

*The Northern Plains Council of Youth &  
Young Adults Ministry Invites You to:*

**“POST IMMERSION”**



**NORTHERN PLAINS CONFERENCE**  
UNITED CHURCH OF CHRIST

*July 26<sup>th</sup> to July 30<sup>th</sup> 2009*  
**UCC SUMMER CAMP**  
*Camp Wesley Acres*

***Summer 2009***

Northern Plains Council of Youth And Young  
Adults Ministry: Summer 09 Youth Programs  
c/o Congregational United Church UCC  
PO Box 666  
Valley City, ND 58072

**Your Pastor, Your United Church of Christ and  
The Northern Plains Conference Co-Adjunct Youth Ministers**  
Rev. Carl Borden and Rev. Darcy Borden invite you to:  
**Post Immersion @ Summer Camp 2009**

To contact the Borden's you can e-mail them at either  
[congregational.ucc.valleycity@gmail.com](mailto:congregational.ucc.valleycity@gmail.com) or call them at either  
(701) 840-5104 or (701) 840-5105

**Post Immersion**

**July 26<sup>th</sup> to 30<sup>th</sup> 2009**

**NPC UCC Summer Camp**

**Camp Wesley Acres, Dazey North Dakota**

**Adventure Camp – 6<sup>th</sup> Grade – 11<sup>th</sup> Grade**

**Explorer Camp – 2<sup>nd</sup> Grade – 5<sup>th</sup> Grade**

**Adventure Dean – Rev. Susan Lester,** Jamestown 1<sup>st</sup> Congregational UCC  
**Explorer Dean – Rev. Tammy Toepke-Floyd,** Wishek United Church of Christ

**You are awesome!!!**

When God made you, you were filled with love and talents. This summer at camp we're going to celebrate all the good stuff God put in you – and maybe even discover some talents you didn't know you have!

**What Will I Do at Camp?**

Camp Wesley Acres has the swimming pool, canoeing, kayaking, camp fires, camp outs, hikes, basketball, games and a high ropes course! The Adventure Camp will work together as a group to complete the various challenges on the ropes course.

In everything we do, we'll thank God as we sing, eat and play together. Best of all, it is the friends that you make at camp that make it great.

**What Camp Should I Sign Up For?**

There are two camps running at the same time (Sign up for grade you completed.) Camp will begin with registration at 3:00pm on Sunday July 26<sup>th</sup>, and will go to Thursday morning, July 30<sup>th</sup> at 11:00am. The camps are open to all people – just like our churches. All are welcome! The camps will be divided into different cabins, and we will all eat together.

**Camp Scholarships Available**

- ➔ Camp scholarships are available from the Conference Office (701-255-1104)
- ➔ Local churches often offer camp scholarships also—speak to your minister if available

**Wesley Acres Camp  
1821 115th Ave SE**

**Dazey, ND 58429**

**Directions to Wesley Acres from I-94 near Valley City**

- Take the 2<sup>nd</sup> Valley City exit off I-94 (Exit 292)
- Coming from the west turn left and drive under highway and go down hill
- Coming from the east turn right and proceed downhill
- Go North on 8<sup>th</sup> Ave SW passed the Valley City State University Bubble and the Methodist Church. Where you will come to the CENEX gas station
- Turn right onto West Main St follow through downtown Valley City
- Turn left onto 5<sup>th</sup> Ave NE
- Follow 5<sup>th</sup> Ave NE under the Hi-Line Bridge and over the train tracks
- At Fork in road turn left onto 117<sup>th</sup> Ave SE take for 8.3 miles
  - you may or may not see a small Black & White Wesley Acres sign
  - Follow road past Baldhill Dam. Be careful Deer have been known to appear along the road.
- Turn left onto 114<sup>th</sup> Ave SE and follow for 4.3 miles
- Continue on 22<sup>nd</sup> St SE for 0.9 miles
- Slight left at 115<sup>th</sup> Ave SW 3.8 miles (Camp will be on the left)
- As you come over a steep hill, you will see a bridge. The driveway for Wesley Acres is on the left-hand side of the road just before crossing the bridge

**Registration for Camp begins at 3:00pm on Sunday, July 26<sup>th</sup>**

**Pickup begins at 11:00am on Thursday, July 30<sup>th</sup>**

**What to Bring to Camp??**

- ~sleeping bag and pillow
- ~Towel, shampoo, toothbrush, toothpaste, comb, etc.
- ~Bug Spray
- ~Walking Shoes (tennis shoes)
- ~Swimsuit and Towel
- ~Bible, notebook, and pen/pencil
- ~Cards, book, or other quiet time activity item or idea to share
- ~Camera
- ~Prescription Medications
- (Usual over-the-counter medications will be available as needed from the Camp Deans – example: ibuprofen and sore throat drops)
- ~Stamped self-addressed envelopes or postcards

**Check off as you pack**

**What NOT to Bring to Camp??**

- ~CD players, iPods, Radios (there'll be lots of music at camp)
- ~Handheld Video Games (Take a break from it all)
- ~Cell Phones (There's no reception at Wesley Acres)
- ~Valuable Items (Things have a way of getting lost or misplaced!)
- ~You will not need money at camp.

**Sign Me Up!**

Please Circle Youth / Adult  
 Participant's Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ T-Shirt Youth S M L Adult S M L XL XXL  
 Food Allergies? \_\_\_\_\_  
 Current Meds Being taken \_\_\_\_\_  
 Medicine / Medical Allergies? \_\_\_\_\_  
 Other Allergies? \_\_\_\_\_  
 Medication Needs \_\_\_\_\_

Summer Camp @ Wesley Acres \$220.00  
 Extra Summer 2009 T-Shirt \$10.00

Sign Up by June 9<sup>th</sup> 2009, the Tuesday after the  
 Northern Plains Annual Meeting in Minot & save \$20.00

Total Due \$ \_\_\_\_\_

Check if a scholarship is needed  
 Northern Plains Conference UCC

Checks payable to: \_\_\_\_\_ \* \* \* \* \*  
 Registrant's Church & Town: \_\_\_\_\_ \* \* \* \* \*

In Case of Emergency, I give permission for my son/daughter to receive medical treatment. In case of such an emergency, contact:

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Relation to youth: \_\_\_\_\_  
 Doctor's name: \_\_\_\_\_  
 Doctor's phone #: \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Date: \_\_\_\_\_ 2009

Mail All Registration Forms To:  
 Northern Plains Council of Youth & Young Adults,  
 c/o Congregational UCC  
 PO Box 666,  
 Valley City, ND 58072

**Summer Camp Health Form**  
 \*Since there is no required examination, it is important that parents/guardians fill out this form carefully and completely.\*

Camper Name \_\_\_\_\_ Social Security # (for hospital use only) \_\_\_\_\_  
 Camper's Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Dakotas United Methodist Camps provide a **secondary accident insurance policy** for all campers.

**Health History**

Please indicate which of the following conditions the camper has/had. Give approximate dates, if appropriate.

<b>Allergies</b>	<b>Medical Conditions</b>	<b>Operations/Serious Injuries</b>
Ivy/Oak Poisoning _____	Ear Infection _____	Operations/Serious Injuries _____
Insect Stings _____	Seizures _____	Chronic/Recurring Illness _____
Treatment _____	Diabetes _____	Tetanus, Date of Last Booster _____
Medication _____	Irregularity _____	
Foods _____	Fainting _____	
	Asthma _____	

Please note any other conditions or special diet the camper should be aware of. Attach an extra sheet if necessary.

**IMPORTANT: Please notify the camp if this camper has been exposed to any communicable disease during the three weeks prior to camp attendance.**

**Other Information**

Do you give permission for your child to take over-the-counter medication, if necessary? \_\_\_\_\_  
 (i.e., for headache, constipation and/or upset stomach)  
 Are there any activities which need to be monitored and/or avoided? \_\_\_\_\_  
 Are there any routine treatments or medications required during camp? Please explain: \_\_\_\_\_

Does staff need to remind camper of his/her treatment? \_\_\_\_\_ Y / N  
 Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**Parental Authorization**

I am a Parent or Legal Guardian of the above named camper. In the event of an emergency and I cannot be reached, the Camp Administrator has my permission to authorize emergency medical treatment. I authorize the use of photographs of my child for camp promotion. My child has my permission to engage in camp activities and if necessary, my child may be transported in a private vehicle.

Parent/Legal Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Optional:

- I do not want photographs of my child to be used for camp promotion.
- I do not want my child's name and address shared with other campers on a camp address sheet

### Adult Leader Volunteer Form

Please use black or blue ink to complete!

All information must be complete before the background check can be submitted.

Event Name \_\_\_\_\_ Dates \_\_\_\_\_  
 Check all that apply:  
 Dean  Counselor  Nurse  
 Last Name First Name MI Preferred Name  Male  Female

Address \_\_\_\_\_ City State Zip  
 Home Church Name \_\_\_\_\_ City State  
 E-mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_

#### AUTHORIZATION FORM:

During the application process and at any time during the tenure of my Volunteer Status with the Northern Plains Conference of the UCC, I hereby authorize NPCUCC to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, personal characteristics, and/or mode of living. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and be educational institutions, governmental occupational licensing or registration entities, business or person references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

The NPCUCC may search the following:

- Social Security
- National Criminal Search
- Motor Vehicle Record Search

Applicant/Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (For National Youth Event Volunteers only)

Driver's License Number \_\_\_\_\_  
 Has your license ever been suspended or revoked? Y / N (If Yes please explain)  
 Automobile Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

### CHALLENGE COURSE

#### PARTICIPATION AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Wesley Acres, and The Dakotas Conference of the United Methodist Church, their agents, owners, officers, volunteers, participants, employees, counselors, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as Wesley Acres), I, (hereinafter Participant), for myself, my children, my parents, my heirs, administrators, administrators and assigns, successors and assigns and personal representative release and will not make a claim against Wesley Acres arising from any and every claim, demand, action, or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any bodily injury, personal injuries known or unknown, death or property damage, or any claim for damages resulting or to result from any accident that may occur as a result of my participation in the "Challenge Course", whether by negligence or not. Participant further releases Wesley Acres from any claim whatsoever on account of first aid, treatment or services rendered me during my participation in "Challenge Course". Participant acknowledges that climbing an artificial wall, using a zip line, and other elements elevated high above the ground entail known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Participant hereby assumes full responsibility for the risk of bodily injury, death or property damage or otherwise while in or upon the "Challenge Course", whether caused by the negligence of Wesley Acres or otherwise. The risks include, but shall not be limited to: falling off the wall; loose and/or damaged artificial holds or natural rock; equipment failure; falling to the ground, on other users or being fallen on by other users; abrasions from the walls, rope, pads or the ground; climbing beyond control, or beyond a person's limit; the negligence of other climbers, visitors, participants, or other persons who may be present; musculoskeletal injuries and/or over training; head injuries; or my own negligence. Participant agrees to waive, release, and discharge Wesley Acres from any and all liability, claims, demands, actions, and causes of actions whatsoever, for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of any and all activities associated with participating in the Challenge Course or as a result of it. If any portion of this release is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force an effect. Participant further agrees to indemnify, save, and hold harmless Wesley Acres from and against any and all claims of any nature, including all costs, expenses, and fees, arising out of or resulting from my participation in the "Challenge Course". In consideration of allowing Participant to participate in the "Challenge Course", the participant agrees that any and all claims for injury and/or death regarding an alleged incident shall be governed by North Dakota law and exclusive jurisdiction of any claim shall be in the District Court residing where the alleged incident occurred or in Federal Court for the State of North Dakota. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital. Participant further states that he/she has carefully read the foregoing release and knows the contents thereof and signs this release as his/her own free act.

Name of Participant (Print) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
**If the participant is under the age of 18, this release must be signed by a parent/legal guardian.**  
 I hereby certify that I am the parent or legal guardian of the participant named above, give my consent to the foregoing, and agree to hold Wesley Acres harmless from any liability.  
 Parent or legal Guardian \_\_\_\_\_ Date \_\_\_\_\_