



# The Cathedral Domain

# Camper

# Information

# Packet



The Cathedral Domain

A Ministry of The Episcopal Diocese of Lexington

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**Forms**

- Camp Health Form .....**
- Camper Information/All About Me .....**
- Camp Non Negotiable form .....**
- Youth Release Form .....**
- Senior High Transportation .....**
- Adventure Camp Transportation Form .....**
- Covid19 acknowledgement Form .....**
- Covid19 Self-Assessment Form .....**
- Tax Information Form .....**

## **CHECK-IN TIMES**

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The check-in time for resident camp will be from 2–5 p.m. Mini Camp 2 checks in on Wednesday from 5-8PM

Please do not become upset if you arrive early and we cannot check you in before the designated time.

You may check in your child within this three-hour time frame.

**Please allow 45 minutes to one hour for check-in. We ask for your assistance by being patient as we ensure that your camper is properly checked in.**

**If you are going to be later than 5 p.m. for check-in, please inform camp office, have the paperwork in if possible, and fees paid.**

## **CHECK-IN PROCEDURES**

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1. Please allow 45 minutes to one hour for check-in.

2. Families need to bring the following items to the camp Great Hall during check-in:

All forms completed in full

Medications and inhalers are turned into the nurse at the infirmary during the health screening. (over-the-counter, and prescription medicine must be in the original container labeled for the camper)

3. Parents will be greeted by staff upon arrival in the Great Hall. Campers and/or Parents will be provided with a map and check in instructions. The Camper verifies their T Shirt size, and a photo is taken, and they have the opportunity to purchase Domain merchandise before they leave the Great Hall to move into the cabin.

4. Once the camper is moved into their cabin they should change into their swimsuit and proceed to the infirmary for a health screening. See the “Health Screening” section for information on screening procedures and health conditions that may prevent campers from being accepted on check-in day. They then go to the pool for a swim test.

5. When finished with check-in stations, adults are free to walk campers to their cabin to say goodbye.

## **OPENING DAY QUESTIONS**

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The balance of your camper’s camp fee is due before the beginning of the session unless prior arrangements are made.

The camp director or camp program director are available to answer any questions you might have regarding your child’s stay at camp or future stays.

## **ABSENTEE POLICY**

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Campers who are registered for camp sessions are expected to arrive at the designated time for drop-off and pick-up. Campers must be checked in and out by individuals listed on the Youth Release Form.

Parents are asked to notify the camp if a child is ill or will not be attending as expected. Camp personnel are responsible for campers once they complete the check-in process. No refunds will be given for no-shows.

## **CHECK-OUT TIMES**

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**Mini Camp 1 - Wednesday 9:00-11:00 AM**

**All other sessions - Saturday 9:00 – 11:00 AM**

## **CHECK-OUT PROCEDURES**

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**1. On check-out day, adults picking up campers will be greeted at the Great Hall by camp staff.**

**After parking, parents can proceed to designated area to present their I.D. and sign the Release Form**

**2. Adults picking up a camper must have a picture I.D. that will be checked against the Youth Release Form. Any adult who is not on the Youth Release Form (this includes parents) or without proper I.D. will not be allowed to pick up a camper.**

**3. Adults will be given a packet that will include camper/parent evaluation forms, and camp photo**

**4. Prescription medications must be picked up from the nurse, who will be set up in the pick-up area. Any forgotten medication will be held until Labor Day and then be discarded.**

## **HEALTH SCREENING**

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**Our number one priority is the welfare and health of everyone attending resident camp. Campers must pass all sections of a health screening at check-in. The following is a description of what we look for during health screening, as well as the health reasons campers may be sent home. A camper not accepted will not receive a refund or adjustment to their camp fee.**

**1. Temperature Check—All campers will have their temperature taken.**

**2. Observable Injury—Campers with cuts, stitches or broken bones fall into this category.**

**Campers with an observable injury will need to have a physician's written release to attend camp.**

**All campers with an observable injury must visit the nurse to discuss care for the camper.**

**3. Illness or Vomiting—This includes any child who has been under a physician's care for a period of at least 24 hours or has been to a physician/emergency room and is taking prescription medication for an illness.**

**Campers with a severe illness will need to have a physician's release to attend camp. Children taking a prescription medication for an illness must have been taking this medication for 48 hours prior to check-in.**

#### **4. Medications (prescription and over-the-counter)**

**All prescription medication, inhalers, Epi-Pens and over-the-counter medication must be brought to the health screening at the Infirmary.**

**All medications will need to be checked in with the person on duty. They will discuss correct dosages and times it will be dispensed to ensure proper medication.**

**We encourage parents not to send over-the-counter medicine with a camper, as our health center is well stocked and medicine is only distributed according to medical protocols.**

**All medication must be in original container, labeled with camper's name, physician's name and dosage.**

**All medications will be counted and recorded at check-in.**

**5. Camp Health Form Review—The health form is reviewed to make sure the following items are filled out and correct. Campers missing any of the following information may be sent home until all information is received.**

- **Necessary information for acceptance:**
- **Doctor's signature.**
- **Physical completed by physician in the last 12 months.**
- **Documented allergies.**
- **General information filled out.**
- **Consent and permission to treat signed.**
- **Insurance information complete and a photocopy of the card.**
- **Complete record of immunizations documented.**
- **Social Security number (Required by the local hospital before treatment)**

## **FORMS**

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### **CAMP HEALTH FORM**

**This form must be completed for all campers and adults.**

**The health exam (Page 4) is good for twelve (12) months as long as the camper has not experienced any major health issues during that time.**

**Parents are responsible for making copies of the health form and submitting one for each session their camper is attending.**

**Camp cannot pull health forms from previous years for your camper. They are archived and put into storage and are not accessible.**

**If your camper has had a school, CYO or other physical make sure that it contains all of the information required in the camp health form to be accepted.**

**This includes the physical exam section, immunization record, prescribed medications and health recommendations.**

**Campers who do not have completed health forms with them at check-in may be sent home.**

## **CAMPER INFORMATION SHEET**

This form is important as it helps the camp staff get to know the 1<sup>st</sup> – 6<sup>th</sup> grade camper better.

## **CAMP NON - NEGOTIABLE FORM**

This form provides a great conversation starter for you and your camper as to what is expected of him or her at camp. It also provides a basis for cabin rules and behavior discussions, if needed.

## **CAMPER PERMISSION TO PARTICIPATE FORM**

This form is signed as a part of the registration process. It gives permission for your camper to participate in archery, Hiking, or Adventure programs as well as other activities that involve risk.

## **CAMPER PERMISSION TO TRANSPORT FORM**

This form provides transportation permission for Adventure Camp trips.

## **Senior High Transportation Form**

This form is needed in order to release your child to the proper person at the end of the week. It allows you to have your camper drive and/or travel with someone else.

## **Youth Release Form**

This form is needed in order to release your child to the proper adult at the end of the week. *You can find all of these forms online or starting on page 15 of this packet.*

## **WHY A CAMPER MIGHT BE SENT HOME**

On occasion, we have a camper who experiences emotional or behavioral problems while in our care. We deal with each situation individually and do what is best for all campers. Camp is a place where children need to feel safe and cared for. We will not tolerate any form of physical violence or hazing of campers and we'll work with parents to address behavioral concerns that arise during camp.

If the administrative staff of the camp think a child's behavior is not suitable for camp, the parent will be asked to pick up the child as soon as possible for the wellbeing of that child and all of the campers in our care.

If your child has to leave camp for any of the following reasons, no refund or adjustment will be issued.

### **Reasons a camper might be sent home:**

- ◇ Severe or chronic homesickness.
- ◇ Excessive swearing or inappropriate language.
- ◇ Physically violent behavior towards self or others.
- ◇ Threatening violence towards another person.
- ◇ Excessive non-compliance to rules and standards.
- ◇ Promiscuous behavior
- ◇ Possession of weapons.
- ◇ Possession of narcotics, alcohol or cigarettes.

## **PACKING FOR CAMP**

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**Helpful hints for parents/guardians:**

**Have your child pack his or her suitcase, trunk or duffle bag, We get more lost and found items when a child does not know what their parents packed for them. Children will not claim a lost and found item if they do not know they brought it to camp.**

**Put your child's name on their items and in clothing. It helps us return items to the correct person.**

**Try to pack everything into one suitcase, trunk or duffle bag. We recommend buying a cheap nylon stuff sack that the sleeping bag and pillow fit into.**

## **WHAT NOT TO BRING TO CAMP**

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- ⇒ **Clothing inappropriate for church camp.**
- ⇒ **electronic games, iPads, and tablets**
- ⇒ **Cell phones**
- ⇒ **Personal sports equipment**
- ⇒ **Any illegal drugs.**
- ⇒ **Food/gum/candy**
- ⇒ **Valuables**
- ⇒ **Tobacco products, including cigarettes and lighters**
- ⇒ **Any weapons**
- ⇒ **Pets (this includes during check-in and checkout)**

**Any camper bringing any of the above items may have these items confiscated and returned at checkout.**

## **CAMPER PACKING LIST**

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### **PERSONAL CLOTHING**

- **Two pairs tennis shoes (one for every day and one to get muddy)**
- **Pair of shower shoes (cheap flip flop type)**
- **Socks (one per day plus one extra)**
- **Long pants**
- **Shorts (one per day plus one extra)**
- **Short-sleeved shirts (one per day plus one extra)**
- **Sweater/sweatshirt/jacket (one)**
- **Underwear (one pair per day plus one extra)**
- **Pajamas, gown or other sleepwear (one pair)**
- **Raincoat**
- **Swimsuit (two recommended)**
- **Beach towel (one)**
- **Closed toed shoes**
- **Baseball cap/bandana (one)**



## **CAMPER PACKING LIST CONTINUED**

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### **PERSONAL EQUIPMENT**

- Any Special Program Items
- Backpack/day pack/book bag
- Sleeping bag and/or blankets
- Twin bed sheet
- Pillow
- Bath towels (two)
- Toiletries (and if applicable feminine products)
- Insect repellent (Deep Woods Off, non-aerosol recommended)
- Flashlight/extra batteries
- Water bottle with strap
- Stationary, stamps, pre-addressed envelopes
- Sunscreen and lip balm
- Face covering Masks

### **OPTIONAL ITEMS**

- Camera
- Laundry bag
- Book to read
- Campers 1<sup>st</sup> - 6<sup>th</sup> grade a small travel size pillow and blanket for rest time in the Great Hall
- A battery powered alarm clock

## **MAIL, EMAIL, PHONE CALLS AND VISITORS**

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### **SENDING MAIL TO CAMP**

**Campers look forward to lots of cheerful mail from home.**

**Please avoid sharing stories about activities he or she is missing or that you miss them terribly. These things have been known to upset campers and trigger homesickness.**

**Remember, a camper should read their mail, smile happily and go to the next activity.**

**Parents can discretely leave pre-written letters for their campers on check-in day with the camp program director.**

**Mark camper's name, session, and date on the envelope.**

**Mailing addresses:**

**Camper Name  
The Cathedral Domain  
830 Highway 1746  
Irvine, KY 40336-8701**

**Mail is delivered at lunch time every day.**

## **SENDING EMAIL TO CAMP**

**We use Bunk 1 camper email service for emails and camper replies. The information sheet on this service is mailed in the pre-camp letter and is also available during camper check in.**

**Emails will be printed each day between 9–9:30 a.m. and delivered at lunch time.**

**Campers who go off site for trips, will receive Bunk Notes when they return to camp.**

## **RECEIVING MAIL FROM CAMP**

**It may be that mail from your camper is not so cheerful. Remember that campers sometimes write home during homesick moments, or that the act of writing triggers homesickness.**

**In most instances, by the time you receive the letter, your camper is well-adjusted to camp and having a wonderful time.**

**If you are concerned about a letter you receive from your camper while he or she is at camp, please call the camp and speak with the camp director or camp program director.**

## **PHONE CALLS**

**Campers do not have access to the phone. Please do not tell your daughter or son that they can call home since it may trigger homesickness.**

**If your child becomes extremely homesick we will call you beforehand and then a little later allow them to call home**

**If an emergency arises at home, please contact the camp director at (606) 464 – 8254**

**If your child becomes ill, gets hurt, or if there is an emergency at camp you will be contacted by a representative of The Cathedral Domain**

## **VISITORS**

**There are no scheduled days for visitation during the week.**

**Visits are exceptionally disruptive for all campers.**

## **PREVENTING HOMESICKNESS**

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We spend a lot of time training camp staff on how to deal with homesickness, but parents can help prevent homesickness by doing some simple things prior to their camper's stay at camp.

- 1. Involve kids in the decision:** Children who feel they have no control or were "forced" to go to camp will often experience homesickness. Emphasize that your child is "going" to camp, rather than, you are "sending" them to camp.
- 2. Encourage practice time away:** The more experience your child has away from home, the easier a transition to camp life will be for them. Do some practice time away from parents at a friend's or relative's house.
- 3. Process any recent or upcoming stressful events:** Recent deaths of people close to campers or parents who are divorcing, or upcoming moves or vacations can cause extreme stress on a child at camp. Talk to them about it and notify the camp to make the staff aware.
- 4. Avoid statements such as, "If you don't like camp, you can come home."** Children who are experiencing difficulties adjusting to camp will compound the problem by not giving it a fair chance. Often, they will close their minds to adapting to camp, and focus immediately on going home.
- 5. Keep letters short and positive:** Parents should avoid statements like, "I'm going to miss you terribly." Do not tell them how much you wish they were home, about the death of their favorite pet or about the great trip to a favorite destination the family just enjoyed without them. Camp will be a terrific experience, so be careful not to make them feel badly about going away.
- 6. Share your camp experience:** Heighten your child's interest by pointing out some of the exciting things you remember about your resident camp experience. Be sure to be positive about how you were able to handle being away from your mom and dad.
- 7. Be Realistic:** While painting a bright promising picture of camp, do not forget to mention some of the not so glamorous realities of outdoor living. There should be no surprises when a child discovers a spider as a cabin mate.
- 8. Talk about homesickness:** Homesickness is natural and certain feelings of missing home, parents, pets or friends is pretty normal. Once this is understood, your child may accept homesick feelings with less anxiety.

## **Resources**

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There are a lot of resources to help parents get their child ready for camp, especially if they are first time campers. Here are a few resources for parents:

[www.campparents.org](http://www.campparents.org)—This is a comprehensive summer camp resource through The American Camp Association for families offering expert advice on camp readiness, homesickness, tips on packing and much more.

*“Off to Camp!”*, by Myra Pravda and Jeanne Weiland. Call 1-877-791-4096 or email [JSPBooks@aol.com](mailto:JSPBooks@aol.com)

*“The Summer Camp Handbook: Everything You Need to Find, Choose and Get Ready for Overnight Camping and Skip the Homesickness,”* by Christopher A. Thurber Ph.D. and Jon C. Malinowski Ph.D. Call Perspective Publishing at 1-800-330-5851 or go online [www.campspirit.com](http://www.campspirit.com).

## **SEVERE WEATHER PROCEDURES**

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### ***THUNDERSTORMS AND TORNADOES***

- △ We have emergency weather radios in the office if severe weather is approaching.
- △ The staff practices emergency crisis situations as a part of our pre camp training.
- △ During a thunderstorm, all campers are kept in their cabin, Patterson Hall, The Great Hall, or the Dining Hall.
- △ If there is imminent danger of a tornado, all campers are moved to the designated emergency shelter for safety.
- △ During severe weather, we may not be answering the telephone! Our first concern is the campers and their safety.
- △ If you call and do not get an answer, please do not get into your car and drive to camp. Do not put yourself at risk. Leave a message and we will call back as soon as we can.

## **CAMP LIFE**

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Campers will spend most of their time working on activities centered around the camp program. Other times at camp are filled with “All-Camp” activities. A typical day at camp might look like this:

7:30 a.m. Rise and Shine

8:00 a.m. Morning Devotions

8:30 a.m. Breakfast

9:00 a.m. Morning activities including cabin clean up, teaching time, arts and crafts, hikes archery, environmental programs.

12:30 p.m. Lunch

1 p.m. Me Time! Rest hour for campers (take a nap, write a letter home, read a book, or write in a journal)

2 p.m. Afternoon activities may include swimming, hiking, rock climbing, rappelling, archery, or arts and crafts

6 p.m. Supper

7:15 p.m. Evening activities may include an all—camp activity, campfire, songs, twilight swim, skits or night hike. We never run out of things to do.

8:45 p.m. Off to cabins to get ready for bed!

10:00 p.m. Lights out

## **BED BUGS AND CAMP FACILITIES**

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Bed bugs are parasites that seek out sleeping people or animals for a blood meal. After feeding, they hide. It is challenging, but not impossible, to prevent, detect and control bed bugs due to their small size and ability to squeeze into cracks and crevices, where they are often unnoticed.

Because of the high numbers of campers and visitors to the Cathedral Domain there is a threat of bedbug infestation in cabins. Camps, conference centers, and four star hotels all across the country are having to confront and mitigate the bedbug problem.

The Cathedral Domain staff are actively working to prevent bedbug infestation and are prepared to deal with bedbugs should they be found. The camp has the laundry facilities and heating equipment on hand to mitigate bedbugs.

**HOWEVER, IT TAKES YOUR HELP AND ATTENTION TO DEAL WITH THE PROBLEM PROPERLY AND PROMPTLY.**

The Cathedral Domain staff and counselors will take the following steps to prevent a bedbug problem:

- Upon check-in all campers report to the camp nurse for a final health clearance for the week. The camp nurse will assess all campers for signs of bedbugs.

## **· BED BUGS AND CAMP FACILITIES CONTINUED:**

In between each camp session, all cabins are thoroughly cleaned and inspected for bedbugs.

- Throughout each camp session, counselors and staff will be frequently checking the cabins and beds for signs of a bedbug problem.
- All mattress are sealed inside a bedbug resistant cover.
- All cabins are periodically treated for bedbug prevention.

You can also help by taking the following steps to prevent the spread of bedbugs:

- If you believe that you or your camper has bedbugs, please report this to a camp staff person, counselor, or the camp nurse immediately.
- Thoroughly inspect your bunk when you arrive. Keep your clothing neatly folded and put away in your suitcase or bag. Do not leave clothing laying out on the floor or on your bed.
- Do not share bed linens or pillows.
- Monitor yourself for signs of bedbugs. Small bites of unknown origin, or small blood stains or smears on the body or sheets are signs of bedbug activity and should be reported immediately.
- After you leave the Cathedral Domain, wash all your clothing and linens in hot water and dry them on high heat.

### **In the event of a bedbug problem at the camp:**

- Parents will be notified at the end of the camp session.
- All contaminated, bedding and clothing will be appropriately laundered.
- Affected cabins will be treated by heat and an appropriate and safe pesticide as needed.
- Affected campers will be appropriately treated by the camp nurse and monitored by staff as discreetly as possible.

## **CAMP FOOD**

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Meals are served cafeteria style in the dining hall with staff and campers at each table. Wholesome, nutritious meals are served in ample quantities.

If the camper has medical, religious or personal food preferences (vegetarian/vegan), make sure this is noted on the camper's health form, Camper Information/All About Me form and notify the appropriate camp office at least two weeks prior to arrival.

A salad bar (or salad) is available as an option at all lunches and dinners. If campers do not like the meal option, we also have peanut butter and jelly or another substitute available to them.

Campers can burn a lot of energy during the day, so if campers become hungry between meals, fruit is always available in the dining hall.

## **SWIMMING**

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Campers will have the opportunity to participate in free swim each day depending on the weather.

Lifeguards, water safety instructors and trained watchers are on duty at the pool.

All campers will take a swimming challenge and only swim in areas of the pool that match their skill level.

## **BIRTHDAYS AT CAMP**

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If the camper's birthday occurs while they are at camp, he or she will be recognized in the Dining Hall where we will sing "Happy Birthday" to them as a camp and blow out candles on their birthday cake.

Parents are welcome to send items to camp or bring a gift to check-in for their camper's birthday.

## **GENERAL INFORMATION**

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Each staff member will model and teach campers the proper way to care for their environment and their camp surroundings. Each cabin is responsible for the upkeep and cleaning of their unit, as well as additional camp responsibilities as assigned. This may include cleaning the dining hall, grounds, and the other areas. Campers are closely monitored to make sure established health and safety procedures are used in completing cleaning tasks.

## **LOST AND FOUND**

The Cathedral Domain cannot be held responsible for camper's property. If your camper leaves some of their belongings at camp, contact the camp office as soon as possible. Arrangements can be made for found items to be picked up at camp or the Mission House in Lexington

We will work with families to get items to the closest location to make pick up as easy as possible. Lost and found items will be held until Labor Day. All unclaimed items will be donated to charity at that time.

## **MEDICAL SERVICES**

The camp nurse works under the supervision of the camp medical director. Campers at The Cathedral Domain needing additional medical attention or treatment are taken to the Marcum and Wallace Hospital, Irvine, Kentucky.

Parents/guardians will be notified by the camp any time a camper becomes ill or needs medical attention. If parents/guardians cannot be reached, the emergency contact will be notified. If it is determined that the camper's illness or injury will become too much of a distraction to the staff, parents will be notified to pick the camper up ASAP

## **MENSTRUATION**

If your camper has started her menstrual cycle, please send enough supplies to last the duration of her cycle. Sometimes, young women start their cycle at camp. It is good planning to discuss matters of hygiene with your camper prior to camp. Sanitary supplies will be available from the nurse if needed.

## **MEDICATIONS**

Only prescription medications in their properly labeled original containers are to be brought to camp.

Prescription medications are turned in at check-in to the nurse and will be returned at checkout. Do not bring over-the-counter medications that are listed in the OTC Medications section of the Health Form. These will be supplied by camp when needed. Only bring over-the-counter medications that are not listed and may be necessary for your campers stay at camp. The camp keeps prescription Epi-Pens for use in case of emergencies. Parents will be notified if their child has any emergency treatments at camp.

All medications turned in at check-in will be counted and recorded in the presence of the adult. Please be courteous to others and bring only enough medication for your camper's stay at camp.

## **ME TIME**

Everyday, a one-hour period in the afternoon is set aside for rest hour. This is a time for campers to nap in their bunks, write home, read a book, journal or talk quietly with a friend.

## **Volunteer Opportunities**

The Cathedral Domain believes in the power of volunteers because they are an integral part of the Ministry. We are always looking for volunteers with a wide range of talents and expertise.

There are several opportunities in which your help would be valued.

A 15-year-old may apply for our Counselor In Training(CIT) program

Volunteer counselors must be 16 years or older, at least 2 years older than any camper in the session they are working.

All volunteers must complete the following requirements:

1. Submit an application, permission for a background check and three references through the volunteer application
2. Complete the "Safeguarding God's Children" prevention of sexual misconduct training.
3. Interview with the camp director or program director.
4. Review all written materials before camp.
5. Complete mandatory volunteer training.

All volunteers are required to go through this process



## **Covid19 Information.**

**2020 was a year that forced us to pause, re-access, and re-work how we offer programs. Our cleaning protocols for the facility now stands at 133 pages and we are adapting our programs with safety at the forefront. There are two additional forms included for the 2021 camp sessions.**

**The first form is an additional assumption and acknowledgement of risk pertaining to covid19. This form will need to be signed prior to the beginning of the camp session.**

**The second form is a self-assessment form to be filled out daily for the two weeks prior to the beginning of the camp session. We will make every effort to keep our campers safe and by having this history we will have a great start.**

**The Cathedral Domain**

Name of Camp Session \_\_\_\_\_

**Camp and Conference Center**

**830 Highway 1746 -- Irvine, KY 40336-8701**

Date of camp \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return by the following date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Medical Release Form and Permission to Treat**

**For Resident Camp Use.**

**The Health history and examination must be updated annually. A Licensed medical professional must complete the health examination.**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Age at camp \_\_\_\_\_ S.S.# number of camper \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

Gender of camper (circle) Male Female

Custodial parent/guardian \_\_\_\_\_

Home address (if different than above) \_\_\_\_\_

Business address \_\_\_\_\_

Contact phone numbers (cell, business) \_\_\_\_\_

If not available in emergency, notify \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance information: Is the camper covered by medical/hospital insurance? \_\_\_\_

**\*\*Copy front and back of insurance card and attach to this form. \*\***

Family physician \_\_\_\_\_ Phone # \_\_\_\_\_

Family dentist \_\_\_\_\_ Phone # \_\_\_\_\_

\*\*\*\*\*

**The information on this form is not part of the camper or staff acceptance process but is gathered to assist us in providing appropriate care. Any changes to this form should be given to camp health personnel upon participant's arrival at camp.**

**Provide complete information so that the camp can be aware of your/your child's needs.**

**LIST ALLERGIES AND DESCRIBE REACTIONS:**

Medication: \_\_\_\_\_

Food: \_\_\_\_\_

Other: (insect stings, environmental, etc.) \_\_\_\_\_

**Diet/Nutrition**

\_\_\_ camper eats a regular diet \_\_\_ Camper eats a regular vegetarian diet

\_\_\_ Special food needs \_\_\_\_\_

**LIST ALL MEDICATIONS TO BE GIVEN AT CAMP: (OVER THE COUNTER AS WELL AS VITAMINS OR SUPPLEMENTS) \*\*BY LAW, NO PRESCRIPTION MEDICATIONS WILL BE GIVEN UNLESS IN THE ORIGINAL LABELED BOTTLE WITH THE CAMPER'S NAME, PRESCRIBER'S NAME, NAME OF MEDICATION, DOSAGE AND INSTRUCTIONS FOR ADMINISTRATION. NO PROFESSIONAL SAMPLES WITHOUT PRESCRIBER LABEL.**

\_\_\_ This camper takes no medications.

\_\_\_ This camper takes the following medications on a routine basis.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Times taken each day \_\_\_\_\_ Reason \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Times taken each day \_\_\_\_\_ Reason \_\_\_\_\_

Other \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Times taken each day \_\_\_\_\_ Reason \_\_\_\_\_

Other \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Times taken each day \_\_\_\_\_ Reason \_\_\_\_\_

Other \_\_\_\_\_

**Past Medical History: List hospitalizations, serious or chronic conditions and any injuries that required medical intervention in the past 5 years.** \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*EMERGENCY  
AUTHORIZATION: The health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine first aid, administer prescribed medications and seek emergency medical treatment including x-rays or interventions as deemed necessary. I also grant permission to the licensed provider selected by this camp to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery as judged appropriate for the situation. I further authorize the release of medical information to any provider, insurance company and medical facility that may need access to complete their care. I have, and do hereby, release The Cathedral Domain, its employees or agents from liability associated with participation in camp activities. I understand that if I do not have medical insurance, I, as the participant/parent/ guardian, will be responsible for any medical expenses in the event of illness and/or injury. I understand that there are risks involved in participating in a residential camp and its activities. There has been a well examination of this camper within the last two years.

Emergency Authorization Granted \_\_\_\_\_ Emergency Authorization Denied \_\_\_\_\_

\_\_\_\_\_

**\*\*SIGNATURE OF PARENT/GUARDIAN**

**PRINTED NAME**

**DATE**

\_\_\_\_\_

Please circle any of the following conditions that apply to the participant:

- |                           |                     |
|---------------------------|---------------------|
| Asthma                    | Bed-wetting         |
| Passed out after exercise | Infectious disease  |
| Seizures                  | Heart Murmur        |
| Back Problems             | Skin problems       |
| Eating disorder           | High blood pressure |
| Frequent ear infections   | Frequent headaches  |
| Diabetes                  | Joint pain          |
| Surgery of any type       | Head injury         |
| Hospitalized              |                     |

Please explain any circled answers \_\_\_\_\_

\_\_\_\_\_

Has the participant had mononucleosis in the past year? \_\_\_ Yes \_\_\_ No

If female, has the participant had an abnormal menstrual history? \_\_\_ Yes \_\_\_ No \_\_\_ N/A

Has the participant ever had emotional difficulties where professional help became necessary? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

Circle the following that the participant has had?

Measles, Mumps, Chicken Pox, German Measles, Hepatitis A, Hepatitis B, Hepatitis C.

Are immunizations up-to-date? \_\_\_\_\_ If not, explain \_\_\_\_\_

Last tetanus injection if known \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last TB skin test: (N/A \_\_\_ ) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Result? \_\_\_\_\_

---

**Mental, Physical, Emotional, and Social Health**

\_\_\_ Camper has been treated for (ADD) Attention Deficit Disorder

\_\_\_ Camper has been treated for (ADHD) Attention Deficit/Hyperactivity Disorder

\_\_\_ Camper has been treated for emotional or behavioral difficulties or an eating disorder

\_\_\_ Camper has seen a professional to address mental/emotional health concerns

\_\_\_ Camper involved in a significant life event (*History of abuse, death of a loved one, death of a pet, family change, adoption, foster care, new sibling, survived a disaster*)

Anything else we should know? \_\_\_\_\_

\_\_\_\_\_

Any activities that the camper should be exempted from? \_\_\_\_\_

\_\_\_\_\_

\*\*SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

Camper's Name \_\_\_\_\_

I examined this individual on \_\_\_\_\_  
(ACA accreditation requirements specify well exams within 12 months of camp attendance.)

Height \_\_\_\_\_ Weight \_\_\_\_\_ B/P \_\_\_\_\_/\_\_\_\_\_

In my opinion, the above applicant \_\_\_(is) \_\_\_(is not) able to participate in an active camp program.

\_\_\_\_\_  
**The applicant is under the care of a physician for the following conditions:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendations and Restrictions at Camp:**

Treatment to be continued at camp: \_\_\_\_\_

\_\_\_\_\_  
Medications to be administered at camp (name, dosage, frequency) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any medically prescribed meal plan/dietary restriction: \_\_\_\_\_

Known allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of any limitation or restriction on camp activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information for health care staff at the camp: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF LICENSED MEDICAL PERSONNEL** \_\_\_\_\_  
Printed \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_

# **ALL ABOUT ME**

*Completed by campers in 1<sup>st</sup> through 6<sup>th</sup> grade.*

My name is \_\_\_\_\_

and I like to be called \_\_\_\_\_ MY Age: \_\_\_\_\_

1) Have you been to camp before: \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes  
What did you like best? \_\_\_\_\_

What did you like least? \_\_\_\_\_

2) What are you looking forward to at camp? \_\_\_\_\_

3) List three things you would like to do at camp: A. \_\_\_\_\_

B. \_\_\_\_\_ C. \_\_\_\_\_

4) What worries you about coming to camp and why? \_\_\_\_\_

\_\_\_\_\_

6) What are your favorite foods? \_\_\_\_\_

7) What foods do you dislike? \_\_\_\_\_

8) What time do you go to bed at night? \_\_\_\_\_

9) What time do you get up in the morning? \_\_\_\_\_

# **THE CATHEDRAL DOMAIN**

## **NON-NEGOTIABLE AGREEMENT**

**We ask everyone who attends Adventure Camp, Senior or Junior Conference to sign a Community Agreement which contains non-negotiable behaviors while we are together. They are intended for your protection and the welfare of the session. By signing this form, you agree to abide by all guidelines set by the agreement and the Staff.**

**Violation of any of these will result in a conference with the camp Dean who will then help you determine whether or not you feel you would rather be somewhere other than this camping session.**

- 1. No use or possession of vapes, e cigarettes, tobacco , tobacco products, alcohol or drugs (other than prescription).**
- 2. No promiscuous activity or blatant PDA. (Public Displays of Affection).**
- 3. No weapons of any kind.**
- 4. No willful destruction of Domain or others' property.**
- 5. No theft.**
- 6. No "raids", shaving cream or food fights, or other practical jokes.**
- 7. No Violation of the determined boundaries.**
- 8. No Bullying**
- 9. Clothing appropriate to church camp and camp activities. Tops require two straps and shorts must completely cover your back side.**
- 10. No disrespecting the staff, Counselors, or the leadership of the camp.**

**Parents' or guardians' signatures are required, which assures us that they, too, have read this agreement. Please bring this signed sheet with you to camp.**

**Name:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **PHONE:** \_\_\_\_\_

**Camper's Signature:** \_\_\_\_\_

**Parent / Legal Guardian Signature:** \_\_\_\_\_

**The Cathedral Domain**  
**Camp and Conference Center**  
**Youth Release Form**

Camper Name \_\_\_\_\_

Address \_\_\_\_\_  
Street city zip

Parent/Guardian Name \_\_\_\_\_

Phone Number(s) \_\_\_\_\_  
Area code Home work cell

**PLEASE PRINT BELOW THE NAME OF THOSE PERSONS AUTHORIZED TO PICK YOUR CHILD UP FROM CAMP. ONLY THOSE PERSONS LISTED WILL BE ALLOWED TO PICK YOUR CHILD UP.**

1. Name \_\_\_\_\_

Address \_\_\_\_\_  
Street city zip

2. Name \_\_\_\_\_

Address \_\_\_\_\_  
Street city zip

3. Name \_\_\_\_\_

Address \_\_\_\_\_  
Street city zip

4. Name \_\_\_\_\_

Address \_\_\_\_\_  
Street city zip

5. Name \_\_\_\_\_

Address \_\_\_\_\_  
Street city zip

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date







# The Cathedral Domain Adventure Camp Permission

## Permission to Transport

I, hereby give The Cathedral Domain permission to transport \_\_\_\_\_  
Camper's name

to and from activity sites for the Adventure Camp session. This includes climbing sites on or off the property. This permission also covers emergency transportation for your child should it be deemed necessary by camp personnel.

## Camper Release

My child will be picked up from camp by: Their Mother / Father (circle):

Please Print Name(s) \_\_\_\_\_

-OR-

The Following Person(s): Please Print Name(s) \_\_\_\_\_

Relationship \_\_\_\_\_

## Permission to Treat & Photo Release

My child has permission to take part in all camp activities, and I will not hold The Cathedral Domain or its staff responsible for accidents, claims and damages arising there from. I authorize The Cathedral Domain to take such action as deemed necessary for the transport, care, welfare and health of my child including the giving of consent for medical treatment. I also give The Cathedral Domain permission to use any photograph/video of my child taken at camp in future promotional materials, including The Cathedral Domain website or the American Camp Association.

## Authorized Signature

I have read and/or completed the above statements regarding Permission to Transport; Camper Release; and Permission to Treat & Photo Release authorizations of my child. I agree to above stated terms and conditions

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent or Guardian Date

**Acknowledgement and Assumption of Risks:(\*\*\*\*NEW\*\*\*\*)**

I, Parent/guardian, have read and understand the Camp activities and risk of exposure to the Coronavirus. I acknowledge and assume the risks and dangers described above with my child being enrolled at Camp. I have discussed the activities and risks with my child, who understands them and wishes to participate in the activities of the Camp community.

**AGREEMENTS OF RELEASE AND INDEMNITY: I, PARENT, FOR MYSELF AND, TO THE EXTENT ALLOWED BY LAW, ON BEHALF OF MY CHILD, AGREE TO RELEASE AND DISCHARGE (AGREEING TO MAKE NO CLAIM, AND NOT TO SUE) THE CATHEDRAL DOMAIN AND THEIR RESPECTIVE OWNERS, MEMBERS, DIRECTORS, OFFICERS, EMPLOYEES, CONTRACTORS AND VOLUNTEERS (INDIVIDUALLY AND COLLECTIVELY REFERRED TO AS "RELEASED PARTIES") WITH RESPECT TO ANY AND ALL CLAIMS RELATED TO CONTRACTING THE CORONAVIRUS AND ANY LOSS, BODILY INJURY, OR DAMAGES ASSOCIATED FROM IT WHICH I OR MY CHILD MAY SUFFER, ARISING OUT OF OR IN ANY WAY RELATED TO HER BEING ENROLLED IN THE CAMP, AND ON OR OFF THE CAMP PREMISES. I FURTHER AGREE TO INDEMNIFY (THAT IS DEFEND AND PAY, INCLUDING COSTS AND ATTORNEYS FEES) THE RELEASED PARTIES FROM CLAIMS BROUGHT BY OTHER MEMBERS OF MY, OR MY CHILD'S FAMILY, AND CLAIMS BROUGHT BY OTHERS, INCLUDING OTHER CAMPERS, WHO CLAIM A LOSS CAUSED BY MY CHILD.**

**THESE AGREEMENTS OF RELEASE AND INDEMNITY INCLUDE CLAIMS CAUSED OR CLAIMED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, BUT NOT THE GROSS NEGLIGENCE, OF A RELEASED PARTY. I UNDERSTAND THAT IN SIGNING THIS AGREEMENT I, FOR MYSELF AND FOR MY CHILD, TO THE MAXIMUM EXTENT ALLOWED BY LAW, SURRENDER THE RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST A RELEASED PARTY, FOR PERSONAL INJURY AND EVEN DEATH.**

If any part of this agreement is found by a court of competent jurisdiction to be invalid, the remainder of the agreement nevertheless will be in full force and effect.

This Agreement and Waiver of Liability does not supersede, circumvent, or cancel The Cathedral Domain's Main Participation Agreement, but instead works together in conjunction with it.

I, Parent or legal guardian, have read and accept the terms and conditions of this Agreement, and acknowledge and agree that it shall, to the fullest extent allowed by law, be effective upon me and my child, and our respective heirs, personal representatives, estates and family members.

Child / Camper Name(s) \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



# The Cathedral Domain

## Covid19 Self Assessment Form



Date	Fever greater than 100* F		Cough		Shortness of Breath		Chills		Muscle Pain		Sore Throat		New loss of taste or smell		Gastrointestinal symptoms (vomiting, Diarrhea, etc...)	
___/___/___	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
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Camper's Name \_\_\_\_\_



## **The Episcopal Diocese of Lexington**



**The Cathedral Domain**

**(606) 464-8254**

**Camp and Conference Center**

**Fax (606) 464-0759**

**800 Hwy. 1746 Irvine, KY 40336-8701**

**Andy Sigmon - Director**

**Camper Fees can be counted as Child Care expenses in certain cases. Check with your tax professional or accountant to see if you qualify. The Tax ID number for the camp is 61-0536772.**

**Faithfully**

**Andy Sigmon**

**Andy Sigmon**

**Director**