

A large background image of a person jumping into the ocean with their arms raised in a 'V' shape. The person is wearing a grey tank top and red shorts. The water is a vibrant turquoise color.

Chicago
land

JUMP
into leadership

SUMMER 20
CAMP 14

July 6th
to
July 11th

All About Challenge
Camp

Dates:

July 6th Arrival Date

4:00-5:00pm Arrival Registration

July 11th Pick up Day

10:00 Short Presentation by Campers

10:30 Mass (all families are welcome!)

11:30 Clean up, Pack up Cabins

12:00 Cabins Closed



Location:

Sky Lodge Christian Camp
County Road Y, Montello, WI 53949

Sky Lodge has been a wonderful partner in making our summer camp a reality for over 5 years. We thank them for their teamwork and support.

Sky Lodge has cell phone service, but it is limited. If you have any difficulty reaching camp leaders DURING CAMP, please call Sky Lodge's main office. They will direct you to us immediately. (608) 297-2566

Ages and Tracks:

Note: Grades according to 2014-2015 school year

Track 1: 5th - 6th grade

Track 2: 7th - 8th grade

Track 3: Future TL Track (9th - 10th grade)

Activities:

| | | |
|--------------------------------------|-----------------------|--------------------|
| Swimming, Canoeing & Water Games | Sports and Games | Clinics and Crafts |
| Horseback riding or paintball | Mass and Daily prayer | Fun with Friends |
| Theme Dinners and Night Activities | Confession Available | Archery |
| Learn about the Saints and the Faith | Team building | ...AND |
| Much MUCH More! | | |

Cost:

\$395 Regular Camper Fee: By June 1st

\$425 Late Fee: After June 1st, Before June 15th

June 15th Registration Closed

Registration Form and at least \$100 of payment must be sent in by June 15th, in order to secure a spot. No refunds for cancellations after June 15th. A \$50 cancellation fee will apply before June 15th.

All other forms, and the remainder of the payment may be sent in at any time before camp, OR brought in person to camp. Please note that NO CAMPER IS ALLOWED TO ATTEND CAMP WITHOUT ALL FORMS COMPLETED.

All About Challenge Camp

Camp Organization:

Teams

Girls will be organized into teams of 8-12 campers. Each team is led by a Team Leader.

Volunteers

Several moms volunteer their time to help make camp possible. Please read volunteer info if you are interested in helping out this year.

Lodging

For our lodging and main activities the campers will be using two large cabins at Sky Lodge. Each cabin has one conference room and two large bunkrooms. Campers will be organized into their bunkrooms by tracks. Each bunkroom is supervised by a chaperone.

Specific Needs

Please be sure to communicate to the camp organizers if you have any specific needs or requirements for your daughter in regards to where she will be sleeping or whose team she will be on.

Sky Lodge does not cater for girls with any special dietary requirements.

Please be sure to send any special foods with your daughter and inform camp leaders.



Camp Leadership Team:

Camp Facilitators:

Consecrated Women of Regnum Christi

Saira Herboth (614-725-8744) and Sonia Baldwin (708-638-2578)

Track Leaders:

Becca Wood (815-701-2820)

College age girls who work with our team leaders for months leading up to the camp

Team Leaders:

10-15 High School Girls who are dedicating this week to spend time with your daughter, and help her to have the best experience possible! THIS YEAR, 3-4 of the team leaders will be from Chicago's ECYD Mission Corps Program, a high school missionary program for girls who dedicate 5-8 weeks of their summer for leadership opportunities and training, camps, conventions, missions and more. Each year girls from around the world are sent to the different mission sites, Chicago being one of them.

Dress Code

Shirts: No spaghetti strap tops, sleeveless, skin tight. Tank tops are allowed when appropriate (not for Mass).

Skirts: Must be just above the knee (about three fingers) or longer

Shorts: Must be at the length of their fingertips or longer. No "short" shorts

If the guidelines are not followed your daughter will be asked to change.

Camper Check List

Registration Check List

- Registration Form*
- Payment*
- Permission Slip
- Medical Form
- Copy of Medical Insurance
- Please send payment and forms to
Challenge Summer Camp
100 N. Lavergne Ave.
Northlake, IL 60164

*Registration Form and at least \$100 of payment must be sent in by June 15th, in order to secure a spot. All other forms, and the remainder of the payment may be sent in at any time before camp, OR brought in person to camp. Please note that NO CAMPER IS ALLOWED TO ATTEND CAMP WITHOUT ALL FORMS COMPLETED.

Packing List

Note: No laundry services available

- | | |
|--|--|
| <input type="checkbox"/> Shorts (No short shorts, please) | <input type="checkbox"/> Sunscreen and after-sun lotion |
| <input type="checkbox"/> Shirts | <input type="checkbox"/> Bug repellent |
| <input type="checkbox"/> Jeans (for riding horses) | <input type="checkbox"/> Flashlight |
| <input type="checkbox"/> 1-2 sweatshirts, sweaters or jackets | <input type="checkbox"/> Pillow |
| <input type="checkbox"/> Pajamas | <input type="checkbox"/> Sleeping bag |
| <input type="checkbox"/> Bathing suits (one-piece suits or tankini's only) | <input type="checkbox"/> 2 towels |
| <input type="checkbox"/> Outfit and shoes for Mass | <input type="checkbox"/> Bible, rosary, journal |
| <input type="checkbox"/> Tennis shoes | <input type="checkbox"/> Disposable camera and film |
| <input type="checkbox"/> Flip flops or sandals | <input type="checkbox"/> Optional: Spending money (there is a snack shop) |
| <input type="checkbox"/> Socks and underwear | <input type="checkbox"/> A Snack to share (drop off at registration table upon arrival) |
| <input type="checkbox"/> Toiletries: Soap, shampoo, toothbrush etc.... | |

PLEASE LEAVE AT HOME

- Electronic devices
- Nice jewelry
- Expensive watches
- Walkie talkies
- iPods
- Computers
- Computer games
- Any other expensive items

CELL PHONE POLICY: Campers may bring cell phones, but they will be collected on the first night, and kept by the "bunk mom". When a camper wishes to use it to call home, she may do so by asking her "bunk mom", and using it at an appropriate time. Campers who do not bring their cell phones may use a phone of a camp leader to call home whenever needed.

If parents wish to reach their children they may do so by calling any of the camp leaders (numbers provided above), or by calling Sky Lodge main office, who will put you in touch with our camp leaders immediately.

Electronic devices which should have been left at home will be held by camp leaders until the end of camp.

Chicagoland Challenge Camp 2014 Registration Form

IMPORTANT: Registration form must be completed with a minimum of \$100 of the camp's full payment.*

Make Checks Payable to: Mission Network Activities

Send Registration and Payment to**:

Challenge Camp 2014
100 North Lavergne Ave.
Northlake, IL 60164

Child's Full Name: _____

DOB: _____ Grade for next school year (2014-2015): _____

Shirt Size: _____

Father's Name: _____

Mother's Name: _____

Parent's Email: _____

Parent's Phone Number: _____

Home Address: _____

***Cancellation Policy:** Until July 1st, there is a \$50 cancelation fee. After July 1st, the full registration is NOT refundable.

**Payments may be done online or by mailing a check. This registration form may be mailed or emailed to ecydchicagoland@gmail.com

For questions please contact Saira Herboth
[Ecydchicagoland@gmail.com](mailto:ecydchicagoland@gmail.com)
614-725-8744

PERMISSION TO PARTICIPATE IN ACTIVITIES

2013 – 2014

MISSION NETWORK ACTIVITIES USA, INC.

1. **CHILD'S NAME:** _____ **CHILD'S BIRTHDATE:** _____ **GRADE IN SCHOOL:** _____
2. **NATURE AND DURATION OF ACTIVITIES:** July 6th-11th. Swimming, horseback riding, paint balling, canoeing, sports and relays, team building, water games, hiking, Archery, mentoring, mass, prayers and conferences
3. **ACTIVITY SUPERVISOR(S):** Saira Herboth, Sonia Baldwin and approved Parent Chaperones.
4. **TRANSPORTATION:** Not Applicable. Participants are responsible for securing their own transportation to and from activities, as the company does not provide transportation.
5. **MENTORING:** Participants may be offered mentoring, which is intended to help young people personalize the principles of Christian living that they receive at home and in club activities. Mentoring involves a private conversation with an adult conducted in plain view of others. When dealing with adolescents, confidentiality will be maintained to foster openness of dialogue, but situations involving sexual abuse of a minor or threats to life or physical health will be reported to the appropriate authority and to the parents (except in those cases where the parent may be the alleged abuser).
6. **REQUIREMENTS:** The child named above is in good health and has no physical or medical limitations that would cause the activities as described above to be detrimental or dangerous to the child. Parents/guardians should specify allergies and medical problems in section 9 below.
7. **CONSENT:** I/We hereby consent to the above-named child's participation in the activities described above including mentoring, and specifically request that he be allowed to participate in those activities. I/We warrant that I/We have full authority to legally consent to her participation in the activities described on this form, and all provisions contained herein.
8. **AUTHORIZATION:** I/We hereby authorize Mission Network Activities USA, Inc. to use the image and likeness of my/our child in photograph or video form whether taken by or commissioned by Mission Network Activities USA, Inc. in its promotional materials and for its promotional purposes associated with its nonprofit activities. This authorization shall extend to use of my/our child's image and likeness on the website of Mission Network Activities USA, Inc., or its successor in operation or affiliated organization(s) upon written consent of Mission Network Activities USA, Inc. I/We understand that this authorization shall survive the end of my/our child's participation in the activities referenced on this form.
9. **INSURANCE:** I/We understand that Mission Network Activities USA, Inc. does not carry any health insurance relative to the activities or for any injury that may occur to the above-named child. I/We represent that the child is (a) covered by insurance through my/our own insurance carrier; or (b) that I/We am/are personally financially responsible for any and all medical costs incurred as a result of the child's injury.
10. **EMERGENCIES:** If the above-named child requires any emergency medical procedures or treatments during the activities, I/We consent to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor(s). For purposes of such procedures and treatments, my/our child's blood type allergies or other medical problems (if any) are listed below:

Blood Type: _____ Allergies / Medical Problems: _____

11. **EMERGENCY CONTACTS:** If, in the event of a medical or other emergency, I/We am/are unable to be reached by telephone at the numbers listed below, I/We authorize the activity supervisor(s) to attempt to contact me/us through the alternative emergency contacts listed below.

Parents/ Guardians Contact Information

Name: _____ Email: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Name: _____ Email: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Alternative Emergency Contact Information

Name: _____ Relation: _____

Home Phone: _____ Alternate Phone: _____

Name: _____ Relation: _____

Home Phone: _____ Alternate Phone: _____

12. **RELEASE AND INDEMNIFICATION:** I/We release and waive, and further agree to indemnify, hold harmless or reimburse Mission Network Activities USA, Inc. and Consolidated Catholic Administrative Services, Inc., the individual members, agents, directors, officers, employees, volunteers and representatives thereof, as well as activity supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the above-named child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses (including attorneys' fees incurred by Mission Network Activities USA, Inc. and Consolidated Catholic Administrative Services, Inc., or any of its individual employees, agents, volunteers, etc. in enforcing this indemnity provision) without limitation in time or amount, damages or injuries arising out of, during, or in connection with my/our child's participation in the activities, the travel to and there from, and the rendering of emergency medical procedures or treatment, if any. I/We understand that this release and indemnification shall survive the end of my/our child's participation in the activities referenced on this form and shall have no limitation in time or amount.

I/We have read and understand the above and agree to all terms and conditions contained therein.

DATE: _____

| | |
|------------------------|------------------------|
| _____ | _____ |
| Parent / Guardian Name | Parent / Guardian Name |
| _____ | _____ |
| Parent / Guardian Name | Parent / Guardian Name |

MEDICAL RECORD
FOR MISSION NETWORK ACTIVITIES: CHALLENGE SUMMER CAMP 2014

JULY 6TH-11TH

Name Last name M Initial

DOB _____ lbs _____
Weight Height

Insurance Information:

Name of Doctor: _____

City/State/Country: _____

Insurance Provider: _____

Insurance Policy Number: _____ Phone Number: _____

Copy of Insurance card attached

- Yes
- No

Medical Information:

Medicine Allergies: _____

Food Allergies: (please remember to send any special food items with your daughter)

Blood type: _____ Date of last tetanus vaccine: _____

Is your daughter currently taking any medications?

- No
- Yes:

Type of Medication: _____

For: _____

Dose: _____

Has your daughter had any major surgeries?

- No
- Yes:

Date: _____

Has your daughter been in an accident or hospitalized in the last few years?

- No
- Yes. Details:

Please mark any illnesses, symptoms or allergies your daughter has:

- | | | |
|---|--|--|
| <input type="checkbox"/> Frequent stomach Pains | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Digestive problems | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Rubella | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Urinary infection | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Emotional Disorder | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Impetigo | <input type="checkbox"/> Kidney Infections |
| <input type="checkbox"/> Sensitivity to Sun | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent chills | |
| <input type="checkbox"/> Fainting | | |

Notes: _____

Volunteer Information

Challenge Summer Camp welcomes those who would like to volunteer. Please let us know if you would like to help out this year!

What are the Requirements of a Chaperone?

1. Chaperones must provide a copy of their VIRTUS training certificate.
2. Chaperones must comply with all other Diocesan Requirements for the diocese you are residing in.
3. Chaperones must be certified as a Mission Network Volunteer at least one month before Camp begins. Go to:
<https://www.missionnetwork.com/volunteers>
 - Register as a new user so as to log on to this website.
 - Follow instructions for the volunteer Certification Process
 - Certification as a volunteer is a \$15 fee
4. Please email Saira Herboth, ecydchicagoland@gmail.com, if you have any questions.

What does a Chaperone do?

- Supervise activities when needed
- Setting up crafts and activities before they begin
- Clean up from activities and keep areas organized when needed
- First Aid, photography, errands
- Supervise bedtime and wake up.
- Be the prayer warriors for all the campers and camp leaders!
- There will be daily gospel reflections offered for Chaperones. Our Chaplin will also be available for confession.

What is the Cost?

Chaperone costs are covered by the camp. The actual cost of volunteers for food, lodging and insurance is \$210. Donations are gratefully accepted.

Chaperones will sleep in and chaperone bunkrooms, and eat meals with the campers. Complementary coffee and tea are available in the main lodge day and night.

I would like to Volunteer! What do I do?

Please fill out the attached Volunteer Form

Send the form and your Virtus training certificate to:

Camp Volunteer 2014
100 N. Lavergne Ave.
Northlake, IL 60164

Once you have sent in your form you will receive a confirmation email and more details about volunteering for camp.

Volunteer Form

Challenge Summer Camp
July 6th-11th 2014

PLEASE PRINT INFORMATION CLEARLY

First Name

Last Name

DOB

Phone Number

Email

Mailing Address

City

State/Zip

What is your diocese? _____

Do you have a daughter attending camp? Y N

If yes, what is your daughter's name and grade: _____

Have you volunteered for camp in the past? Y N

If yes, which year(s)

Are you an RN? Y N

Please mark how you would like to help out this year:

- Help on day of set up and registration
- Chaperone the whole week (July 6th-11th)
- Chaperone for part of the week. Please specify dates: _____
- I am unable to help during the camp but please contact me if you need help with preparation.

THE FOLLOWING IS LEGALLY REQUIRED FOR YOU TO VOLUNTEER:

Have you taken Virtus training?

- Yes, I am including a copy of my certificate with this form
- No, but I will complete it by camp and bring a copy of my certificate to camp

Are you certified as a Mission Network Volunteer?

- Yes, I am including a copy of my certificate with this form
- No, but I will complete it by camp and bring a copy of my certificate to camp

Do you know what other requirements are given by your diocese to comply with child protection?

(If yes, please list requirements below and specify if you comply or not. If no, please look it up on your diocesan website.)

Send form to: CAMP VOLUNTEER 2014. 100 N. Lavergne Ave. Northlake IL 60164.
Must Send by: MAY 1st 2014