

IMPACT SUMMER CAMP PACKING LIST + GUIDELINES

What To Bring:

- ☐ Bible, Pen, Notebook
- ☐ Athletic Clothes, Tennis Shoes
- ☐ Normal Clothes: Shorts, T-shirts...

Girls: Shorts need to come to the end of your middle finger when your hands are held down at your sides. Tank-tops must have straps and need to be at least 3 fingers wide, no spaghetti strap tanks or camis. NO CLEAVAGE OR BARE MIDRIFTS!

Guys: Shirts must be worn at all times except for in the pool area.

- ☐ Sweatshirt
- ☐ Pajamas
- ☐ Bedding (Beds with Mattresses Provided): Sheets/Sleeping Bag, Pillow
- ☐ Shower Gear: General Toiletries and a Towel, DEODORANT, etc.!
- ☐ Bathing Suit and a Separate Towel for Swimming

(Girls: **One-piece bathing suit only!** If you only have a two-piece, a long, dark shirt must fully cover the swimsuit.)

- ☐ Bug Spray
- ☐ Flashlight
- ☐ Sunscreen



Guidelines:

Your body CANNOT be within 6" of another person. NO holding hands, arms around each other, etc.

NO stealing, smoking, drinking, or drugs of any kind.

Do not prank anyone in any way.

Stay in the designated areas throughout camp do NOT wander off to explore other areas without prior permission.

Do NOT leave the campground for any reason.

Report any injury immediately to an adult.

Be on time and attend ALL functions including meals & services.

Bring a Bible, pen, and a notebook with you to all services.

Be in bed with the lights OUT at the appointed times.

Do NOT bring the following items to camp:

NO electronic devices, including but not limited to, cell phones, iPods, & tablets. No fireworks, or skateboards, etc. If you do, they will be confiscated!

Clothing:

Let's wear clothes that promote a Godly image!

GIRLS: Clothes showing NO cleavage or bare midriffs, shortie length shorts, or spaghetti strap tank tops.

GUYS: No side cutout tanks tops. Must wear a shirt at all times unless at pool area.

Misc:

Students may bring money for the Grandview Grill, Coffee Shop, and Merch, or they may bring their own snacks to keep in the dorms. Please limit snacks/drinks to things that can be resealed, and that don't easily melt.

Any Medication: **ALL** Student Medication must be turned into the nurse upon their arrival to camp. Students will be able to access the nurse at all times.



IMPACT NEXT GEN

ISC Student Release Form

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Alternate Phone #: _____

Email: _____

Alternate Emergency Contact: (Will only be notified in the event the parent/guardian cannot be reached.)

Name: _____ Phone #: _____ Relation: _____

List the children in your household who have your permission to attend activities associated with Impact Next Gen, Camp Chautauqua, and its affiliates. Please provide a copy of the insurance card associated with each child.

Child's Full Name: _____

Birthdate: _____ Age: _____ Grade: _____ Son Daughter Other Relation: _____

List any allergies to medicine or food, medical conditions, etc.

Child's Full Name: _____

Birthdate: _____ Age: _____ Grade: _____ Son Daughter Other Relation: _____

List any allergies to medicine or food, medical conditions, etc.

Child's Full Name: _____

Birthdate: _____ Age: _____ Grade: _____ Son Daughter Other Relation: _____

List any allergies to medicine or food, medical conditions, etc.

Child's Full Name: _____

Birthdate: _____ Age: _____ Grade: _____ Son Daughter Other Relation: _____

List any allergies to medicine or food, medical conditions, etc.

EVENT & MEDICAL RELEASE

I hereby give my permission for all the children listed to ride in any vehicle provided by Impact Next Gen, Camp Chautauqua, and its affiliates, to participate in any and all activities, and to go to Impact Events and all related functions. I further understand that in signing this permission slip, I release and hold harmless Impact Next Gen, Camp Chautauqua, its trustees, officers, employees, and any volunteers from any liability, past or future, fully and completely. I authorize the staff or designated medical professionals to administer emergency medical assistance if I cannot be reached. It is understood that reasonable efforts will be made to contact me prior to obtaining such care, but I authorize such care whether I am contacted or not, and I agree to be financially responsible for such care. I understand photos may be posted on social media and/or used for promotional material, and I give Impact and its affiliates permission to use photos of my child for this purpose.

COVID-19 RELEASE & WAIVER OF CLAIMS

I hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19, or other communicable diseases, could occur while my child(ren) is in the care of Impact Next Gen, Camp Chautauqua, and its affiliates. As such, and in consideration for care and services to be provided by Impact Next Gen, Camp Chautauqua, the undersigned, for myself and my child(ren) fully assume all of the risks associated with participation in Impact Events, including the possibility of COVID-19 community spread.

BAPTISM PERMISSION

I understand the purpose and beliefs of Impact Next Gen, Camp Chautauqua, and its affiliates. I also understand that unless otherwise noted, my child(ren) may be given an opportunity to follow the Lord in believer's baptism when he/she trusts Christ as his/her Savior. This will be completely voluntary, based on the student's faith and desire, without any outside pressure to do so. Understanding this, I give permission for my child(ren) to participate in the activities of Impact Next Gen, Camp Chautauqua, and its affiliates to attend camp, to be taught the Bible, and to be baptized when he/she accepts Christ as Savior.

HOLD HARMLESS

As the parent and/or legal guardian of the child(ren) listed on this form, I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds any person having authority to make decisions on behalf of my child(ren). I have read and fully understand and acknowledge the contents of this release. My signature below is confirmation that I agree that I am voluntarily waiving, releasing, indemnifying, and discharging Impact Next Gen, Camp Chautauqua, and its affiliates, trustees, officers, employees, and any volunteers from any and all liability, damages, and each and every action by participation in and/or associated with Impact Next Gen.

SHOULD ANY OF THE INFORMATION PROVIDED ON THIS FORM CHANGE, IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO REQUEST A NEW FORM, COMPLETE THE FORM IN ITS ENTIRETY, AND SUBMIT IT TO THE IMPACT OFFICE.

I HEREBY GRANT MY PERMISSION FOR THE REASONS ABOVE FOR A FULL YEAR AFTER THE SIGNED DATE.

PRINTED NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE (MM/DD/YYYY)





IMPACT SUMMER CAMP

Medication Administration Record

July 11-15, 2022

Student Name: _____ Church: _____

Youth Pastor: _____ Phone: _____

Allergies: _____

Any medications being brought to Impact must be listed on this form. All medications must be brought to Impact in the original prescription bottle. Bring only what will be needed for the week of Impact. The nursing staff has Motrin, Tylenol, Benadryl, and most OTC medications, so there is no need to send these.

PARENTS: FILL OUT GRAY MEDICATIONS AREA ONLY. WHITE AREA IS FOR NURSING STAFF ONLY.

Medications	Monday	Tuesday	Wednesday	Thursday	Friday
Name: _____ Dose: _____					
Route: _____ Freq: _____					
Reason: _____					
Name: _____ Dose: _____					
Route: _____ Freq: _____					
Reason: _____					
Name: _____ Dose: _____					
Route: _____ Freq: _____					
Reason: _____					
Name: _____ Dose: _____					
Route: _____ Freq: _____					
Reason: _____					

Parent Signature: _____ Phone #: _____

RN () _____ RN () _____