



**The Disabilities Ministry  
Toni's Camp Retreat 2019  
Teen Counselor Commitment**



Dear Parent and Student,

It has been 48 years since Toni took her daughter camping with some friends and that tradition continued with help from her parish. Since 2001, The Archdiocese of Atlanta has sponsored Toni's Camp Retreat for youth and adults with a variety of disabilities.

Groups of youth and young adults are invited to serve as counselors. This typically involves a one to one relationship with a camper. The counselor is totally responsible for assisting the camper in his/her needs from Friday afternoon until about 3 p.m. Sunday. Ample support is offered from adult staff, nursing staff, and Archdiocese of Atlanta clergy.

The weekend is full of fun and hard work. It is a spiritual blessing for all participants.

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**Parent** please sign (if counselor is under 18 as of May 3, 2019):  
I am aware my son/daughter is making a serious commitment to be a counselor and I will support him/her with my permission and encouragement.

➔ Parent Signature \_\_\_\_\_  
Date \_\_\_\_\_

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**Counselor** please sign: I am aware I am making an important commitment in agreeing to be a counselor. I understand the camp staff will be relying on me to fulfill my promise.

➔ Counselor Signature \_\_\_\_\_  
Date \_\_\_\_\_



**The Disabilities Ministry**  
**Toni's Camp Retreat 2019**

**Contract For Minor/Student Volunteers at Camp Twin Lakes**

Archdiocese of Atlanta



I, \_\_\_\_\_,  
understand and agree to follow the guidelines and rules listed below for the Archdiocese of Atlanta, Toni's Camp Retreat at Camp Twin Lakes, May 3-5, 2019.

- ◆ No alcohol or drugs
- ◆ No medication in cabins
- ◆ No smoking
- ◆ No girls in boys' cabins and no boys in girls' cabins
- ◆ No inappropriate demonstrations of affection
- ◆ Treat all participants, staff and leaders with respect
- ◆ Be on time for all meals and activities
- ◆ Follow all established guidelines
- ◆ Parked cars are "off limits" at all times
- ◆ Cell phones and car keys will be checked in at the beginning of the retreat

I understand my parents will be notified immediately if any of these rules are broken and they will be asked to pick me up from Toni's Camp/Camp Twin Lakes. This will be based upon the Director's discretion.



Student Signature \_\_\_\_\_



Parent or Guardian Signature \_\_\_\_\_

Parent Phone Number \_\_\_\_\_

Date \_\_\_\_\_



**The Disabilities Ministry  
Toni's Camp Retreat 2019  
NEW TEEN VOLUNTEERS  
(Keep this page)**

Archdiocese of Atlanta



If you are a **NEW** teenage volunteer and have not passed your 18<sup>th</sup> birthday by May 3, 2019, you must submit one (1) written reference attesting to your willingness and enthusiasm for working with individuals with intellectual disabilities. Some suggestions for a reference are:

- ◆ from a faculty or administrative staff member of your school
- ◆ from the clergy or a staff member of your parish or faith community
- ◆ from an adult who is not related to you by marriage or blood

We further require that references from your school and faith community be written on that organization's regular letterhead. It is permissible for you to hand deliver the references back to us. It is also permitted to have them faxed to us at (404) 920-7681.

We are looking for dependable young people in high school who are patient, work well in group situation and have the ability to get along with other people.

All recommendations must be made without any reservation at all concerning regular contact with children and vulnerable individuals. **All references must be in this office on April 10, 2019.**

If we already have a reference on file you are not required to have new ones for this year.

The reference should be addressed to:

Maggie Rousseau  
Director, Disabilities Ministry  
Archdiocese of Atlanta  
2401 Lake Park Drive SE  
Smyrna, Georgia 30080



**The Disabilities Ministry  
Toni's Camp Retreat 2019  
General Information  
(Keep this Page)**

Archdiocese of Atlanta



## **Safe Environment Program**

**All volunteers in the Archdiocese of Atlanta are required to be approved through the Safe Environment Program. All applications must be completed by April 15, 2019.**

### **ADULT VOLUNTEERS:**

For Adult Volunteers who have NOT been approved in the past 5 years, please follow the directions for filling out required forms, etc. at:

<http://archatl.com/ministries-services/safe-environment/volunteers/>

### **PLEASE NOTE THERE ARE FOUR STEPS TO COMPLETE**

If you were previously approved, your file will be reviewed for compliance. If we encounter any difficulties, we will contact you directly.

### **TEEN VOLUNTEERS:**

For teen volunteers who are **not** 18 as of May 3, 2019 and who have not been approved previously, please follow the directions for filling out required forms, at:

<http://archatl.com/ministries-services/safe-environment/volunteers/>

### **SEE STEP 3. Paperwork for Volunteering Minors**

All teen volunteers who were approved before their 18th birthday and are now 18 or older **MUST** complete and submit the ADULT volunteer safe environment program forms. (See above ADULT VOLUNTEERS).

**Any questions please contact:  
Maggie Rousseau  
Director, Disabilities Ministry  
mrousseau@archatl.com  
404-920-7682**



The Disabilities Ministry  
Toni's Camp Retreat 2019

Archdiocese of Atlanta



Participant Registration Consent Form and Liability Waiver

Camper                       Volunteer                       Nurse                       Core Team

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Female       Male                      Number of years attending Toni's Camp \_\_\_\_\_

T-shirt Size    Adult:    small    medium    large    XL    XXL    XXXL

Church/Parish \_\_\_\_\_ School Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Number to Reach you on Sunday \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

I, (adult volunteer, parent or guardian's name) \_\_\_\_\_ grant permission for my participant/myself (participant's name) \_\_\_\_\_ to attend and participate in all activities at **Toni's Camp Retreat** sponsored by the Archdiocese of Atlanta at Camp Twin Lakes on the weekend of May 3-5, 2019. This activity will take place under the guidance and direction of the Archdiocese of Atlanta employees and/or volunteers.

As adult volunteer, parent and/or legal guardian, I remain legally responsible for any personal actions taken by myself or the above named participant.

I agree on behalf of myself, and my participant named herein, if that is applicable, to hold harmless, release and not to sue the Archdiocese of Atlanta or any of its officers, directors, or agents or any chaperones or representatives associated with the event for any claim for personal injury or damage to property that arise out of or are caused by the fault or negligence of myself or my participant or the fault or negligence of the chaperones or representatives of the Archdiocese of Atlanta associated with the event.

 Signature \_\_\_\_\_ Date \_\_\_\_\_



The Disabilities Ministry  
Toni's Camp Retreat 2019



Participant Registration Consent Form and Liability Waiver

**MEDICAL MATTERS**

I hereby warrant that to the best of my knowledge, my participant is (I am) in good health, other than chronic conditions listed below, and I assume all responsibility for the health of the participant. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I hereby give permission to transport my participant to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me, contact:

**Participant Name** \_\_\_\_\_

**Home Telephone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Family Doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Health Plan Insurance** \_\_\_\_\_ **Policy or I.D. No.** \_\_\_\_\_

**Medicaid or Medicare No. (If Applicable)** \_\_\_\_\_

**COPY OF INSURANCE CARD ATTACHED**

➔ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**MEDICATIONS:** Do not put medication of any kind in the suitcases. Under NO circumstances is the participant to be responsible for his own medication. No medication, prescription or non-prescription, is allowed in the cabins. This rule applies to both campers and volunteers and is for the protection of all.

**ALL medication must be sent to camp in the original containers. We must have complete labeling and physicians instructions. Please send only the necessary amount of medication needed for the Toni's Camp weekend.**

My participant **WILL BE** bringing medication to camp. (This includes both prescription and non-prescription medication).

➔ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CHOOSE ONE BELOW:**

No medication of any type, whether prescription or non-prescription, may be administered to my participant unless the situation is life-threatening and emergency treatment is required.

➔ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby grant permission for non-prescription medication (such as  Aspirin,  Tylenol,  Advil,  throat lozenges and  cough syrup,  Benadryl or  over-the-counter antihistamines) to be given to my participant, if deemed appropriate.

➔ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



The Disabilities Ministry  
Toni's Camp Retreat 2019

Archdiocese of Atlanta



Participant Registration Consent Form and Liability Waiver

**SPECIFIC MEDICAL INFORMATION** Camp Participant's NAME \_\_\_\_\_

We will take reasonable care to see that the following information will be held in confidence.

Camp Participant's NAME/disability/disabilities \_\_\_\_\_

**Allergic reactions** (describe reaction and treatment) to things such as medications, foods, plants, insects, Latex, etc.

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

Does participant have a medically prescribed diet?  Yes  No If yes, please describe \_\_\_\_\_

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

Does participant have any physical limitations?  Yes  No If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Does participant have a seizure disorder?  Yes  No If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Is participant subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting, etc.?  Yes  No If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Has participant recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.?  Yes  No If yes, list date and disease or condition \_\_\_\_\_

\_\_\_\_\_

Participant has the following special medication conditions the staff should be aware of: \_\_\_\_\_

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

➔ Signature \_\_\_\_\_ Date \_\_\_\_\_



**The Disabilities Ministry  
Toni's Camp Retreat 2019  
Release, Waiver, Indemnification, and Health Affirmation For  
Camp Twin Lakes, Inc.**

By signing this Release, Waiver, Indemnification, and Health Affirmation below, I intend to be legally bound hereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns, and in consideration of Camp Twin Lakes, Inc. ("CTL") permitting me/my child/my ward to attend and participate in activities at Toni's Camp Retreat and CTL's facility (collectively "Camp Twin Lakes"), I hereby release and forever discharge CTL, The Roman Catholic Archdiocese of Atlanta, and any of their clergy, pastors, volunteers, officers, directors, employees, and agents (the "Released Parties") from and against any and all damages of any kind whatsoever arising out of any injury, illness, infirmity, disease, or loss of any kind, personal or property, to me/my child/my ward during or related to my/my child's/my ward's attendance at a camp at Camp Twin Lakes. I understand and certify that my/my child's/my ward's participation in Toni's Camp Retreat and its activities at Camp Twin Lakes is completely voluntary and I have familiarized myself with the Toni's Camp Retreat program and activities at Camp Twin Lakes in which I/my child/my ward will be participating. I recognize that certain hazards and dangers are inherent in Camp Twin Lakes activities and programs, and I acknowledge that the Released Parties cannot ensure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child or my ward, to the extent my child or ward will be attending and participating in activities at Camp Twin Lakes, in the importance of knowing and abiding by the rules, regulations, and procedures for Camp Twin Lakes. I also agree to defend, indemnify and hold the Released Parties harmless from and against any and all damages, costs, claims, demands, actions or causes of action sustained by any other person as a result of my/my child's/my ward's participation at Camp Twin Lakes, whether caused in whole or in part by the negligence of the Released Parties; provided, however, that this provision shall not operate to require indemnification of any gross negligence or willful misconduct of the Released Parties. Further, I attest that my health insurance will cover any medical and hospital expenses that I/my child/my ward incur and that I have received approval from a doctor authorizing me/my child/my ward to participate in the activities at Camp Twin Lakes. I further agree to inform Camp Twin Lakes of any activities in which I/my child/my ward is not to participate.

I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself or the minor child or ward to be treated by a doctor if needed.

➔ Adult Signature \_\_\_\_\_  
Name of Minor Child or Ward (if applicable) \_\_\_\_\_  
Date \_\_\_\_\_





Medication List and Instructions—Teens & Adults



PARTICIPANT NAME: \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT : \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

Please list below all medications you will be sending to camp with complete names and instructions. Remember that all medications are to be given to the nurse or bus captain or camp director at the beginning of camp and must be in their original packaging with doctor instructions. Please send only what is required for the camp duration.

List names of each medication and concise directions for dispensing, including dosage and frequency of dosage, along with any special notes, such as: take with meals, milk or juice. NO PHARMACY LISTS WILL BE ACCEPTED.

Medications are given by medical staff, usually at mealtimes. Please let us know if you need a different schedule.

MEDICATIONS

SPECIAL INSTRUCTIONS

Breakfast: \_\_\_\_\_

Lunch Time: \_\_\_\_\_

Dinner Time: \_\_\_\_\_

Bedtime:  
(9:30 p.m.) \_\_\_\_\_

As Needed: \_\_\_\_\_



Signature \_\_\_\_\_ Date \_\_\_\_\_



**The Disabilities Ministry  
Toni's Camp Retreat 2019  
Archdiocese of Atlanta Media Release Form**



You/Your Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Year (where applicable): \_\_\_\_\_

The Disabilities Ministry on behalf of Toni's Camp Retreat uses images, interviews, and videos of our children for a variety of internal and external communications. Our forms of internal and external communications include but are not limited to: print, such as newspapers, bulletins, and newsletters; photographs and digital images; film and videos; web posts, web pages, and image carousels; social networking platforms including but not limited to Facebook, Twitter, and Instagram.

We follow the Archdiocese of Atlanta's Social Media Policy and Guidelines for the Use of Social Networking Sites with Minors. Please see this resource for more information.

Please indicate below whether the ministry has permission to circulate interviews, images, and/or videos of your child for all parish and/or school events for one year:

I hereby grant permission for the Disabilities Ministry on behalf of Toni's Camp Retreat to use images and interviews of me/my child \_\_\_\_\_, for internal or external communications for one year. My child may be photographed and/or interviewed for The Georgia Bulletin, and other media outlets. I understand content may be reprinted in The Georgia Bulletin or other media for public dissemination, including but not limited to film; video; television; radio; newspapers such as The Atlanta Journal and Constitution; websites and online platforms; and social media networks including but not limited to Facebook, Twitter, and Instagram. I release and relieve the parish and/or school, and the Archdiocese of Atlanta, from any responsibility or liability for any claims arising from the publication or reproduction of any photographs or interview in any news or other media. I waive any and all right to inspect or approve the finished images, video, or printed matter that may be used in conjunction with any image or video, or to approve the eventual use for which it may be applied.

I understand that photographs, videos, and/or interviews are being done with the knowledge and approval of the disabilities ministry, and that a signed release form is required for every participating individual.

NO, I do not want my child included in, nor my child's image used, in any internal or external communications. This does not include Catholic School yearbooks or newspapers.

*Please contact Maggie Rousseau, Director, Disabilities Ministry immediately to adjust your media release permissions.*

X \_\_\_\_\_  
Parent/Guardian/Self Signature

\_\_\_\_\_  
Date



The Disabilities Ministry
Toni's Camp Retreat 2019
Camp Twin Lakes (Exhibit 2)
Archdiocese of Atlanta Release Form



This agreement must be read and signed for you/your child to be eligible to attend Toni's Camp Retreat/Roman Catholic Archdiocese of Atlanta at Camp Twin Lakes.

Your/Your Child's Name: \_\_\_\_\_

I. PARTICIPATION CONSENT: I understand and certify that my/my child's participation in the and its activities at Camp Twin Lakes is completely voluntary. I have familiarized myself with the Toni's Camp Retreat/Roman Catholic Archdiocese of Atlanta program and activities at Camp Twin Lakes in which I/my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements ropes course, swimming, archery, gardening, cooking, biking, sports, lake swimming, and boating. I acknowledge that although Toni's Camp Retreat/Roman Catholic Archdiocese of Atlanta and Camp Twin Lakes have taken safety measures to minimize the risk of injury to camp participants, Toni's Camp Retreat/Roman Catholic Archdiocese of Atlanta and Camp Twin Lakes cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for the Toni's Camp Retreat/Roman Catholic Archdiocese of Atlanta program at Camp Twin Lakes. Further, I attest that my health insurance will cover any medical and hospital expenses that I/my child incur and I have received approval from a doctor authorizing me/my child to participate in Toni's Camp Retreat/Roman Catholic Archdiocese of Atlanta activities at Camp Twin Lakes. I also agree to inform Toni's Camp Retreat/Roman Catholic Archdiocese of Atlanta of any activities in which I/my child may not participate. I understand and agree that my child will be in an environment that involves elements related to nature, camping or community living, such as insects and insect bites, sun exposure, or communicable illnesses.

II. LIABILITY RELEASE: I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge Toni's Camp Retreat/Roman Catholic Archdiocese of Atlanta and Camp Twin Lakes, and any of their clergy, pastors, volunteers, officers, directors, employees, partners, shareholders, board members, servants, agents and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance in the Toni's Camp Retreat/Roman Catholic Archdiocese of Atlanta program at Camp Twin Lakes.

III. MEDIA RELEASE: I do \_\_\_ I do not \_\_\_ give Toni's Camp Retreat/Roman Catholic Archdiocese of Atlanta and Camp Twin Lakes the right to interview and/or to take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my/my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. Toni's Camp Retreat/Roman Catholic Archdiocese of Atlanta and Camp Twin Lakes shall have the right to use photographs or other images of me/my child in promotion, educational or fund-raising materials. I acknowledge that Toni's Camp Retreat/Roman Catholic Archdiocese of Atlanta or Camp Twin Lakes shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Toni's Camp Retreat/Roman Catholic Archdiocese of Atlanta and Camp Twin Lakes and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by Toni's Camp Retreat/Roman Catholic Archdiocese of Atlanta and Camp Twin Lakes. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

IV. PROGRAM AND OUTCOMES EVALUATION:

I do \_\_\_ I do not \_\_\_ give Toni's Camp Retreat/Roman Catholic Archdiocese of Atlanta and Camp Twin Lakes permission to survey me/my child in confidential and voluntary program evaluation at Camp Twin Lakes. I understand that my/my child's name will not be used in conjunction with surveys and the data collected will be used to improve programming at Camp Twin Lakes and other camps and programs.

V. DISPUTES:

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Atlanta, Fulton County, Georgia. The arbitration shall be administered by JAMS and conducted before a single arbitrator in accordance with the JAMS Rules. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.

Parent/Guardian/Self Signature

Date



**The Disabilities Ministry  
Toni's Camp Retreat 2019  
Dress Code Acknowledgement Form  
Please Sign and Return**

Archdiocese of Atlanta



## THIS FORM TO BE SIGNED BY ALL PARTICIPANTS

I have read and agree to abide by the dress code as required by the Disabilities Ministry of those who participate in ministry sponsored or supervised activities.

➔ Participant Signature \_\_\_\_\_  
Date \_\_\_\_\_

If the participant has not passed his or her 18<sup>th</sup> birthday by May 3, 2019, a parent or guardian's signature is required as well.

Parent's Signature \_\_\_\_\_  
➔ Date \_\_\_\_\_



**The Disabilities Ministry  
Toni's Camp Retreat 2019  
Dress Code  
(Keep this Page)**

Archdiocese of Atlanta



Anyone associated with the Disabilities Ministry is expected to dress in good taste and in a manner which reflects the atmosphere of the Archdiocese of Atlanta.

Modesty, cleanliness, and appropriateness are expected at all times.

Dressing in good taste is defined as follows:

1. Undergarments are not displayed (e.g. holes, tears, or outer garment material do not reveal undergarments, and bra straps are concealed by outerwear). Any sleeveless blouse or shirt must have a shoulder strap that is at least three fingers wide.
2. Shorts, skirts, and dresses are at a length that will allow the wearer's fingertips to touch the garment when arms and hands are fully extended, while standing. All forms of clothing cover the wearer's midriff, and, for females the chest/bust/cleavage area as well. The length of garments worn on the upper torso (i.e. shirts, tanks, blouses, sweaters) must cover or be covered by the wearer's waist band while standing.
3. Clothing must be worn that covers and rests upon or above a wearer's hips.

Bare feet are prohibited. Flip flops are highly discouraged.

Hats are not permitted for male communicants during Mass.

Clothing which displays alcohol, tobacco products, illegal drugs, satanic symbols, and inappropriate language and/or symbols, is not permitted during Ministry sponsored or supervised activities.

Compliance with directives of ministry officials in regards to the dress code is expected during ministry-sponsored or supervised activities. Failure to comply will result in disciplinary action up to and including immediate removal from ministry volunteer and service registries.



**The Disabilities Ministry  
Toni's Camp Retreat 2019  
General Information  
(Keep this Page)**

Archdiocese of Atlanta



**Please Save This Information Sheet for Future Reference**

Campers and volunteers riding the bus should be at St. Pius X High School's parking lot on Shallowford Road at 2:45 p.m., at Blessed Trinity High School at 2:45 p.m. on Friday, May 4, 2019. We need to have the buses loaded and ready to leave promptly at 3:15 p.m.. Dinner at camp is served promptly at 6 p.m. (whether we are there or not).

**If you are traveling to camp by car, please try to arrive at 4 p.m. for volunteers/counselors and 5 p.m. for campers. Do not drop off CAMPERS before 5 p.m. We will not have the staff to register them. THERE WILL BE NO CAMPER REGISTRATION BEFORE 5 P.M.**

After lunch on Sunday, May 5th we will close camp at 2 p.m. **PLEASE DO NOT PLAN TO PICK UP YOUR CAMPER OR VOLUNTEER BEFORE CAMP ENDS.** Buses will leave for home following the closing ceremony and arrive in St. Pius' and Blessed Trinity's parking lots at about 3:30 p.m. Please arrange to have someone there to meet the buses. The cost to ride the bus is \$35. Online payment must be received to hold your spot on the bus.

**Clothing List**

A "What to Bring" list is enclosed as a guideline. Everything on this list is not necessary, but has proved to work well for most campers. You know what your camper will or will not use. Please be sure to send an extra pair of shoes and do label all items, especially bedding, including pillows. A hat, to keep the sun off the face, can prevent bad sunburn. It is helpful to have you enclose the clothing list in the top of the suitcase, checking off the items and numbers sent, as a guide for packing to come home.

We have suggested a sleeping bag, but if you do not have one or prefer bedding, this is fine. If your camper is incontinent at night, sheets and a blanket that can be washed would probably work better.

Personal music and gaming devices may be used in the cabins only.

**Spending Money**

There is NO need for campers or counselors to bring money. We cannot be responsible for it.

**Medication**

Any participant that will need medication **must bring the medication with him/her in the original package, with the participants name, prescribing doctor and dosage visible on the container. Do not put medication of any kind in the suitcase. Under NO circumstances is anyone to be responsible for his own medication. No medication, prescription or over-the-counter, is allowed in the cabins.** This rule applies to both campers and volunteers/counselors and is for the protection of all. Please give medication directly to the nurse (or if riding the bus, the person in charge of the bus).

We need to be aware of all medical problems, such as heart disease, diabetes, epilepsy, allergy to bee or insect stings, etc., and the emergency procedure.

**Pictures**

We will be taking a group picture and you will be given an opportunity to see it as soon as it is ready. If you do not want your camper's picture taken, please let us know and your wish will be respected.

**To Reach Us at Camp Twin Lakes—Rutledge**

**Directions to Camp Twin Lakes can be found at : <http://www.camptwinlakes.org/locations/rutledge.html>**

**The telephone number is 706-557-9070, ext. 200. There will NOT be someone at this number at all times.**

**If you must reach us and cannot get an answer, please call Maggie Rousseau 770-714-8717. Cell service is spotty at times.**

# A CHECKLIST FOR PACKING—WHAT TO BRING AND WEAR



We hope this list will help you get ready for camp.

Everything on this list is not necessary. You know what your camper needs.

Please attach this inventory list to the top of the suitcase. It will help when preparing to return home.

## **LABEL ALL YOUR STUFF**

especially luggage, bedding and pillows.

## **(Keep this Page)**

### 1. BEDDING

- a. Sleeping Bag (2 single sheets and 2 blankets, if preferred)
- b. Pillow and Pillow Case (please label)

### 2. TOILETRY ITEMS

- a. Toothbrush
- b. Toothpaste
- c. Hair brush and comb
- d. Towels and wash cloths
- e. Soap and Shampoo
- f. Tissue

### 3. CLOTHING

- a. Hat (to keep sun off face)
- b. Jeans or slacks
- c. Shorts
- d. Shirts (at least one with long sleeves)
- e. Pajamas
- f. Socks
- g. Underwear
- h. Warm jacket or sweater
- i. Raincoat or poncho
- j. Swimsuit (to assist during showers)
- k. Shoes (2 pairs)
- l. Shower Cap

### 4. OPTIONAL ITEMS

- a. Sunglasses
- b. Sunscreen
- c. Books or cards
- d. Flashlight
- e. Zip-lock bag for wet items
- f. Umbrella

### 5. MEDICINE

**(DO NOT PACK IN SUITCASE—GIVE TO NURSE)**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Camp begins Friday at 5pm and ends on Sunday at 2pm.  
Buses return at 3pm.



All cell phones and car keys will be collected at check-in and returned at check-out