

**Location:**

Big Bear Camp and Conference Center  
575 Prairie Lane  
Big Bear Lake, CA 92315

**Coach Phone Number**

Bob Leetch: 310-803-7794

**Departure: Sunday, August 1, 2021**

- Meet in Student Parking lot on Diamond at RUHS at **12:00 PM. PLEASE BE ON TIME!**

The following are recommended items for BIG BEAR CAMP. Please limit all items to **ONE** duffle bag or SMALL suitcase.

(Except for pillow, sleeping bag and backpack or small bags for the bus ride)

- Sleeping bag and pillow (some recommend small extra blanket for hanging outside at night) • some like to bring twin sided fitted sheet to put on bunk mattress.
- Running shorts and t-shirts/tank tops. (Athletes will be training twice a day, Monday-Wednesday and on Sunday and Thursday)
- 12-14 pairs of running socks!!!!
- Running shoes (two pairs if you have them)
- A pair of jeans, sweat pants or long pants
- Sweatshirt
- Underwear/sports bras
- Swimsuit(s)
- Long sleeve T-shirt
- Flip flops or something similar
- Towel for showering and Towel for Beach
- Sunscreen
- Running Watch
- Chapstick
- Bug Spray
- Flashlight
- Personal reusable Water Bottle (labeled with name): THIS IS VERY IMPORTANT!!!!!!
- Shampoo, soap, deodorant, toothbrush/toothpaste, etc....
- Healthy snacks to have between meals -NO CANDY/SODA
- Spending money (for a movie night if theatre is open, and some like to walk to store to get snack items)
- Deck of cards or fun board games
- Small lawn chair (optional but many students use them during camp)

**Return:**

- The bus will depart Big Bear at **11:00 AM on Thursday, August 5** and will arrive at RUHS approximately 2 ½ hours later. All parents need to be available to promptly pick up their child when the bus arrives at RUHS.

**MEDICATIONS:**

If bringing medication(s) please fill the below part out and turn in to the assigned adult counselor at the bus. All medications will be kept with and given by the assigned adult counselor. They need to be clearly marked with student's name and dose to be given.

----- Put medications with this form in a zip lock baggie with student's name clearly written in sharpie.

Students Name: \_\_\_\_\_ Number of Medications Enclosed \_\_\_\_\_

Name of Medication Enclosed: \_\_\_\_\_ Name of Medication Enclosed: \_\_\_\_\_

Name of Medication Enclosed: \_\_\_\_\_ Name of Medication Enclosed: \_\_\_\_\_

X \_\_\_\_\_  
Signature of Parent/Guardian

X \_\_\_\_\_ Cell# \_\_\_\_\_  
Please Print Name

**May Camper be given non-prescription medications** (e.g., cold medication, ibuprofen, etc.)  Yes  No

Please list any over-the-counter medications that may not be given:

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**INSURANCE INFORMATION** – Does camper have medical insurance?  Yes  No

If yes, please provide a copy of the back and front of your insurance card below or attached to this form.

<p><b>FRONT OF</b></p>  <p><b>MEDICAL CARD</b></p>
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<p><b>BACK OF</b></p>  <p><b>MEDICAL CARD</b></p>
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**PARENTAL STATEMENTS AND PERMISSION FOR CAMP**

CAMPERS NAME: \_\_\_\_\_

**I GIVE PERMISSION** for the use of the following by BBLCCC for promotional purposes: (a) pictures taken while at camp; (b) quotations from evaluations/letters relating to camp experience; (c) video tape or audio recordings.

**I UNDERSTAND** that if the above-named camper participates in any illegal activity while at camp such as drinking alcohol, stealing or taking illegal drugs, they may be sent home immediately at the parent's expense.

**THE HEALTH HISTORY PROVIDED** on this form is correct and the camper herein described has my permission to engage in all camp activities unless noted above.

**I REALIZE** that individuals at camp can injure themselves without fault on the part of BBLCCC and release BBLCCC from responsibility for injury to this camper.

**I UNDERSTAND** that Big Bear Lake Christian Conference Center is located in a remote mountain region and that emergency care, even by ambulance, can take up to 15 minutes. The camper named above has no current condition that would warrant closer emergency medical care.

**I GIVE PERMISSION** to the medical personnel selected by the Health Supervisor, to provide emergency medical treatment for the above-named camper as deemed necessary. This may include transportation to a medical facility. In the event of an emergency in which I cannot be reached, I hereby give my permission to the physician selected by camp medical personnel to secure and administer necessary medical services.

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

\_\_\_\_\_  
Printed Name of Parent or Guardian

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_