

Still Water Sports Camp



Youth Changed Forever.
From Every Walk of Life
By Introducing them to Christ,
Each Other, and Their Own Potential

2012 WEEKEND OF WARRIORS

Only 100 Spots!



PARTNERING WITH
COASTAL BEND &
GREATER SAN ANTONIO

What: An overnight weekend retreat for campers ages 12-15

Includes food, lodging, t-shirt, fellowship, fun, & Bible study. Transportation is limited.

Determined on first-come basis. (Form & \$ must be complete to qualify for transportation)

When: January 27th- 29th (Friday – Sunday)

Departure-Friday, January 27th

- Corpus Christi Transportation - \$10
 - 5 Points Shopping Center (Hobby Lobby Parking Lot) @ **4:00 PM**
 - 4101 E U.S. Highway 77, Corpus Christi, TX 78410 (Dinner provided on the way to camp)
- San Antonio Transportation - \$10
 - Bass Pro Shops Parking Lot (Rim, La Cantera & I-10) @ **6:00 PM**
 - 17907 IH 10 W, San Antonio, TX 78257 (Dinner not provided on the way to camp)
- Parent Driving: HEB Foundation arrival @ **7:45 PM** (For Directions go to: www.stillwatersportscamp.com Click on the Forms Tab.)

Arrival-Sunday, January 30th (same return locations as above)

- Corpus Christi Bus: Approx. **3:30 PM** (lunch will be provided)
- San Antonio Bus: Approx. **1:30 PM**
- Parent Driving: HEB Foundation departure @ **10:45 AM**

Where: HEB Foundation Camp Facility in Leakey, Texas- (LLYC-Echo Valley)

Cost: \$115.00 (\$15.00 discount if you register before January 1, 2012!)

- Cancellations must be made 2 weeks prior to camp start date, no cancellation refunds after January 14

What to Bring: Regular Outdoor/Athletic Clothes, Bathing Suit (**No** bikinis), 1 change of old clothes you don't mind getting dirty, 2 towels, 1 pillow, 1 sleeping bag or quilt or blanket, toiletries, 1 trash bag for dirty clothes, **Meds** in a labeled zip-lock bag, Bible, notebook/pen, tennis shoes/river shoes, Rain Gear, Coat/Sweatshirt, (*Weather may be cold, pack warm.*) Multiple long sleeve shirts, **Money for camp store.**

What Not to Bring: These are **ABSOLUTES!**

No Hullabaloo- CD players, game-boys, I-pods, Mp3 Players, PC's, fireworks, cell phones, etc.

No Bling- no jewelry on guys/girls, spaghetti strap shirts, short shorts, & shirts must cover the belly.

Registration Options:

- A. Register online at www.stillwatersportscamp.com
Payment via credit card/electronic check
- B. Mail registration form plus your payment to Still Water Christian Ministries
P.O. Box 1885, Boerne, TX 78006
Payment via check/money order (No Cash): Make checks payable to: *Still Water Christian Ministries*

2012 Weekend of Warriors Registration Form

Camper First Name: _____ **Camper Last Name:** _____

Transportation (circle one): **Parent Driving** **Corpus Christi** **San Antonio**

(Transportation provided by Still Water is limited and determined on a **first come basis**-both money & forms must be submitted)

Address: _____ **City:** _____ **State:** _____
Zip: _____

School Attending: _____ **Current Grade:** _____ **Gender:** M _____ F _____

Phone: (hm) (_____) _____ (wk) (_____) _____ (cell) (_____) _____

Birthdate: (mo) _____ (day) _____ (yr) _____ **Age:** _____ **Shirt Size:** _____ **Camper Preferred Sport:** _____

Camper's Email: _____ **Name of 1 Preferred Roommate:** _____

Parent's Name: _____ **Parent's**

Email: _____

Emergency Contact: _____ **Emergency Phone:** (_____) _____

Family Physician's Name: _____ **Phone number:** (_____) _____

Primary insurance provider: _____ **Insurance Policy number:** _____

Date of last Tetanus shot _____

Is camper allergic to Tetanus booster? _____

Date of Oral Polio Vaccine _____

Date of Measles/Mumps/Rubella Vaccine _____

Has camper had: **Circle One:**

Appendix removed? YES or NO

Chicken pox? YES or NO

Fainting spells? YES or NO

Asthma? YES or NO

Heart trouble? YES or NO

Convulsions? YES or NO

Diabetes? YES or NO

Allergies to food or medicine? YES or NO

Specify _____

Specify _____

Any other allergies? YES or NO

Specify _____

Medication Authorization:

Is camper taking any medication that must be given at camp?
 YES or NO

If yes, please complete the following:

Please administer to: _____

The following medication(s): _____

Dosage: _____

Special Concerns: _____

Allergies to bites or stings? YES or NO

PHOTO AND VIDEO RELEASE

I understand that photographs and video may be taken of my child's participation during the program. These photographs and video will be used only for Still Water Christian Ministries and their host's publicity. I acknowledge that I do consent to the use of these photographs and video in which my child's pictured for promotional material and or publications and I do not request compensation for the use of my (my minor's) likeness.

I DO consent to such photographs and videos being used as described above. _____ **(Initial)**

Medical Release: In the event that your child becomes ill or is injured during the **Weekend of Warriors 2012**, I request that Still Water, FCA, and the camp facility be given permission to take your child to the nearest medical facility or healthcare provider and have the necessary treatment administered. Your signature below will acknowledge your acceptance and understanding of Still Water's role in the medical treatment of your child.

In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Still Water permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Still Water. I give permission to those administering emergency treatment to do so. Using those measures deemed necessary, I absolve Still Water, FCA, or camp facility from liability in acting on my behalf in this regard.

Signature of Parent/Guardian _____

Date _____

