING CAMP EARLY:** Leaving camp early is strongly discouraged since it deprives the camper some of the best times of the week. If it is essential for your child to leave camp prior to the designated time, please indicate on the departure release so the necessary arrangements can be made.

**CHECKING OUT:** ALL camps have a Friday evening closing program from **6:00pm-6:30pm**.

The closing program highlights some of the week's events. If you cannot attend the program, be sure to *pick up your son/daughter by 6:30pm*. Any unused medication will be returned to the counselor to pack in the camper's luggage on Friday afternoon. Your child will only be released to the names designated on the Departure information that was completed at the time of initial registration.

**SPENDING MONEY:** Most campers bring \$10-\$20 per week (for the Adventurer Camps \$3 to \$5) to spend in the Camp Store. The Camp Store stocks beverages, snacks, Kenbrook clothing, stuffed animals, and various keepsakes. You may wish to purchase the more expensive items when you are with your son/daughter at check in or after the closing program.

**CAMPER HEALTH AND SAFETY:** We make every effort to ensure your son/daughter's health and safety while he/she is at camp. All health information can be updated with your online registration or sent in with the paper registration. We make every effort to ensure your son/daughter's health and safety while he/she is at camp. All medicines (prescription and non-prescription) must be in the original container and labeled with camper name, then given to the nurse to be dispensed by him/her during the week (exceptions may be made for inhalers and topical creams). The nurse's primary responsibilities are to care for chronic medical conditions, acute illness and injury, and to ensure safety for all campers and staff. Please leave over-the-counter medications such as Tylenol at home. These are available from the nurse as needed. If your child is exposed to any communicable diseases within three weeks of their scheduled arrival at camp, please call camp before coming. If your son/daughter is sick when he/she is due at camp, you may try to reschedule his/her week with no financial penalty.

**INSURANCE COVERAGE:** While we strive to provide the best safety supervision possible, should an accident occur or your child need medical attention for an accident, your family insurance will be billed as the primary insurance. Whatever may not be covered by your insurance (including any deductible), upon written verification that you have submitted it to your insurance, may be submitted to our insurance carrier for consideration and possibly covered under the provisions of our insurance. Kenbrook insurance does not cover illnesses.

**HOMESICKNESS & TELEPHONE CALLS:** You can do a lot to minimize homesickness before your son/daughter even leaves home. Assure him/her you will write or email them, and let them know that you are certain that they will have fun at camp. We strongly discourage phone calls because they often make homesickness worse and they disrupt the busy camp schedule. *Please do not tell your son/daughter that they can call you whenever they are feeling homesick*. The camp director *will* call you if your son/daughter is struggling with homesickness or some other problem. Together we can determine how best to meet your son/daughter's needs. If you have extenuating circumstances at home that you think will warrant a mid-week phone call to your son/daughter, please make prior arrangements with the camp director.

**FOOD AT CAMP:** Please do not send snacks to camp with your son/daughter. Your son/daughter can purchase snacks at the Camp Store every afternoon. Dietary needs should be listed online at the time of registration or listed on the paper med form. You will be contacted if verification is needed by the camp cook.

**Please see the "What to Bring" list for your camper's specific camp.**



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## Resident & DZX Camps “What to Bring”

### What to Bring

1. Bible, notebook, pens
2. Sleeping bag (if bringing sheets please bring a sleeping bag to use for camp out night)
3. Pillow and case
4. Bath and swim towels, washcloths
5. Water bottle
6. Flashlight with extra batteries
7. Swimsuit (modest, one piece for ladies)
8. Toiletries (comb, brush, shampoo, toothbrush, toothpaste, soap, deodorant, etc)
9. Raincoat or poncho
10. Sweater or sweatshirt for cool nights
11. T-shirts, blouses or shirts
12. Pants and shorts
13. Socks and Underwear
14. One change of clothes that can get dirty (should include pants, not shorts)
15. Jacket, windbreaker
16. PJ's
17. Sneakers
18. Sport sandals (sturdy sandals with straps are recommended for the more active camper)
19. Boots (for rainy days)
20. Books to read (optional)
21. Camera, binoculars (optional)
22. Sunglasses
23. Fishing pole (optional)
24. Shower shoes and caddy for use at the bath house
25. Insect repellent and sunscreen

### WHAT NOT TO BRING:

1. Radios, MP3 players, iPods, CD players, TV's, portable DVD players, laptops, etc
2. Electronic Games
3. Cell phones or pagers
4. Clothing with inappropriate slogans or pictures
5. Pets
6. Cigarettes, alcohol, drugs or pornographic books/magazines
7. Tight fitting clothing (tank tops, half-shirts, spaghetti string shirts, halter top, tub tops, etc)
8. Fireworks
9. Weapons or firearms
10. Bikinis
11. Vehicles (if applicable)
12. Aerosol cans
13. Dangling earrings, expensive jewelry
14. Snacks/drinks

**If you are attending a DZX Camp on August 1-6, please look below for any additional items that campers will need to bring for that specific camp:**

**SPLAT Paintball**

1. Dark-colored long sleeve shirts and old jeans (recommended attire when playing paintball to protect the skin and provide camouflage for games)
2. Additional spending money to purchase additional bags of paintballs (\$10-15) *Please note: Most campers will find that one case of paintballs (2,000) that they receive as part of their camp cost will be more than adequate for the week.*

***\*Please note that One Shot Paintball will be providing all markers and safety equipment. We ask that you do not bring your own marker. Thank you!!***

**Boots & Bridles/Rodeo Round Up**

1. Shoes or boots that will provide protection from injury from being stepped on by horses **required** when at the stables
2. Long pants **required** when at the stables  
*Please note: Helmets will be provided by Hideaway Hills Farm*

**Aqua Ducks**

1. Extra bathing suit or swim trunks as campers will spend a great deal of time in the water each morning and afternoon
2. Floaters, goggles or other swimming aides that the camper may like to bring

**Backwoods Basics**

1. Several pair of long pants and long sleeve shirts for woods exploration and to protect camper from poison ivy

**Work 2 Witness**

1. Work clothes that can get dirty—campers will participate in various jobs such as clean up, painting and general labor
2. Water bottle (hard plastic and durable!) to stay hydrated at work site  
*Please note: All tools needed at the work site will be provided*

**Create n' Take**

1. Art smock to protect clothing (optional)



## **DEPARTURE RELEASE FORM**

To assure your child's safety, we will release your child to only the person(s) you designate.

Camper's Name \_\_\_\_\_

Person picking up the Camper \_\_\_\_\_

(ONE name only)

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternate Person to pick up camper \_\_\_\_\_

(ONE name only)

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please choose from the following:

\_\_\_\_\_ My child will depart after the closing program (6:00pm-6:30pm for program).

\_\_\_\_\_ My child will need to depart before the closing program.

(Please specify date and time of early departure.)

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

Parent or Guardian signature: \_\_\_\_\_ date: \_\_\_\_\_

Please Complete and Return by email, mail, or fax **with your initial registration** to the following address:

Kenbrook Bible Camp  
190A Pine Meadow Road  
Lebanon, PA 17046  
717-865-4547  
717-865-0995 Fax

[info@kenbrook.org](mailto:info@kenbrook.org)  
[www.kenbrookyouth.com](http://www.kenbrookyouth.com)





**Kenbrook Bible Camp**  
190A Pine Meadow Road  
Lebanon, PA 17046  
Phone: (717) 865-4547  
Fax: (717) 865-0995  
e-mail: [aglovier@kenbrook.org](mailto:aglovier@kenbrook.org)

## Parent Questionnaire

Dear Parents,

Your child will be coming to Kenbrook Bible Camp to live in a cabin or tent with other boys and girls their age and with a well prepared counselor of high caliber. By filling out this questionnaire, you will assist us in properly guiding your child while he/she is at camp. Thank you for taking the time to inform us of your child's needs. If there is anything of confidential nature please do not hesitate to call 717-865-4547 and speak with the Camp Director privately.

**If you are registering by mail, this form MUST accompany your registration form.**

**If you have registered ONLINE, you have already completed this form.**

Camper's Name \_\_\_\_\_ Dates of Camp: \_\_\_\_\_

Has he/she been away from home alone for more than two days? \_\_\_\_\_

Who lives at home with him/her? Please list names and relationship to the camper (include age of siblings if applicable):

_____	_____
_____	_____
_____	_____

Please describe your son/daughter's general personality and interests:

What would you like your son/daughter to receive from his/her experience at Kenbrook?

Are there any particular elements of your son/daughter's school or home life that might affect his/her time at camp?

Are there any specific concerns or apprehensions that you or your son/daughter have about him/her coming to camp?

*Thank you for helping us to serve your son/daughter more effectively!*

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



**IMMUNIZATION HISTORY: ARE ALL BOOSTERS CURRENT? \_\_\_\_\_**

Please record the date (month and Year) of basic immunizations and most recent booster doses: **(please do not skip this section):**

Vaccines	Date of Last Booster
DPT [Diphtheria, Pertussis (Whooping cough), Tetanus] <b>OR</b>	
TD (Tetanus, Diphtheria) <b>OR</b>	
<b>Tetanus* (BE SPECIFIC)</b>	
Hepatitis B	
IPV (Inactivated Polio)	
MMR: Measles, Mumps, Rubella	
VAR: varicella (chicken pox)	
TB (Tuberculi)n	
Hib: Haemophilus Influenza Type b	

**HEALTH INSURANCE**

As part of our desire to be good stewards of the funds entrusted to us by God and to keep our fees as reasonable as possible Kenbrook’s medical insurance is considered secondary coverage to a camper’s personal medical insurance. Claims resulting from illness or injury while at Kenbrook must first be submitted to the camper’s personal medical insurance.

Please check the appropriate line below and complete the necessary information.

My son/daughter is covered by a medical insurance policy.  
Policyholder’s Name \_\_\_\_\_ Policy holder’s SSN \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_  
Insurance Company Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Insurance Company Phone Number \_\_\_\_\_  
Policy Identification Number \_\_\_\_\_

My son/daughter is NOT covered by a medical insurance policy.

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**The following statement must be signed for attendance.**

I testify that the health history and insurance information on this form is correct so far as I know.

The camper listed on this form has my permission to participate in all camp activities except as noted. I understand Kenbrook Bible Camp will make every effort to contact me or the emergency contact I have listed in the event that my child requires medical attention beyond the scope of the Kenbrook Bible Camp nurse. I hereby give permission to Kenbrook Bible Camp to provide ongoing health care, to provide or secure transportation to medical facilities, to select medical personnel, and to order x-rays or routine tests and/or treatment for my child. I hereby give my permission to the physician selected by the Executive Director of Kenbrook Bible Camp to hospitalize, secure proper treatment for, and to order injection and/or anesthesia, and/or surgery for my child. This form may be photocopied.

*Signature of parent or guardian* \_\_\_\_\_ *Date* \_\_\_\_\_

## KENBROOK CONSENT AND RELEASE FORM

1. **Activities.** I am fully aware that my child, while attending or participating in activities at or relating to Kenbrook Bible Camp ("Kenbrook"), will engage in activities which have a degree of risk and danger. These activities may include, but are not limited to, some or all of the following: group initiatives, low or high ropes activities, living completely out-of-doors, hiking on trails or off-trail through the woods and over uneven terrain, backpacking, camping at established or unestablished campsites, preparing and cooking meals, using canoes, kayaks, or rafts in still or moving water, climbing and rappelling on rockfaces, exploration of non-commercial caves, and a variety of other activities that can be hazardous.

2. **Consent.** I hereby give my child permission to participate in all the programs and activities of the camps he or she may attend. In the event that hikes, field trips, or camping trips are planned away from Kenbrook as part of the camp program, my child has my permission to participate. If my child has the option to do the Tree Climb (a roped ascent up a 30-foot tree), I hereby give my permission to participate should my child choose. If I have elected to restrict any of the activities of my child while at Kenbrook, I will provide Kenbrook in advance with a written expression of those restrictions, and advise my child of any such restrictions, including restrictions relating to diet, health or medical conditions, or physical activities.

3. **Publications.** I give Kenbrook the right to use, reproduce, copyright, and publish audio and pictorial images (including video) of my child to inform the public about Kenbrook including on Kenbrook's website. I hereby waive the right to approve the images or their eventual use.

4. **Release.** I release and indemnify Kenbrook and its agents, officers, directors, and employees from all liability, including liability associated with my child's injury or death, or loss or damage to property, resulting directly or indirectly from my child's attendance at and participation in Kenbrook and its activities, or from the exercise of the rights and permissions I have granted in this Consent and Release. I will not hold Kenbrook liable for any gross negligence (conduct that is flagrant and grossly deviates from the ordinary standard of care), but I reserve the right to hold the grossly negligent person fully and personally liable.

5. **Medical Treatment.** I understand it is my obligation to inform Kenbrook of any and all health considerations or medical conditions that could affect my child's participation in any Kenbrook activities. I understand that Kenbrook may not have medical personnel available at the site of the activity. I hereby grant permission to Kenbrook and its personnel to authorize emergency medical treatment, if deemed necessary.

6. **Certification.** I certify that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this legal instrument with binding legal effect. Intending to be legally and jointly and severally bound, I/we have signed below. The camper has signed below to join in this Release and Consent if the camper is eighteen or older. **I CERTIFY THAT IF MY CHILD HAS MORE THAN ONE PARENT OR LEGAL GUARDIAN, BOTH HAVE SIGNED BELOW.**

Name of child: \_\_\_\_\_  
Signature of child if 18 or older/ Date

Date: \_\_\_\_\_  
Signature of parent or guardian

Date: \_\_\_\_\_  
Signature of parent or guardian