



Departure: Saturday, May 22nd @ 12:30 pm

Return: Sunday, May 23rd @ 2:30 pm

**Drop off & pick up will be at the main campus*

Who can Attend: Grades 5th-12th & WCA Staff & Parent Chaperone's.

RSVP NO LATER THAN: Friday, May 14^h

Cost: \$50 per person, *Due by Friday, May 14th*

What to Bring: Your Bible, warm bedding for a twin bed, a pillow, a towel to shower, clothing, toiletry items, Rainwear, flashlight, etc.

What NOT to Bring: Fireworks, weapons of any kind, tobacco, alcoholic beverages, drugs, skateboards, magazines, or T-Shirts with worldly advertising, and electronic media devices (to include watches, iPads & cellphones).

Christian Conduct: River of Life & Websterville Christian Academy are Christian Organizations that maintain high standards of conduct and safety. Campers who use tobacco, alcohol, or any form of illegal drugs will be discharged. Any non-cooperative or noncompliant campers are subject to dismissal.

Sunday morning Note:

We will be attending a Sunday morning Church service at New Hope Bible Church, on the grounds at River of Life. Please dress school appropriate with no rips or holes. For girls wearing skirts/dresses, they need to come to the knee. Shirts should cover mid-section and shoulders. Please nothing low cut.

Activities:

Carpet Ball, Gaga Ball, Archery Tag, Death Ball, Campfire, Hikes, Speakers, and more.

Meals Included:

- Pizza for Dinner on Saturday night
- Continental Breakfast on Sunday morning
- Subs, Chips & Drinks for Lunch on Sunday

In case of emergency, please contact:

Brian South, Director of Student Life

Mobile: #417-312-0884

Camp Location Information:

River of Life

1145 RT 14

Irasburg, VT

Office: #802-754-9600

Permission Form:

Students Name: _____

Date of Birth: _____ **Grade:** _____ (Male / Female)

Mother's Name: _____

Mother's #: _____

Father's Name: _____

Father's #: _____

In case of emergency, I understand every effort will be made to contact the parents of the camper. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for my child.

Medications/Allergies/Medical Restrictions:

Date of Last Tetanus Shot: _____

Doctor's Name: _____

Doctor's #: _____

I have read the information provided, and I agree to comply with dress and conduct regulations while at camp.

Camper's Signature: _____

I have read the information provided, and I agree to support ROL & WCA in their regulations for my child while at camp.

Parent's Signature: _____