

Location:

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

Coaches Phone Numbers

Bob Leetch: 310-803-7794

Departure: Sunday, July 31, 2022

- 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, Sunday-Thursday and once a day on Saturday and Friday)
- 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 cost is \$4.00 per person 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 4 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 _____ X _____ Cell# _____

Signature of Parent/Guardian

Please Print Name

Hm# _____

May Camper be given non-prescription medications (i.e cough and cold medication, ibuprofen, etc.)? Yes No If yes, please list any over-the-counter medications that may not be given :

INSURANCE INFORMATION - Does camper have medical insurance? Yes No If yes, provide a copy of the front and back of your card below:

**FRONT OF
MEDICAL CARD**

**BACK OF
MEDICAL CARD**

CAMPER'S NAME: _____

PARENTAL STATEMENTS AND PERMISSION FOR CAMP

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