

## EMERGENCY CONTACT INFORMATION

(Please Print Neatly)

CAMPER'S NAME: \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

COMPLETE HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

### #1 EMERGENCY CONTACT OTHER THAN PARENT

NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

### #2 EMERGENCY CONTACT OTHER THAN PARENT

NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

### #3 EMERGENCY CONTACT OTHER THAN PARENT

NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

### AUTHORIZATION FOR ACTIVITIES AND EMERGENCY TREATMENT

The above named camper has my permission to engage in all prescribed camp activities except as noted below, including but not limited to occasional campouts and field trips on or off the Chanco property, use of the ropes course/adventure activities provided that all safety measures and standards are followed. I also give permission for photographs or video of my child to be used by the camp for promotional or other purposes. I understand that camping activities involve a certain degree of risk and possible injury by reason of the nature of camp and its activities. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, and necessary transportation for me/or my child. In the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, to order injection, anesthesia, and/or surgery for my child as named above. I hereby indemnify and agree to hold harmless Camp Chanco/Diocese of Southern Virginia, its members, representatives, officers, agents, employees, directors, and each of them, for any and all past, present, or future loss or damage to property, and/or bodily injury, including death, resulting from or arising out of those activities prescribed in the camp brochure. The completed forms may be photocopied and used as an original signed form.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Exceptions to activities for above named camper \_\_\_\_\_

**PAPER WORK CHECK LIST CAMP CHANCO 2010**  
P.O. Box 378 SURRY, VIRGINIA 23883  
[WWW.CAMPCHANCO.ORG](http://WWW.CAMPCHANCO.ORG)  
FAX: (757) 294-0727  
TOLL FREE: (888) 724-2626



## Camper Registration Paper Work Check List

Parents please make sure to go over these documents carefully, and in some cases with your camper. All paper work may be returned to our office at the address below. If you have any questions about any of these documents, do not hesitate to call our office at 1-888-724-2626 or 1-888-7CHANCO.

Chanco on the James  
P.O. Box 378  
Surry, Va 23883

- Camper information Sheet (Return to Camp)
- What to bring to Camp List
- Emergency Contact Form (Return to Camp)
- Parent Authorization (Return to Camp)
- Standards of Behavior & Attitude (Return to Camp)
- Ropes Course Waiver (Return to Camp)
- \* Any out-trip waivers if applicable (Return to Camp)
- Health History and Physical Form (Signed by MD and Return to Camp)
- Frequently asked questions Page

Health History and Medical Form:

Each year Camp Chanco needs a new health history form. Every 24 months Camp Chanco needs to have a physical performed by a physician. Here is the status of your physical

your physical dated \_\_\_\_\_ has expired. Please have a new physical performed.

Your physical dated \_\_\_\_\_ is still valid.

# Health History and Examination Form

for children, youth and adults

As long as the information stays current, **this form is valid for 2 years.**  
Space is provided for updates the second year.

Camp Chanco

PO Box 378

Surry, VA 23883

Phone: 757-294-3126 Fax: 757-294-0727

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. The first three pages are to be filled in by parents/guardians of minors or by adults themselves. The fourth page is the physical exam portion to be completed by a physician, physician's assistant, or nurse practitioner.

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age at camp \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_  
Street City State Zip

Social security number of participant \_\_\_\_\_ Gender: Male  Female

Custodial parent/guardian spouse \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Preferred phone: (\_\_\_\_) \_\_\_\_\_ cell  home  work  Alternate phone: (\_\_\_\_) \_\_\_\_\_

Home address \_\_\_\_\_  
*(if different from above)* Street City State Zip

Second parent/guardian spouse \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Preferred phone: (\_\_\_\_) \_\_\_\_\_ cell  home  work  Alternate phone: (\_\_\_\_) \_\_\_\_\_

Home address \_\_\_\_\_  
*(if different from above)* Street City State Zip

If not available in an emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Street City State Zip Cell Phone: (\_\_\_\_) \_\_\_\_\_

### Insurance Information

Is the participant covered by medical/hospital insurance?  yes  no

If so, indicate carrier or plan name \_\_\_\_\_ Group number \_\_\_\_\_

Carrier phone numbers \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Social security number of policy holder or insurance ID number \_\_\_\_\_

### ◆◆◆ IMPORTANT—This section must be complete for attendance ◆◆◆

- I consent and give permission for Camp Chanco's medical personnel and designated staff to administer authorized medication, first aid and/or emergency treatment to me and/or my child. In addition, I give permission and consent to Camp Chanco's medical personnel and/or staff to provide or arrange transportation for me and/or my child and to select and consent to health care providers evaluating, testing, treating and/or hospitalizing me and/or my child when in their opinion such services are needed. I also consent to the release of medical records and medical information in order to secure medical care and/or payment for medical services.
- This completed form may be photocopied for trips out of camp.

Signature of parent/guardian/adult camper or staffer \_\_\_\_\_

Please print your name here \_\_\_\_\_ Date Signed \_\_\_\_\_

Session

Year

Session

Year

First

Last

Name  
(For camp use only)

# Health History

Name \_\_\_\_\_

The following information must be filled in by the parent/guardian or adult camper or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes in health history should be provided to camp health personnel upon participant's arrival in camp. Please provide complete information so that the camp can be aware of any health concerns.

### Allergies

- The participant has NO KNOW MEDICATION ALLERGIES**
- The participant has the following medication allergies** (please describe the reaction and the management of the reaction)

\_\_\_\_\_

\_\_\_\_\_

- The participant has NO KNOW FOOD ALLERGIES**
- The participant has the following food allergies** (please describe the reaction and the management of the reaction)

\_\_\_\_\_

\_\_\_\_\_

**Other Allergies:** (please list—include hay fever, asthma, animal dander, and special sensitivities to insect stings, poison ivy, etc.)

\_\_\_\_\_

\_\_\_\_\_

### Medications

- This person brought NO medication to take while at camp.**
- This person brought the following medication to take while at camp.**

Note: Please list all medications to be taken routinely and as needed, including prescription and over-the-counter. Keep all medication in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #4 \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #5 \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #6 \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #7 \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_  
Reason for taking \_\_\_\_\_

<i>(For camp use only)</i>				
1)	8:30a	1p	6:30 p	Bed
2)	8:30a	1p	6:30 p	Bed
3)	8:30a	1p	6:30 p	Bed
4)	8:30a	1p	6:30 p	Bed
5)	8:30a	1p	6:30 p	Bed
6)	8:30a	1p	6:30 p	Bed
7)	8:30a	1p	6:30 p	Bed

### Restrictions

- There are NO restrictions for this individual.**
- The following restrictions apply to this individual:**

Restrictions on **Activity**. \_\_\_\_\_

Restrictions on **Diet**. *(list foods cannot have and why)* \_\_\_\_\_

If any restrictions, this section must be signed by participant.

Signature of Camper/staffer: \_\_\_\_\_ Date signed \_\_\_\_\_

General Question: (Please complete immediately prior to coming to camp and explain "yes" answers in space provided)

<b>Has/does the participant:</b>	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
1. Had recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever had problems with joints?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	16. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have any skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	20. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been dizzy or passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	21. Had any fractures?	<input type="checkbox"/>	<input type="checkbox"/>
8. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	22. Have problems with sleep walking?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	23. If female, have an abnormal menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever been diagnosed with heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	25. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
12. Wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>	26. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>			
14. Ever had back problems	<input type="checkbox"/>	<input type="checkbox"/>			

Explanations to any "yes" answers above, noting the number of the questions:

\_\_\_\_\_

\_\_\_\_\_

Use this space to provide any additional information about the participant's diet, behavior and physical, emotional, or mental health about which the camp should be aware.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which of the following illnesses has the participant had? <table border="0" style="width: 100%;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Measles</td> <td></td> <td></td> </tr> <tr> <td>Chicken Pox</td> <td></td> <td></td> </tr> <tr> <td>German Measles</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Mumps</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Hepatitis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Measles			Chicken Pox			German Measles	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Immunizations</b></p> <p>(Note: Due to nature of camp, tetanus immunization within last 5 years is preferred) Please give complete date of most recent tetanus Immunization.</p> <p>DTP (diphtheria/tetanus/pertussis) _____</p> <p>Tetanus-diphtheria (Td) _____</p> <p>Tetanus _____</p>	Please also provide the following info, giving date of last injection/ingestion. Has camper had the following series? Polio <input type="checkbox"/> yes <input type="checkbox"/> no Date _____ Haemophilus influenza B? <input type="checkbox"/> yes <input type="checkbox"/> no Date _____ Hepatitis B? <input type="checkbox"/> yes <input type="checkbox"/> no Date _____ Varicella (chicken pox)? <input type="checkbox"/> yes <input type="checkbox"/> no Date _____ BCG? <input type="checkbox"/> yes <input type="checkbox"/> no Date _____ MMR? <input type="checkbox"/> yes <input type="checkbox"/> no Date _____
	Yes	No																								
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	<input type="checkbox"/>	<input type="checkbox"/>																								

Name of family physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Name of dentist/orthodontist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

**Authorization: Self/Parent/Guardian: This 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 previously noted.**

Signed \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Health Care Recommendations by Licensed Medical Personnel (MD, PA, or NP)**

Name of camp participant \_\_\_\_\_

Date of Examination \_\_\_\_/\_\_\_\_/\_\_\_\_ (must be within 2 years of camp attendance)      Date form completed \_\_\_\_/\_\_\_\_/\_\_\_\_

BP \_\_\_\_\_/\_\_\_\_\_      Weight \_\_\_\_\_lbs.      Height \_\_\_\_\_ft. \_\_\_\_\_in.

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

Known Allergies (essential information):

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

Food and other allergies: \_\_\_\_\_

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

Pertinent abnormal physical findings: \_\_\_\_\_

- In my opinion, the above person is able to fully participate in an active camp program.
- In my opinion, the above person is not able to fully participate in an active camp program.

Limitations and/or restrictions placed on activities:  
\_\_\_\_\_  
\_\_\_\_\_

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

Medically-prescribed meal plan or dietary restrictions::  
\_\_\_\_\_  
\_\_\_\_\_

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

_____ Signature of Licensed Medical Personnel	_____ Date
_____ Printed Name	
_____ Title	
_____ Address	
(_____) _____ Phone	

# Camper Information Sheet

Name \_\_\_\_\_ Is called \_\_\_\_\_

Birthday & Year \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Address to which counselor letters may be sent: \_\_\_\_\_

Where did you hear of Camp Chanco? \_\_\_\_\_

*The following questions are designed to help the camp counselor do the most constructive job of program planning and counseling. Only those directly responsible for your camper will have access to this information.*

1. Has your camper ever been away from home overnight? \_\_\_\_\_

2. Lived in a group outside of the home? \_\_\_\_\_

3. Camper's hobbies: \_\_\_\_\_

4. Favorite activities/sports: \_\_\_\_\_

5. Describe any physical limitations affecting camping experience: \_\_\_\_\_  
\_\_\_\_\_

6. Is camper susceptible to bed wetting? \_\_\_\_\_ If so, how do you treat it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. State any health/emotional/learning characteristic of camper you wish us to be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Does camper swim? \_\_\_\_\_ If so, state level of proficiency: pre-beginner \_\_\_\_\_ beginner \_\_\_\_\_  
junior \_\_\_\_\_ intermediate \_\_\_\_\_ senior \_\_\_\_\_ State any instructor level achieved \_\_\_\_\_

9. What would you and your camper want to gain from this camp experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What kinds of activities would you like to see in the future at Camp Chanco? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Ropes/Adventure Course

## WAIVER OF CLAIMS AND RELEASE FROM LIABILITY FOR CAMP CHANCO (All Camp Participants must read & sign!)

The undersigned, in consideration of being permitted to participate in a ropes course adventure for educational/recreational purposes at Camp Chanco, Surry County, Virginia, does hereby irrevocably, personally and for his or her heirs, assigns and legal representatives release and waive any and all past, present or future claims, demands, and causes of action which the undersigned now has or may in the future have against Camp Chanco, Episcopal Diocese of Southern Virginia, its members, representatives, officers, agents, employees, and each of them, for any and all past, present, or future loss of or damage to property and/or bodily injury, including death, however caused, resulting from, or arising out of or in any way connected with the aforementioned activity for educational/recreational purposes.

The undersigned covenants not to cause any action at law or in equity to be brought or permit such to be brought in his or her behalf, either directly or indirectly, on account of loss of or damage to property and/or bodily injury, including death, against any of the aforesaid parties however caused, resulting from, arising out of or in any way connected with the aforementioned activity, and agrees to save, indemnify, hold harmless, and defend at his or her sole expense, any and all of the aforesaid parties from any claims, demands, and causes of action which now or in the future be asserted against the aforesaid parties arising out of or by reason of said activity described above, including any incident, injury, loss, or damage that might occur at any place in connection therewith.

The undersigned further states and affirms that he or she is aware of the fact that the aforesaid activity, even under the safest conditions possible, may be hazardous; that he or she assumes the risk of any and all loss of or damage to property and/or bodily injury, including death, however, caused, resulting from, arising out of or in any way connected with the aforementioned activity; that he or she is of legal age and is competent to sign this Waiver of Claims and Release from Liability; and that he or she has read and understands all of the provisions herein contained.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian if camper is a minor

Camper's Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

PHOTO AND VIDEO RELEASE CAMP CHANCO 2010  
P.O. Box 378 SURRY, VIRGINIA 23883  
[WWW.CAMPCHANCO.ORG](http://WWW.CAMPCHANCO.ORG)  
FAX: (757) 294-0727  
TOLL FREE: (888) 724-2626



# Photo and Video Release:

Camp Chanco uses camper images on video and through photos for Chanco's brochure as well as other promotional material. Chanco must acquire permission to do so. Chanco must also acquire permission before posting any camper image on the Photos of the day or video on our website. The photo of the day and camp video are a great way to see the campers at our camp participating in our programs daily. Check our website at [www.campchanco.org](http://www.campchanco.org) each day of a session to see these photos. Also before June 27th you may check this website to see examples of videos and photos from last year.

Image release:

*I give permission and consent for \_\_\_\_\_(Campers Name) to allow photographs and Video to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by Chanco on the James and its agents, to illustrate and promote the camp experience, Chanco on the James and its camp programs.*  
*Signed (parent or guardian)\_\_\_\_\_*



## Standards of Behavior and Attitude

Camp Chanco's primary goal is to provide a stimulating and safe experience for young people through our summer program. To achieve this goal we must ask each participant to abide by a positive standard of behavior. Below please find our guidelines for our expectation of good behavior at Camp Chanco.

I promise to abide by the following requirements of orderly, safe, and respectful camp behavior and attitude; I take upon myself the responsibility for living in accordance with them while at Camp Chanco as well as helping others to do so.

1. The use or possession of Alcohol or illegal drugs is strictly prohibited.
2. Smoking is prohibited for anyone while on Camp Chanco property or during any off campus activity.
3. Firearms, fireworks, and other weapons are strictly prohibited.
4. Candles and other open flame items are prohibited.
5. The respectful treatment of other camper and staff is expected at all times. Bullying, teasing, or threatening will not be tolerated. Fighting is strictly prohibited.
6. The use of foul language or cursing is not ok.
7. A positive attitude is expected. Trying new activities is natural and healthy.
8. Campers are expected to conduct themselves in a respectful and safe manner.
9. Coed visitation between campsites without a counselor is prohibited.
10. Campers must stay within the boundaries of Camp Chanco property. Your location must be known at all times by staff.
11. Campers follow the daily schedule set forth by Camp Chanco unless excused by a staff member.
12. Campers must dress in good taste.
13. Full time participation is essential and required. This includes all meals.
14. Chalet assignments can only be changed by a staff member.
15. Individuals will be held financially responsible for intentional damage to property.
16. Non-participant visitation is not allowed.
17. Beepers, cell phones, and other electronic communication devices are prohibited.

I have read, understand, and agree to abide by the above standards for the duration of my stay at Camp Chanco.

Camper

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*Failure to abide by these standards of behavior may be cause for dismissal from your camp session without financial refund.\*\*\*

**WELCOME TO CAMP CHANCO 2010**

P.O. Box 378 SURRY, VIRGINIA 23883

DIRECTOR@CHANCO.ORG

[WWW.CAMPCHANCO.ORG](http://WWW.CAMPCHANCO.ORG)

FAX: (757) 294-0727

TOLL FREE: (888) 724-2626



Dear Parents and Campers,

Welcome to the Camp Chanco family, and welcome back to all of our returning campers and parents. Allow me to first thank you for registering your camper with us this summer. Camp Chanco has been serving our youth for over 40 years and we are happy to have your camper with us this year.

We have a number of new programs for your camper in 2010 that we are very excited to share with you. We have updated our low ropes course as well as added new challenges. We will be expanding the programs on the waterfront as well as our evening and day time class programs. For our older campers we have completely redesigned one of our out-trips. Our new Ultimate Adventure trip is set to be a new camp favorite.

I am proud to tell you that Chanco is starting to grow. In 2009 Chanco saw a growth of over 30%. We are set for another wonderful summer on the James and excited that we have the opportunity to serve our campers and families. We are very happy you and your camper have decided to be a part of the spirit of Chanco.

You will find with this packet a number of forms for you and your camper to fill out. Make sure to go over each form carefully and return them to the address above as soon as you can. You should find a handy check list to help you. If you have any questions about any of these forms or about your campers experience please do not hesitate to call our office at 1-888-724-2626 or 1-888-7CHANCO or e-mail me directly at the address above.

Once again thank you for choosing Camp Chanco and we look forward to seeing you very soon,

In the Chanco Spirit,

Jim Sitzler Camp Director

**WHAT TO BRING TO CAMP LIST**  
**(For In-Camp Resident Sessions Only)**  
**(Each Out trip has a separate list for what to bring)**

- 4 single (or cot) sheets\*
- 2 blankets
- 1 pillow
- 2 pillowcases
- Towels and washcloths
- Shower shoes (flip-flops)
- Water shoes
- Toilet articles (toothpaste, soap, shampoo, etc.)
- Mosquito Repellent
- Flashlight
- Tissues
- Pajamas
- Hat or Sun Cap
- Sweater or Jacket
- Laundry Bag for soiled clothing
- Safety strap for glasses
- Shoes & Socks
- Usual Summer clothing (shorts and shirts)
- 1 "Dress Outfit" (nicer shorts, slacks, shirts for a dress up meal)
- Swimsuits (2 fast drying preferable)
- Underclothing
- Rainwear (coat & hat, or poncho)
- Sun Tan Lotion (waterproof)

Remember the length of your camper's session and pack enough clothing to cover the session as laundry facilities will not be available for camper use. Session 1, Senior High, and Junior High is 6 days in length. Sessions 2 – 4 are 12 days in length.

\*Shoes must be worn at all times, so more than one pair is recommended. Sneakers or similar shoes are the suggested footwear. Flip-flops for waking is inappropriate....toes get stubbed, etc.

OPTIONAL: Musical Instruments, camera, & film, small mirror, writing material, and address list

**MARK YOUR CLOTHING!** Each summer many articles of clothing and equipment languish in the LOST & FOUND BOX. In order to avoid this situation, and save you the parent and extra trip back to camp, WE STRONGLY SUGGEST THAT YOU MARK EACH ARTICLE OF CLOTHING CLEARLY WITH SEWN-ON OR IRON-ON NAME TAPES.

HINT: It is helpful to have an inventory list of the items packed for camp taped to the inside of the camper's footlocker or suitcase.