



Watermarks MS Camp Information.....

When: Friday, November 11 - Sunday, November 13

Where: Watermarks Camp in Scottsville, VA (just south of Charlottesville)

Cost: \$120 Register by October 30th, 2016.

We will leave Mt. Ararat approx. 6 to 6:30 on Friday and return approx. 3:00pm on Sunday – exact times will be determined at a later date. We travel by school bus approx. 3 hours.

The weather is usually cool – especially at night!

This is open to middle school. Students go with chaperones with a ratio of 8-10:1. They are housed in cabins with same grade and gender peers and leaders – usually one to two adults and a high school (senior) assistant depending upon the size of the group. We do our best to make sure they are with at least one of their choices for roommates.

Students arrive Friday night, get unpacked, are given an introduction by the Watermarks staff, and then attend worship around a bonfire before settling in for the evening. On Saturday, students participate together in worship, large and small group teaching time, team-building time, and free time. While students are free to participate in a variety of activities during free time, they are under constant supervision by our chaperones and the Watermarks staff. On Sunday, we pack up, worship, clean the camp, eat lunch and head home.

On site there is a skateboard ramp, basketball, football, gaga ball, zip-line, climbing wall, paintball, canoes, ping-pong, etc. Meals are provided Sat. and Sun. We usually have hot dogs around the bonfire Friday night. There is a snack/gift shop on site and/or kids can bring their own snacks.

This is simply an overview and information as you consider your student's attending camp. Once they are registered and as the date draws closer, more detailed information will follow.

*Please don't let finances be a factor in your student not going – scholarships are available if you find yourselves in such a season – see contact information below for more details.

The kids are outside and busy the majority of the time we are there. It is great fun – the kids and leaders have a blast and everyone comes home tired and happy with lots of laundry!!

If you need additional information, please contact Ann Butterfield at abutterfield@mtararat.org.



WATERMARKS 2016
MIDDLE SCHOOL FALL RETREAT
November 11-13//Watermarks Camp//Scottsville, VA

Student's Name: _____

Student's Address: _____

Parent's Phone: _____ Parent's Cell Phone: _____

School Attending: _____

Grade: _____

T-Shirt Size (Adult Sizes): S _____ M _____ L _____ XL _____ XXL _____

Parent's Email: _____

Two people you would like to room with:

Will you be playing paintball? ____ YES ____ NO

**Paintball is an additional \$10 per student. This money will be paid at Watermarks.*

Do you have any special diet considerations? ____ YES ____ NO

**If yes, please explain:* _____

Registration Information

Cost is \$120//Payment Due with Registration

Last Day to Signup is October 30

Limited Spaces Available

PARTICIPANT'S NAME - PLEASE PRINT: _____

**WAIVER AND RELEASE OF LIABILITY
Mount Ararat Baptist Church
AND MEDICAL/HEALTH INSURANCE RELEASE**

A permission slip must be submitted for any individual participating in a church activity, trip, or event that takes place away from the church.

NAME OF EVENT/PROJECT: Student Ministry Off-Site Activities

DATE(S) OF EVENT/PROJECT: September 2016 – August 2017

I hereby certify that I am in good physical and mental health at this time, and wish to participate in the above event/activity. I understand that my participation may result in an unexpected illness or injury, due to accidents, forces of nature, or other unforeseeable events. Such illnesses or injuries could include diseases, strains, sprains, fractures, dislocations, and/or death. These injuries (if incurred) could cause permanent disabilities. I realize that there are certain risks arising from this activity, and I am willing to assume such risks.

I, on behalf of myself, my personal representatives, heirs, assigns, and/or designees hereby agree to release, hold harmless, and indemnify the Trustees, Mount Ararat Baptist Church, and/or its agents, officers, and employees from any and all claims of suits for bodily injury, medical expenses, property damage, wrongful participation in this Church event or project, whether or not such claims or suits arise from the negligent acts by the organizers of this activity, their employees, volunteers, other participants, or any other person.

I also understand that myself /my child may be videotaped or photographed for promotional purposes.

I authorize the church to release any medical information on my behalf. My health insurance company is as follows:

Name of Health Insurance Company

Insurance ID Number

Health concerns and/or medications currently taking _____

I HAVE READ THIS WAIVER AND RELEASE. I UNDERSTAND THAT I HAVE GIVEN UP MY RIGHTS TO FILE A CLAIM AGAINST THE CHURCH, AND I AM SIGNING THIS WAIVER VOLUNTARILY.

Participant's Signature

Date

SIGNATURE OF PARENT IS REQUIRED IF PARTICIPANT IS UNDER THE AGE OF 18 YEARS

Parent Signature

Child's Date of Birth (if minor)

Emergency Contact(s): _____

Home Telephone: _____

Work Telephone(s): _____ **(Father) (Mother)**

COVENANT OF CONDUCT

In all meetings, retreats, or other events under the sponsorship and/or guidance of Mount Ararat Baptist Church, I am a representative of that Christian community, and I am responsible for my actions. I understand and agree to follow these guidelines:

- 1. The possession or use of alcoholic beverages or other un-prescribed drugs shall be prohibited.**
- 2. All conduct and language shall be in keeping with the highest Christian regard and respect for all persons.**
- 3. All individuals shall be expected to participate in group activities.**
- 4. No individual shall go off by him/herself.**
- 5. All dress shall be in good taste.**
- 6. The area used for the meeting, retreat, or other event shall be left clean.**
- 7. All rules and expectations of the leaders and of the group shall be followed.**
- 8. If I cannot follow these guidelines, I understand that my parents shall be called to come and take me home.**
- 9. I will NOT bring food, candy, gum, or drinks on this trip unless requested to do so by the adult leaders.**

To Be Signed by Youth/Child

I, _____, have read and understand the Covenant of Conduct as stated above. To the best of my ability, I agree to abide by it.

Please Print Your Name Here: _____

Medications Release Form

I _____, give permission to any of the Mount Ararat Baptist
Parent/Guardian's Name

Church adult chaperones to give the prescriptions and dosages noted below to my
child, _____ during the weekend of November 11-13, 2016 for
Child's Name

Watermarks Retreat.

Parent/Guardian's Signature

WATERMARKS CAMP, INC.

MEDICAL CONSENT FORM/LIABILITY RELEASE

(TO BE FILLED OUT BY PARENT OR GUARDIAN)

1145 James River Road - Scottsville, Virginia 24590 - Phone (434) 286-4403 - Fax (434) 286-3549
www.watermarkscamp.com



CAMPER:

Name: _____ Dates Attending: _____

Address: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Entering Grade: _____ Gender: _____ Male _____ Female

Did you come as an individual or with a group? _____ Individual _____ Group

Name of Group: _____

PARENT/GUARDIAN (IF UNDER 18 YEARS OF AGE):

Name: _____ Home Phone: _____

Mother's Daytime Phone: _____ Cell Phone: _____

Father's Daytime Phone: _____ Cell Phone: _____

HEALTH/MEDICAL:

Health/Medical Problems: _____

Drug/Food/Other Allergies: _____

Last Tetanus: _____ Regular Medications: _____

Activity Restrictions: _____

Special Diet Needs: _____

Family Doctor: _____ Phone: _____

Insurance Name: _____ Phone: _____

Policy Holder: _____ Birthdate of Policy Holder: ____/____/____

Policy #: _____

Watermarks Has Permission to Administer:

_____ Ibuprofen _____ Tylenol _____ Benadryl _____ Neosporin/Triple Antibiotic Ointment



EMERGENCY CONTACT:

Name: _____ Phone: _____

The undersigned hereby acknowledges that the program(s) in which I have enrolled my child(ren) involves physical activity and exercise that carries some inherent health risks and risks of injury and I hereby assume those risks in enrolling my child(ren) in the program. I understand that my child(ren) may be transported by bus, van or automobile to locations off the Watermarks campus as part of the program activities, and I hereby give my permission for my child(ren)'s transportation. I also grant permission for my child(ren) to receive emergency medical attention should I not be able to be contacted in a timely fashion.

Parent/Guardian Signature

Date

SPECIFIED CONSENT:

By signing below, I grant permission for my child to participate in activities provided by and located at Watermarks Camp. If I do not wish for my child to participate in any activity, it is my responsibility to inform my leader or Watermarks Camp prior to my child's arrival.

Parent/Guardian Signature

Date

If there are any activities that are known that the parent does not want their student to participate in or any prior injuries that could limit students activities or experience please state below:

Activity Restriction/Injuries

I, the undersigned, do hereby consent to the use by Watermarks Camp of my child's image or voice in any video, photograph or audio tape used for fundraising, advertising, publicity, or any other purpose on behalf of Watermarks Camp. I also confirm that Watermarks Camp and staff are not responsible for loss or damage of any personal items brought to camp. After campers are registered and confirmed by deposit, there are no cancellations or refunds.

Parent/Guardian Signature

Date