

# Camp Horstick

August 6, 2017 through August 11, 2017

To Parish Leadership

Hello

The cost of Camp Horstick is being covered by the Diocese this year!

We have created a new process for people to sign up; they fill out the registration forms and turn them into their local Episcopal Parish who will forward them to the Diocesan office.

We often get requests for youth whose grandparents attend the local Episcopal Parish, or for kids to bring friends who don't attend a Church, or attend a different denomination. Can they go? Yes, if you, the affiliated Parish, recommend them. The Parish is responsible for recommending approval for Non-Churched and or people of other denominations to attend Camp.

As the local Parish, we encourage you to get your young people involved in Camp. We have historically found that un-churched youth that attend camp end up becoming baptized, active, members of the Church, so yes, get them to Camp!

When the forms are completed please send them to the Diocesan Office so that Fr. Zook can get them registered. We have 120 (96 youth/24 adults) slots, and our ratio of adults to youth cannot exceed 4 to 1, i.e. for every four youth we need an adult volunteer. Again, there is no cost to attend for either youth or adults. The camp is set up for kids going into 4<sup>th</sup> grade and older, children younger than that must be accompanied by an adult or guardian.

Adults sleep in cabins with the youth and assure an adult presence. They are not camp counselors, crosswoods provides the councilors and programming. We provide the youth and adults.

If there are people who wish to attend that have no affiliation with a local Episcopal Church, they may still request to go by contacting the Diocesan Office via Mr. Andrew Lorenz at [Andrew@werfoodsafety.com](mailto:Andrew@werfoodsafety.com) or calling and leaving a message at 715-704-0554.

This is the first year we have been able to offer Camp for no cost to the parents or the Parish, please spread the word! Our goal is to have at least 50 youth present this year!

We need adults and clergy to attend, historically we have struggled to get adults and clergy. Bishop Lambert attends every year, this is your opportunity to work with the Bishop and the youth of the Diocese, don't miss it!

Thank you, please post the attached flyer, and may you have a blessed 2017!

Alexandria Lorenz

PS. I will be in Germany attending school March through July, so I am having my father (Andrew Lorenz) helping, don't hesitate to call him if you have any questions while I am gone! His number: 715-704-0554 and his email: [andrew@werfoodsafety.com](mailto:andrew@werfoodsafety.com).

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## What is Camp Horstick?

High Ropes. Low Ropes. A life-size foosball field. Wicked water slingshots. Archery. Canoeing, kayaking, swimming and water waters. Rock climbing, if Mother Nature cooperate with us! Hiking. Adventure biking. Days full of prayer, worship, music, adventure, fun, and great conversation, and so much more!

## Who can Go?

Anyone going into the 4<sup>th</sup> Grade or older. Younger than 4<sup>th</sup> Grade? You must have a parent or guardian go with you!

## How much does it cost?

Nothing, The Episcopal Diocese of Eau Claire and Crosswoods cover the cost.

## Can people who aren't Episcopalians go?

Yes! They either apply through their local Church or through the Diocesan Office!

Do you have any pictures of the Camp and people doing things?

## Yes! You can see pictures from previous years' camps on our

Facebook page: [https:// www.facebook.com/groups/190070184383047/](https://www.facebook.com/groups/190070184383047/)  
it is a closed group so ask to join!

## So where is Camp Horstick Held?

At the Crosswoods adventure camp just north of Drummond Wisconsin. The address is:  
15010 Black Bear Road, Mason, Wisconsin 54856.

## Ok, When is Camp?

August 6, 2017 through August 11, 2017

## How do I sign up?

Fill out the registration forms and submit them to your local Parish by July 15<sup>th</sup>, 2017; they will then forward them to the Diocesan office. If you are late, please contact Mr. Andrew Lorenz at [andrew@werfoodsafety.com](mailto:andrew@werfoodsafety.com) to make sure there is room.

## What if we don't have a local Episcopal Parish?

Contact the Diocesan Office via Mr. Andrew Lorenz for forms and instructions, his email address is: [andrew@werfoodsafety.com](mailto:andrew@werfoodsafety.com) or call him and leave him a message at 715-704-0554.

Each Camper needs to fill out the Diocesan paperwork (Pages 3-5) and the Camp Crosswoods forms as well. Thank you!

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## Camp Horstick Registration Form

Campers Name: \_\_\_\_\_

Campers Street Address: \_\_\_\_\_

Campers City: : \_\_\_\_\_

Campers State: : \_\_\_\_\_

Campers Zip: : \_\_\_\_\_

Parent or Guardian Telephone Number: : \_\_\_\_\_

Parent or Guardian Email Address: : \_\_\_\_\_

Campers Gender: : \_\_\_\_\_

Campers Date of Birth: : \_\_\_\_\_

Campers Grade in School (Next Year): : \_\_\_\_\_

Campers Affiliated Church: : \_\_\_\_\_

Campers T-Shirt Size(Please Circle): (Children's XS S M L XL or Adult's XS S M L XL XXL)

### Health History Form for Campers/Adults

Camper Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Age at Camp \_\_\_\_ . Mailing Address \_\_\_\_\_

\_\_\_\_\_  
Custodial parent/guardian  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Second parent/guardian or other contact

\_\_\_\_\_  
*Name*  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
If neither available, in an emergency notify

\_\_\_\_\_  
*Name*  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

#### Insurance Information

Is this camper covered by medical/hospital/health insurance?  Yes  No

If yes, please attach a photocopy of the front and back of the insurance card. And provide the following:

Insurance Carrier \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Group/Policy Number \_\_\_\_\_

Name of insured \_\_\_\_\_

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**Health History** – A parent, legal guardian, physician or nurse practitioner may complete this section.

Physician's Name and Phone Number:

This individual is under the care of a physician for the following:

Provide month and year Tetanus booster \_\_\_\_\_ Hepatitis B \_\_\_\_\_

Polio \_\_\_\_\_

for each immunization. Haemophilus b (HIB) \_\_\_\_\_ MMR \_\_\_\_\_ Varicella

(Chicken Pox) \_\_\_\_\_

This individual has had chicken pox?  Yes  No This individual has had mononucleosis in the past 12 months?  Yes  No

This individual has a history of illness, injury or surgery that will affect participation?  Yes  No

If yes, explain:

**Allergies** - List all known Describe reaction and management of the reaction:

Medication allergies

Food allergies

Other allergies –include insect stings, hay fever, asthma, animal dander, etc....

**DIET:**  No red meat  No pork  No eggs  No poultry

No seafood  No dairy products  Other

Please put any other needed information on the back of the form:

## **Release of Liability and Acknowledgment of Risk**

Having carefully read the policies description above, I agree to abide by the expectations, and benefits stated therein. I understand that Episcopal Diocese of Eau Claire likewise agrees to abide by the same. I understand that Camp Horstick sponsored by the Episcopal Diocese of Eau Claire is held at Crosswoods adventure camp located at 15010 Black Bear Road, Mason, Wisconsin 54856 and that all rules and policies of Crosswoods Adventure Camp are acceptable to me. I further understand that participating in Adventure Activities at Camp Horstick Sponsored by the Episcopal Diocese of Eau Claire could potentially cause injury. I certify that I am physically and emotionally able to do any activities I choose to participate in. I accept all risks associated with participating in said activities and agree to comply with all the safety rules and instructions provided by the Episcopal Diocese of Eau Claire Representatives. I, my heirs, my personal representative, or anyone entitled to act on my behalf hereby release and discharge the Episcopal Diocese of Eau Claire, Inc., its staff and corporate officers, their agents, representatives and successors from all claims or liabilities of any kind or nature resulting from, or arising out of activities associated with participating in any activities at Camp Horstick sponsored by the Episcopal Diocese of Eau Claire, even though that liability may arise out of negligence or carelessness on the part of the entities named herein. In addition, I agree to release, forever discharge, and to forever hold harmless the Episcopal Diocese of Eau Claire, Inc. from any and all claims for property damage and expenses of any nature whatsoever which may be incurred by the

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undersigned (including travel between the undersigned's home and Camp Horstick sponsored by the Episcopal Diocese of Eau Claire, excursions from Camp Horstick sponsored by the Episcopal Diocese of Eau Claire, and time spent at Camp Horstick sponsored by the Episcopal Diocese of Eau Claire. I acknowledge that while staying at Camp Horstick sponsored by the Episcopal Diocese of Eau Claire, I am free to leave at any time for any reason, and that the management similarly retains the right to terminate my residence at Camp Horstick sponsored by the Episcopal Diocese of Eau Claire at will. I represent that I am of lawful age and legally competent to execute this statement and that before signing it, I have read and understand its contents completely. If I am a minor that my parent and or legal guardian have read, understand its contents completely and agree to the statements made in this document.

---

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name Here \_\_\_\_\_

---

Signature of Parent if Guest is under 18 \_\_\_\_\_ Date \_\_\_\_\_ Print Name Here \_\_\_\_\_

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For Parish Use Only:

**Parish recommendation:**

We the undersigned recommend that \_\_\_\_\_ be registered for Camp Horstick.  
(Name of Camper)

Parish Representatives Printed Name: \_\_\_\_\_.

Parish Representatives Signature/Date: \_\_\_\_\_.



Participant Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

# Camper/Parent Authorizations – CrossWoods Adventure Camp 2017

## Section A: Camper Authorization

- I understand and agree to cooperate with all regulations regarding behavior, health, special qualifications and age.
- I authorize an adult, in whose care I have been entrusted, to consent to X-ray examination, anesthetic, medical, surgical or dental diagnosis and treatment or hospital care, to be rendered to me under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act. If I am not a minor, I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to me pursuant to this authorization.
- I understand the general guidelines of behavior: I must respect and obey instructions of the adult(s) in charge and that no smoking, alcohol, illegal drugs, possession of weapons, or sexual misconduct is tolerated. I will assume all transportation costs if problems occur during any event or activity.
- I will take no civil action against the CrossWoods, Inc., any associated agencies, or persons in whose care I have been entrusted, for my normal care.
- I give my permission for photographs or video footage of me to be used by CrossWoods, Inc. for promotional purposes, unless I initial here \_\_\_\_\_ (*initialing means you do NOT give permission*).
- I give my permission for my address/phone number/email address to be included on a participant roster of the camp for use of campers and staff only, unless I initial here \_\_\_\_\_ (*initialing means you do NOT give permission*).

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Printed Name of Camper

\_\_\_\_\_  
Date

## Section B: Parent/Guardian Authorization and Authorized Rides (Must be signed by the camper's parent/guardian if the camper is under the age of 18 on the first day of camp)

- I give full permission to this minor to attend the youth event at CrossWoods Camp.
- I give full permission to this minor to participate in all activities at CrossWoods Camp, unless otherwise specified on the Health History Form.
- I authorize an adult, in whose care the minor has been entrusted, to consent to X-ray examination, anesthetic, medical, surgical or dental diagnosis and treatment or hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act, if there is insufficient time or inability to contact me. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above named minor pursuant to this authorization.
- I give permission for this minor to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in events at CrossWoods Camp.
- I understand the general guidelines of behavior: the minor must respect and obey instructions of the adult(s) in charge and that no smoking, alcohol, illegal drugs, possession of weapons or sexual misconduct is tolerated. I will assume all transportation costs for this minor if problems occur during any event or activity.
- I will take no civil action against CrossWoods, Inc., any associated agencies, or persons in whose care the minor has been entrusted, for normal care of the minor in their charge.
- I give my permission for photographs or video footage of my child to be used by CrossWoods, Inc. for promotional purposes, unless I initial here \_\_\_\_\_ (*initialing means you do NOT give permission*).
- I give my permission for my child's address/phone number to be included on a participant roster of the camp for use of campers and staff only, unless I initial here \_\_\_\_\_ (*initialing means you do NOT give permission*).
- I have also read and consent to all the items printed in Section A of this form.

**Authorized Rides: Please check one or more of the following boxes as appropriate.**

Only the following people may pick up the above named camper: \_\_\_\_\_

The following people may NOT pick up the above named camper: \_\_\_\_\_

By checking this box I am authorizing anyone to pick up the above named camper.

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

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Section C: Release of Liability and Acknowledgment of Risk**

Having carefully read the policies description above, I agree to abide by the expectations, payment, and benefits stated therein. I understand that CrossWoods likewise agrees to abide by the same. I understand that participating in Adventure Activities at CrossWoods could potentially cause injury. I certify that I am physically and emotionally able to do any activities I choose to participate in. I accept all risks associated with participating in said activities and agree to comply with all the safety rules and instructions provided by CrossWoods. I, my heirs, my personal representative, or anyone entitled to act on my behalf hereby release and discharge CrossWoods, Inc., its staff and corporate officers, their agents, representatives and successors from all claims or liabilities of any kind or nature resulting from, or arising out of activities associated with participating in any activities at CrossWoods, even though that liability may arise out of negligence or carelessness on the part of the entities named herein. In addition, I agree to release, forever discharge, and to forever hold harmless CrossWoods, Inc. from any and all claims for property damage and expenses of any nature whatsoever which may be incurred by the undersigned (including travel between the undersigned's home and the CrossWoods Center, excursions from the CrossWoods Center, and time spent at the CrossWoods Center. I acknowledge that while staying at CrossWoods, I am free to leave at any time for any reason, and that the management similarly retains the right to terminate my residence at CrossWoods at will. I represent that I am of lawful age and legally competent to execute this statement and that before signing it, I have read and understand its contents completely.

---

Signature

Date

Print Name Here

---

Signature of Parent if Guest is under 18

Date

Print Name Here

**CrossWoods Health History Form  
For Campers & Adults**

**Bring when you register:**    ✓ **This Completed Form**  
 ✓ **Copy of Insurance Card**    ✓ **Any medications in labeled containers**

**2017**

Camper Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at Camp \_\_\_\_\_

Home \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State ZIP

<i>Custodial parent/guardian</i>	<i>Second parent/guardian or other contact</i>	<i>If neither available, in an emergency notify</i>
<small>Name</small> _____	<small>Name</small> _____	<small>Name</small> _____
Home Phone (____) _____	Home Phone (____) _____	Home Phone (____) _____
Work Phone (____) _____	Work Phone (____) _____	Work Phone (____) _____
Cell Phone (____) _____	Cell Phone (____) _____	Cell Phone (____) _____

**Insurance Information**

Is this camper covered by medical/hospital/health insurance?     Yes     No

If yes, please attach a photocopy of the front and back of the insurance card. And provide the following:

Insurance Carrier \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Group/Policy Number \_\_\_\_\_ Name of insured \_\_\_\_\_

**Health History** – A parent, legal guardian, physician or nurse practitioner may complete this section.

Physician's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

This individual is under the care of a physician for the following: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provide month and year Tetanus booster \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Polio \_\_\_\_\_  
 for each immunization. Haemophilus b (HIB) \_\_\_\_\_ MMR \_\_\_\_\_ Varicella (Chicken Pox) \_\_\_\_\_

This individual has had chicken pox?     Yes     No    This individual has had mononucleosis in the past 12 months?     Yes     No

This individual has a history of illness, injury or surgery that will affect participation?     Yes     No

If yes, explain: \_\_\_\_\_

**Allergies** - List all known  
 Medication allergies

Describe reaction and management of the reaction:

\_\_\_\_\_  
 \_\_\_\_\_

Food allergies

\_\_\_\_\_  
 \_\_\_\_\_

Other allergies –include insect stings, hay fever, asthma, animal dander, etc...

\_\_\_\_\_  
 \_\_\_\_\_

**DIET:**     No red meat     No pork     No eggs     No poultry  
                No seafood     No dairy products     Other \_\_\_\_\_

Name

*(Over)*



**Medications:** List **All** medications (*include over the counter/nonprescription*) taken routinely. Bring enough medication for entire camp in original bottle/packaging that identifies prescribing physician (*if prescription*), name of medication, dosage, and frequency. Medications dispensed according to label instructions. If the camper is not taking medication as indicated on the label, get the medication into a container properly labeled by a physician or pharmacist for current dosage. Campers are not allowed to self-medicate, except by necessity (*i.e. inhalers and the like*).

This person takes **NO** medications on a regular basis.       This person **takes** medications on a regular basis (*include over the counter medications*)

Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_ Taken daily  Yes  No

Reason taking \_\_\_\_\_ Date started \_\_\_\_\_

Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_ Taken daily  Yes  No

Reason taking \_\_\_\_\_ Date started \_\_\_\_\_

Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_ Taken daily  Yes  No

Reason taking \_\_\_\_\_ Date started \_\_\_\_\_

Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_ Taken daily  Yes  No

Reason taking \_\_\_\_\_ Date started \_\_\_\_\_

**--- List any additional medications on a separate sheet. ---**

**Ongoing Health Concerns:** Check all that pertain to this individual, and provide information about supportive healthcare.

- This individual has no ongoing health concerns
- This individual has the following ongoing health concerns
  - Asthma       Headaches       Sleepwalking       Diabetes       Frequent ear infections
  - Bedwetting       Pregnancy       Menstrual cramps or related concerns       Other \_\_\_\_\_

Provide information about supportive health care for each checked item \_\_\_\_\_

If your child receives care/ medication for emotional, learning and/or psychological concerns, provide background information to help us work with this camper \_\_\_\_\_

Person completing this form \_\_\_\_\_ Date \_\_\_\_\_

*Parent Initials*

\_\_\_\_\_ I authorize an adult, in whose care the minor has been entrusted, to consent to X-ray examination, anesthetic, medical, surgical or dental diagnosis and treatment or hospital care for the above named minor. Such care is to be rendered under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Statutes of the State of Wisconsin, if there is insufficient time or inability to contact me. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered pursuant to this authorization.

\_\_\_\_\_ I give permission for this minor to ride in any vehicle designated by the adult in whose care the minor has been entrusted.

\_\_\_\_\_ I will take no civil action against CrossWoods, Inc., any associated agencies, or persons in whose care the minor has been entrusted, for normal care of the minor in their charge.

\_\_\_\_\_ I give permission for this minor to receive non-prescription medications for non-emergency situations from a designated health-care provider.

\_\_\_\_\_ If my child has a headache, I usually give them \_\_\_\_\_ (*example: Tylenol, Ibuprofen, etc...*)

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

**FOR CAMP USE ONLY --- DO NOT WRITE BELOW THIS LINE**

*CrossWoods Check-In Nursing Notes*

*Nurse's Log Entries*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Screening performed by \_\_\_\_\_ Date \_\_\_\_\_