Staffer Packet

Camp Dates: July 13th – 16th

Staffer Dates: July 11th – 17th

(Includes training, setup, and tear down)

Required Orientation

June 6th

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Do not conform to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is—his good, pleasing and perfect will. - Romans 12:2

CampRenu Basics

Camp Costs: $225

Who Can Be a Staffer at CampRenu?

Students who have completed AT LEAST 8th grade, **who are active believers in Christ, active in their church and youth group**, and who show leadership potential. Staffers **ARE NOT** adult sponsors. They will be housed separately and will have their own adult supervision.

Each staffer will need to complete the **Staffer Application found on CampRenu.com.**

Staffers are expected to attend the Staffers Orientation Meeting-NO EXCEPTIONS!

Staffers must arrive on the Saturday prior to camp to check in and spend the day for training. Contact (texting is preferred) Joshua Tompkins at (480) 390-8555 for questions about staffers.

Staffers must **remain at camp** each day during camp. Staffers will finish on **Friday morning the day following camp**.

Required Forms

Please complete, sign, and turn in the following forms and bring to orientation. You will not able to attend camp without both forms completed and turned in.

☐ **Staffer Responsibilities**

☐ **Medical Release**

NOTE: Not every staffer who applies will be chosen to be a staffer at CampRenu. The camp committee makes final decisions using their discretion as to who will be invited to serve. Also, staffers may not "hand-pick" positions in which to serve. If a staffer is unwilling to serve in certain areas, they should NOT sign up to serve anywhere at camp.

Important Dates / Deadlines

Registration Dates:

Staffer Registration Deadline: March 31st

Camper / Adult Registration Deadline: May 30th

When to Show Up!

STAFFERS

Orientation Day: June 6th

Time & Location: *(to be determined)*

Week of Camp: Beginning Saturday, July 11th starting at 4PM and ending on Friday, July 17th at 10:00AM

CAMPERS / ADULTS

Check-In: Monday, July 13, **9am - 12pm

Check-Out: Thursday, July 16 *(following evening worship)*

**Churches are welcome to arrive at any given time from 9am to 12pm to register. We will reach out to you the week prior to get an estimated time of arrival.

Rules are Made to Be… Followed

Dress Codes for All Attendees

Shorts: Excessively short length or tight fit will not be tolerated. When hands are placed to the sides, the palms must touch fabric.

Shirts: Beware of any offensive or insensitive material printed on t-shirts. Sleeveless shirts may be worn, but no thin-strapped tank tops or midriffs are allowed. Also, t-shirts may not be split significantly down the sides. No part of undergarments should ever be seen. Shirts should also not be so big that they cover the entire shorts.

Shoes: Please bring appropriate footwear for electives and rec games. Closed toed and/or tennis shoes are preferred.

Swimsuits: One-piece suits only. Boys: No speedos. Girls may wear tankinis, as long as very little midriff shows. Shirts or coverups are to be worn to-and-from the pool area.

Rules of Conduct

Christian conduct is expected at all times. Threatening or demeaning behavior toward others will not be tolerated. This includes, but is not limited to, fighting, cursing, and harassing and/or making negative comments about others.

Staffers must be in their cabins by 10:00pm, and lights out at 11pm. You will need your rest...it's going to be a long week!

Wear your lanyard at all times.

No Purple! In case you don't know this phrase… Boys are "blue", girls are "pink" - when those colors touch, they become purple… No PDA!

Other Useful Info

Contacting Campers at Camp

Campers can be sent cards or letters to our Mailing Address below:

Camp Address / Phone

Mailing Address
Camper's name
c/o Spring Lake Baptist Camp
P.O. Box 195, Lonsdale, AR 72087

Physical Address
Spring Lake Baptist Assembly
145 Strauss St
Lonsdale, AR 72087

Spring Lake Phone: 501-939-2393 (please only use for emergencies)

What to Bring to Camp

- ☐ Bible (with your name inside)
- ☐ Pen or Pencil
- ☐ Lots of color-coordinated clothing/accessories based on your color group assignment
- ☐ Flashlight
- ☐ Bottled Water & Healthy Snacks
- ☐ Pillow, Twin Size Bedding or Sleeping Bag
- ☐ Bath Towels and Wash Cloths
- ☐ Toiletries and Hygiene Items (toilet paper is provided)
- ☐ Hair Dryer (if needed)
- ☐ Shower shoes or flip flops
- ☐ Tennis Shoes (camp ground is hilly and rocky)
- ☐ Clothing that is appropriate for camp. (see clothing guidelines)
- ☐ Bring 2 sets of clothing per day if possible.
- ☐ Swim suit (one piece only), Swim suit cover up (must be worn to and from pool/slide)
- ☐ Beach Towel
- ☐ Sunscreen
- ☐ Umbrella or Rain Jacket
- ☐ Dirty Clothes bag(s)
- ☐ Money for snack shack
- ☐ Medication (List all medications on medical release form.)

Cell phones are allowed, but must be left in the dorm room at all times. Individual churches may restrict cell phones all together; please check with your church on their cell phone policy

Cell phones are not allowed during scheduled activities.

Neither Spring Lake or CampRenu are NOT responsible for lost or stolen phones or other personal items

Medical Release Form

A completed original of this document is REQUIRED FOR ALL PARTICIPANTS.

Church Name: _____ Group Leader Name: _____

Camper Name: _____Date of Birth: ___/___/_____ Sex: _____ Age: _____

Emergency Contact / Relationship: _____ Phone: _____

Allergies/Diagnosises_____ _____

Are there medical concerns of which we should be aware? Y / N

If Yes above, please explain: _____

_____

Initial Each Medication that is OK to give at Camp at recommended dosages:

___ Anti-itch Gel (Cala-Gel) ___ Medicine Sting & Bite Relief ___ 3-in-1 Antibiotic Ointment

___ Advil (Ibuprofen) ___ Tylenol (Acetaminophen) ___ Benadryl (Diphenhydramine)

Please list any medication taken below.
A nurse working on behalf of CampRenu will administer all medicines.
Please place all medications with labels clearly visible into a zip-lock bag and give to your group leader.

Medication	Dose	Frequency	Purpose	Mon	Tues	Wed	Thur	Fri
Example: Benadryl	*25mg*	*Twice a Day*	*Allergies*	*Nurse will document when given*				

Release of Liability, Medical Treatment Permission, and Photograph/Video Notice

I authorize the above-named camper to participate in all pre-teen camp activities unless otherwise stated in writing. In the event of an emergency, I consent to the Central Baptist Association (CBA), SLBA, their representatives or sponsors, or any attending physician making necessary medical decisions and providing treatment. I release and hold harmless CBA, SLBA, their representatives, sponsors, and any attending physician from any claims, damages, liabilities, or financial responsibility arising from injury or treatment.

I understand that photos and videos may be taken during camp and grant permission for CBA/SLBA to use my child's image for promotional purposes. **If I do not consent, I will indicate by initialing here_____**

I agree to follow all camp rules and acknowledge that CBA and SLBA are not responsible for any lost, stolen, or damaged personal items.

Guardian Signature: _____Print Name: _____ Date: _____

MRSA / Skin Infection Disclosure

Church Name: _____ Camper Name: _____

Has your child EVER been diagnosed with:

☐ **MRSA (Methicillin-Resistant Staphylococcus aureus)**

☐ **Recurrent skin infections (boils, abscesses, "staph infections")**

☐ **None of the above**

If yes, please provide details (date, treatment, location of infection): _____

Is your child currently being treated for a skin infection? ☐ Yes ☐ No

If yes:

- **Is the area fully covered and contained? ☐ Yes ☐ No**
- **Is your child currently on antibiotics? ☐ Yes ☐ No**
- **Name of medication: _____**

Parent/Guardian Acknowledgment:

I understand that for the safety of all campers, any open, draining, or uncovered skin infections may require evaluation by the camp nurse and could limit participation in certain activities until resolved.

Guardian Signature: _____Print Name: _____ Date: _____