



CAMP WYOMING

Sacred Space. Growing Faith.

An Outdoor Ministry of the
Presbytery of East Iowa

Welcome to Camp Wyoming!

Thank you for registering for our Leaders-in-Training (L.I.T.) Camp! We are pleased that you will be joining us this summer to learn valuable tools about servant leadership, having fun, and growing in your faith. Our goal is to ensure that you are equipped to share the love of Christ with others.

Check-in is at 3:00 p.m. on Sunday for your week of camp. Attached, please find pertinent information regarding your camp session:

- What to Expect from Leaders in Training (L.I.T.) Camp.....Page 2-3
- Leader’s In Training QuestionnairePage 4
- Expectations and Permission FormPage 5
- Off-Site Trip Release Form.....Page 6
- Health Form.....Page 7
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Please fill out the above items, specifically pages 4-9, and mail them to the camp office at least two (2) weeks prior to your camp start date. Should you have any questions, comments, or concerns leading up to your stay with us, please do not hesitate to give us a call at (563) 488-3893.

In Christ,

The Camp Wyoming Staff



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What to Expect from Leaders in Training

We're thrilled you've chosen Camp Wyoming and we're excited to welcome you to Leaders-in-Training (L.I.T.) camp. Please be sure to read this sheet thoroughly, and of course, please let us know if you have any questions!

Prior to Arrival at Camp

The L.I.T. Questionnaire, Expectations and Permissions Form, Off-Site Trip Release Form, Health Form, Non-Prescription Medication Consent Form, and Medication Form are included in this packet. **Please fill out these items and send them to the Camp Office at least two (2) weeks prior to the start of L.I.T. Camp.** Please note that each of these forms are required for attendance at Camp Wyoming.

Check-In Day

Come to Deer Center (the dining hall) for check-in. **Check-in will be held at Deer Center at 3:00 p.m. on Sunday.** During Check-in, you may leave all of your belongings and bags in the car, however, you will want to bring with you any medications (including all over-the-counter medications) to be checked-in with the camp nurse or health officer. **All medication needs to be in the original prescribed container.**

Check-in will involve the following:

1. Final payment of any outstanding camp fee balances.
2. Cabin assignments.
3. Health screening and head check. *If head lice are found on a camper, we are prepared to administer topical treatment on site which will enable the child to stay at camp while being treated.*
4. Drop off any medications to the nurse.
5. Receive a free t-shirt and purchase any Camp Wyoming keepsake items or clothing from our Camp Store.
6. Move into your living unit.

Check-Out Day

Our Closing Ceremony begins promptly at 3:00 p.m. on Friday. Check-out will occur directly after the ceremony. If the person who will be picking you up will be arriving late or if other complications arise, please have them notify the camp office as soon as the conflict becomes known.

Check-out will involve the following:

1. Signing out.
2. Receiving your Memory Book with your group photo included
3. Picking up your medication.
4. Loading your personal belongings into your vehicle.
5. Chatting with your counselors about the week.

Health Concerns

All counselors are certified in First Aid/CPR and are with campers at all times, 24 hours a day. The camp nurse conducts sick calls and dispenses all medication as prescribed and as needed. Parents will be notified if a camper has an illness or injury that requires more than first aid care. **Each family is responsible for covering costs of medical expenses incurred while at camp.** The camp insurance policy provides supplementary coverage for accident expenses which exceed the family's resources. It does not cover the costs for illness.

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Telephone and Mail

Please expect that the use of telephone by a camper is not permitted except under the expressed permission of the Director in the event of an emergency or special circumstance. L.I.T campers are encouraged to write home throughout their stay, and they most certainly enjoy hearing from their family. Please have your friends and family address all mail to you as follows:

Your Name, L.I.T. Camp, Camp Wyoming, 9106 42nd Ave, Wyoming, IA 52362

Parents may decide to pre-write mail for their camper's stay. If so, make sure to indicate on each letter the camper's name, camp program, and which day of the week it should be delivered. Parents can give any pre-written mail to their child's counselor when they drop them off.

Packing for Camp

It is strongly recommended that all clothing and equipment be marked with your name prior to arrival. Lost and found articles with names attached are much easier to return to owners. Lost and found articles left at camp will remain for two weeks to be claimed by their owners. L.I.T campers should bring enough clothing with them to last for their entire stay (washer/dryer is unavailable to campers except under special conditions or circumstances). When packing, keep in mind that you need to be comfortable and able to get sweaty, wet, and every degree of dirty in existence—this is part of the fun of being at camp! *Please bring the following:*

- Sleeping Bag (Necessary for over-night trip. Please do not just bring sheets/blankets.)
- Fitted sheet for mattress (optional)
- Pillow
- Bath towels & washcloths (2)
- Shampoo & soap
- Comb or brush
- Toothbrush & paste
- Sandals for pool & for use in the shower
- One-piece swimming suit/tankini or trunks (it is suggested that you bring 2)
- Pool towel
- Paper/Pencil
- Stamped & addressed envelopes
- Shorts
- Jeans or sweatpants
- Shirts
- Pajamas (non-revealing)
- Closed-toed shoes
- Socks & undergarments
- Sweatshirt or Jacket
- Raincoat or Poncho
- Hat
- Insect repellent
- Sunscreen
- Creek stomping outfit: shorts, t-shirt, & closed-toed shoes (2nd pair) that will get wet and very muddy
- Bible
- Flashlight & extra batteries
- Caving outfit: long-sleeve shirt, pants, & closed-toed shoes (3rd pair) that can get muddy
- Water bottle
- School Backpack
- Plastic bags to put wet or muddy clothes
- Laundry Bag
- A white shirt for paint wars

What Not to Bring

Please do not bring cell phones, smart watches, radios, CD players, video games, money, and food or candy (they attract critters). Part of the Camp Wyoming experience is embracing the natural world around us. If a L.I.T. camper comes with any of these distractions, the items will be collected and returned to them at check-out. Camp Wyoming is not responsible for any lost or damaged items.



Leaders in Training Questionnaire

In order for us to properly prepare for your experience in L.I.T. Camp, it is helpful for us to learn more about you and your expectations of our program. Please answer the following questions to the best of your ability. There are no wrong answers. We want to receive your honest thoughts so we can help you grow as a leader:

Name _____ Camp Dates _____

1. What do you think are the most important traits of a leader?
2. What were the characteristics of a counselor you had that you most admire?
3. Share the components of a Bible study you had that was meaningful to you.
4. During your experience in the L.I.T. camp, you will learn about the camp operation, our overall program design, and how to be a servant leader. Furthermore, we will train you in leading activities, Bible studies, cookouts, and overnight trips as well as working with children, fellow staff members, and volunteers. Of these areas, which **TWO** do you feel that you need the **MOST** training on:
Leading activities _____ Working with children _____
Leading Bible studies _____ Leading cookouts _____
Leading overnight trips _____ Working with staff _____
5. Place an "X" next to the statement that best reflects why you want to participate in the L.I.T. program.
A) I want to be a counselor for Camp Wyoming in the future _____
B) I enjoy being at camp and like being part of a group. _____
C) I am unsure if I want to be a counselor. I think participating in L.I.T. will help me recognize whether I want to be a counselor. _____
6. Please describe any activities from which you should be exempt due to health reasons.
7. Please describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions/considerations while you are at camp.



Expectations and Permissions

Camper Behavior Contract

Because Camp Wyoming will be my home for a period of time this summer, I agree to make it a safe place for myself and others; therefore, I agree to conduct myself in the following manner:

- I will listen to others including staff and fellow campers.
- I will control my own behavior and use appropriate language.
- I will not cause physical or emotional harm to other campers or staff.
- I will not engage in or threaten abuse of any kind.
- I will respect the environment, camp equipment, property, and other campers' belongings.

Discipline Policy: Camp operates on a three strike policy. A strike can be given by any staff member for any infraction of the above behavior contract. After a second strike is given, the Director will contact my parent(s)/guardian(s). Upon a third strike, I will be sent home and my parent(s)/guardian(s) will be required to pick me up that day. **Camp Wyoming has a zero tolerance policy on bullying and the possession or use of alcohol, tobacco, weapons, or illegal substances.** Breaking this policy will result in an immediate three strikes, and I will be sent home.

By signing below, I am indicating that I have reviewed this Camper Behavior Contract with my parent(s)/guardian(s) and agree to abide by the rules. I understand that in the event I am sent home, no refund will be given. Following these rules will help camp be a safe environment for everyone.

Camper Dress Code

In order to create an appropriate atmosphere whereby all campers can grow and learn, I agree to abide by the following dress considerations:

- I will wear clothing that completely covers my undergarments and does not expose my chest or stomach.
- I will not wear cut-off t-shirts with the sleeves cut below my armpit.
- I will wear a modest one piece swimming suit/tankini (girls) or board shorts/trunks (guys). (Camp Wyoming discourages the wearing of leggings, spandex, or yoga pants)

By signing below, I agree to abide by the above considerations for my attire.

Camper Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

The Sacrament of Communion

The Sacrament of Communion is an outward and visible sign and seal of the promises God makes through the Gospel of Jesus Christ. If the camp offers communion in its worship, the camp will use bread and grape juice to symbolize the body and blood of Jesus Christ. An ordained pastor will officiate the communion and will be accompanied by another pastor or elder. Presbyterians have an open table, meaning that if you trust in Jesus Christ as your Savior you are welcome to participate regardless of denominational affiliation.

- I permit my son/daughter to participate in communion during worship at camp.
- I do not permit my son/daughter to participate in communion during worship at camp.



Off-Site Trip Release Form

During my child's experience at camp, I understand that the group may leave camp property for an off-camp excursion. By signing below, I agree to allow Camp Wyoming to transport my child to these excursions. Furthermore, my child may participate in any of the following adventure experiences:

- Overnight trip
- Camp Shalom High Ropes Course
- Lost Island Waterpark
- Maquoketa Caves State Park
- Werden's Cave
- Eden Valley County Refuge
- Tubing on the river
- Guided whitewater rafting trip
- Guided rock climbing trip
- Water activities at a nearby lake

I understand that these activities can include certain risks, and that individuals with heart and respiratory histories could be at an even higher risk. If my child has any heart or respiratory problems, I have consulted with my physician about my child's participation in this activity.

As a condition of my child participating in these experiences, I agree to the following provisions:

- I understand that my child's participation in this activity can expose them to dangers both from known and unanticipated risks including, but not limited to, bruises, scrapes, strains, and sunburn.
- These activities may involve physically and mentally demanding experiences.
- Acknowledging that such risks exist, I hereby release and discharge Camp Wyoming, its officers, agents, and employees from any and all claims or liability for personal injury or property damage my child may suffer while participating in these activities; including, but not limited to, any claim arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned.
- I affirm that my child is in good health and that participation in these activities will not aggravate any present condition(s).
- I provide permission to Camp Shalom or the Lost Island Waterpark to use any photos/ videos taken of my child during their experience for promotional purposes.

Parent/Guardian Signature _____ Date: _____



Health Form

In the event of an injury or emergency, this information will be provided to medical personnel.

Name _____ Age _____ DOB _____ Gender _____

Address _____

Parent/Guardian _____ Home Phone _____ Cell _____ Work _____

2nd Parent/Guardian _____ Cell _____ Work _____
(if applicable)

Emergency Contacts

1. Name _____ Relationship _____ Home Phone _____ Cell _____

2. Name _____ Relationship _____ Home Phone _____ Cell _____

Insurance Information

Carrier or Plan Name _____ Group _____

Name of Insured _____ Relationship to Participant _____

SS# of Policy Holder or Insurance ID# _____ DOB of Policy Holder _____

Health History

Does this camper have a history of asthma? Yes No

If yes, list any regular or as-needed medications used to treat _____
you are required to bring all asthma meds to camp

Does this camper have an epi-pen or epi-pen jr. for emergency allergy reactions? Yes No

If yes, what allergy may require the use of epi-pen or epi-pen jr? _____
you are required to bring all epi pens to camp

List any dietary restrictions/allergies and describe their severity and treatment _____

List all other allergies (environmental, seasonal, etc.) and their reactions/treatment _____

Primary Doctor _____ Clinic Name _____ Phone _____

Current medications to be taken at camp _____

Are all immunizations required for school up-to-date? Yes No

Date (month/year) of last Tetanus (must have current Tetanus prior to camp) _____

Past & Current Medical History (Include all procedures & ongoing medical conditions) _____

I hereby give permission to the medical personnel selected by the camp administration to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. I further give permission to the medical personnel selected by the camp administration to secure and administer treatment, including hospitalization, for the person named above. In the case of a severe allergic reaction, I give permission for the camp nurse or health officer to administer emergency epinephrine on-site.

Parent Signature _____ Date: _____

If I have any physical or health conditions that may restrict my participation in camp activities, I agree to abide by those restrictions.

Camper Signature _____ Date: _____



Non-Prescription Medication Consent

Camper Name _____

Please list any medication allergies and reactions/how to treat _____

Camper's Current Weight _____

The following non-prescription medications are available at the Camp Wyoming Health Center. Please read over the list and initial those medications that you give the nurse authorization to give your camper. The medications will be administered as needed **only** if initialed by the camper's parent/guardian. Medication will be administered using the recommended dose based on the camper's age and weight.

Initials	Medication
_____	Acetaminophen (Tylenol)
_____	Ibuprofen (Motrin)
_____	Cough Drops
_____	Sudafed (Sinus & Nasal De-Congestant)
_____	General Cold Reliever
_____	Antihistamine (Benadryl/Diphenhydramine)
_____	Antacid (Tums)
_____	Pepto Bismol
_____	Milk of Magnesia
_____	Artificial Tears
_____	Hydrocortisone Cream
_____	Triple Antibiotic Ointment
_____	Aloe Vera (sunburn)
_____	Calamine Lotion (bug bites)
_____	Antiseptic spray (Bactine)
_____	Wound wash (hydrogen peroxide/alcohol wash/ non-alcohol wash)

REQUIRED CONSENT: I authorize the camp nurse or health officer to administer the non-prescription medications that I initialed above in brand name or generic form if necessary for my camper's comfort.

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Name _____

Medication Sheet

Camper Name _____ Camp Program & Dates _____

Fill out the form below for each of the medications your camper will be taking while at camp, including medications prescribed on an as-needed basis. **All medication needs to be in the original prescribed container.**

TO BE COMPLETED BY PARENT OR GUARDIAN							
Medication:							
Dosage:							
Instructions:							
To be taken at (check all that apply) <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Bedtime							
TO BE COMPLETED BY NURSE							
		SUN	MON	TUE	WED	THUR	FRI
	Breakfast						
	Lunch						
	Supper						
	Bedtime						
TO BE COMPLETED BY PARENT OR GUARDIAN							
Medication:							
Dosage:							
Instructions:							
To be taken at (check all that apply) <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Bedtime							
TO BE COMPLETED BY NURSE							
		SUN	MON	TUE	WED	THUR	FRI
	Breakfast						
	Lunch						
	Supper						
	Bedtime						
TO BE COMPLETED BY PARENT OR GUARDIAN							
Medication:							
Dosage:							
Instructions:							
To be taken at (check all that apply) <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Bedtime							
TO BE COMPLETED BY NURSE							
		SUN	MON	TUE	WED	THUR	FRI
	Breakfast						
	Lunch						
	Supper						
	Bedtime						