













One Place. One Week. Two Great Camps!

THE CAMP CALVARY EXPERIENCE INCLUDES...

-  Outdoors Adventures – 125+ wooded acres
-  Large Swimming Pool with lifeguard & Diving Board
-  Pond for Canoeing & Fishing
-  Horseback Riding
-  Softball & Soccer Field
-  Hiking and Nature Studies
-  Zip Line
-  Home-style Meals
-  Friendly Campers & Counselors
-  Bible Studies
-  Character & Teamwork Building
-  And Much More!



PACKING CHECK LIST

Bring These Items:

- Bible and a Pen
- Outdoor Clothing
- Sleeping Bag and Pillow
- Towels and Toiletries
- Swimming Clothes (Shorts & Dark Tee)
- Sunscreen
- Flashlight and Bug Spray
- Sneakers
- Drink Bottle for Water
- Money for Snack Shop (paid in advance)
- Your Best "Can-Do" attitude

Do Not Bring These Items:

- Electronics (i.e. **phones**, tablets, gaming devices, etc.)
- Books or Magazines
- Tobacco, Alcohol, knives, drugs, fireworks, lighters, matches, etc.

Clothing Guidelines:

- Shorts must be to the knee
- Pants will be worn at the waist and Hats brim forward.
- Bring Loose-fitting clothes: No Yoga pants/Leggings/spandex as outerwear, etc
- No Sleeveless shirts, tank tops, midriff or low-cut tops, clothes with objectionable slogans or artwork

Transportation:

Please have children at Calvary Baptist Church by 8:00 AM Monday, July 8th. We will return to CBC by 3:00 PM Friday, July 24th.

CAMP LOCATION:
PROMISED LAND CAMP
 220 Boyscout Rd.
 Conestoga, PA 17516
 (717) 872-5403

MEDICAL RELEASE FORM

If there is a medical condition which demands special attention, please submit a detailed explanation of the medical problem & medication needs along with this application. A decision will then be made as to whether or not our staff is equipped to deal with this medical condition.

- Does your child have...
 - Heart trouble of any kind? _____
 - Respiratory trouble of any kind? _____
 - Take any medications regularly? _____
 - Any Allergies? _____
- Can your child take Tylenol? _____
- Can your child run and play strenuously? If "no", explain _____
- When was your child's last Tetanus booster? _____

Important Release:

I, the undersigned, being the parent or legal guardian of _____ (camper's name), do hereby authorize the Director of the camp and/or Camp Nurse to take action in my place should any medical emergency arise while the aforementioned child is attending Camp Calvary. I authorize such medical care, treatment or surgery as may be required to be given said child, using only the best discretion, and upon a Doctor's recommendation, and hereby ratify and confirm all such actions taken pursuant to this authority.

X _____
(Parent/Guardian Signature) (Date)
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____
 Cell#: _____ Work#: _____
 Health Ins. Plan: _____
 Policy#: _____
 Primary Care Physical: _____
 Physician Phone: _____

