



SCIOTO HILLS IS EXCITED TO PARTNER WITH AND PROMOTE
LIBERTY DEAF CAMP
JULY 22ND – 27TH 2018

Liberty Deaf Camp is one of the most unique camps in America. This camp is a place for all Deaf, Hard of Hearing, and KODA (Kids of Deaf Adults) to come together to learn about God's Word and have a blast and a fun experience that they will never forget. Our desire is that all children will learn how to devote themselves to God instead of the world.

Please Note: Liberty Deaf Camp is sponsored by the Liberty Baptist Church of Columbus, Ohio and is not a ministry of Scioto Hills. LDC is expanding its ministry to allow hearing impaired friends of SH to participate who may not otherwise have a camp experience. Registration must be completed through their link. It should be understood, that while the SH team plays a vital role during this week, this special camp is a "guest group" directed by the LDC leadership team, and therefore, similarities to our camps should not be expected. Our "Parents Guarantee" does not apply in this case.

Liberty Baptist Church
of the Deaf
1552 Elmore Avenue
Columbus, Ohio 43224

JOIN THE
FUN!

A CHRIST-CENTERED CAMPING EXPERIENCE THAT COMBINES
BIBLICAL TEACHING WITH A PROGRAM OF FUN-FILLED
INSTRUCTIONAL AND RECREATIONAL ACTIVITIES



camping
TO

Recharge

JULY 21 TO 26 2019

CAMP DIRECTORS



SCOTT BRIGGS AND ASHTON LUFF

HELLO EVERYBODY,

Liberty Deaf Camp is one of the most unique camps in America. This camp is a place for all Deaf, Hard of Hearing, and CODA to come together to learn about God's Word and have a blast and a fun experience that they will never forget. Our desire is that all children will learn how to devote themselves to God instead of the world. Camp will also help them to face the challenge and conquer their own fear. You are invited to come to this wonderful, fun-filled week!



HISTORY OF DEAF CAMP

This year will be our 38th year of Liberty Deaf Camp, which began in 1981 by Rev. Eugene Bordean. He had a desire to make an impact on deaf youth in America. Liberty Deaf Camp continues to grow every year.

We are blessed to be here today to continue to carry on Rev. Bordean's dream.

WHAT IS THE GOAL FOR CAMP?

Our goal at camp is to impart spiritual, social, and cultural values in the lives of Deaf, Hard of Hearing, and CODA campers, to provide Deaf adults as role models to encourage and help them reach their maximum potential, to build unity among the Deaf, and to develop long lasting relationships to enhance their future.

The majority of our counselors are Deaf adults who are in leadership in our churches and have been involved with camp for many years. They are great role models for the campers and play a major role in the success of the camp. We have a ratio of one counselor per four students, and teams are divided up into groups with three counselors per dorm.



WHO CAN GO TO CAMP?

This is a camp for Deaf, Hard of Hearing, and KODA children 8-19 years old. All counselors are fluent in ASL (most are deaf) and desire to be outstanding role models. It is a great week of fun and excitement!



WHAT SHOULD THEY NOT BRING?

Please NO smart phones, electronic games, video camera, fireworks, knives, matches/lighters, cigarettes, drugs, or alcohol.

WHAT IF MY CHILD CANNOT AFFORD DEAF CAMP?

We have scholarships available. As in the past, no deaf or hard of hearing child will be denied camp because of finances. Request for financial aid must be turned in by June 30th.



WHAT SHOULD THEY BRING?

Bring a Bible, notebook, blankets, or sleeping bag, pillow, towels, flashlight, toothbrush, modest length shorts and tops, pants, sweat-shirt, one-piece modest bathing suit, dress clothes (we will be having a banquet on Thursday evening), rain gear, plastic bag for dirty clothes, spending money for snacks. We have a camp bank to protect your children's money. Oh, and don't forget rule #1... A GOOD ATTITUDE. Please label your child's things so if lost, they can be returned.



REGISTRATION:

Registration is from 5:00 to 7:00 P.M. on Sunday evening, July 21st at Scioto Hills Camp in Wheelersburg, Ohio. You may also pick up campers on Friday, July 26th at noon at camp.



ADDITIONAL INFORMATION:

IN COLUMBUS:
ASHTON LUFF AND SCOTT BRIGGS
LIBERTYDEAFCAMP@GMAIL.COM

IN CLEVELAND:
PASTOR JOE DIXON
SIGNS OF GRACE DEAF CHURCH
JOE.DIXON@GRACEMA.ORG

RANDY AND CRYSTAL WHITE
WILLO-HILL BAPTIST CHURCH
WHITECRY1121@GMAIL.COM

IN AKRON:
PASTOR KEVIN SMITH
DEAF OUTREACH CHURCH
KSMITH135@GMAIL.COM

IN JACKSONVILLE, IL
PASTOR JONATHAN BORDEAN
JACKSONVILLE DEAF BIBLE CHURCH
JBOR75@GMAIL.COM

REGISTRAR:
SHARON BORDEAN
614-599-3729 (VOICE/TEXT)
SHARONBORDEAN@GMAIL.COM

MEGAN LUFF
614-805-2213 (TEXT ONLY)
MRSLUFF2@GMAIL.COM



CAMP IS HELD AT:
SCOTIO HILLS CAMP
1009 MARTIN ROAD
WHEELERSBURG, OH

EMERGENCY ONLY
740-778-3279



TRANSPORTATION:

DEPARTURE

COLUMBUS AREA:
MEET AT LIBERTY BAPTIST CHURCH OF THE DEAF, 1552 ELMORE AVE.
COLUMBUS, OHIO 43224
SUNDAY, JULY 21ST AT 1:00 P.M.

RETURNING

COLUMBUS AREA:
THE CAMPERS WILL RETURN TO LIBERTY BAPTIST CHURCH OF THE DEAF ON FRIDAY, JULY 26TH AROUND 3:30 P.M.

FOR ADDITIONAL INFORMATION FOR TRANSPORTATION FOLLOW THE ARROW



COST

\$185.00 STUDENTS (AGE 8-19)
(\$360.00 FOR TWO STUDENTS FROM THE SAME FAMILY)

MAKE CHECK PAYABLE & SEND TO:
LIBERTY BAPTIST CHURCH OF THE DEAF,
REGISTRAR

1552 ELMORE AVENUE
COLUMBUS, OHIO 43224
ON CHECK MEMO: LIBERTY DEAF CAMP

REGISTRATION

Name _____ Birth date ____ / ____ / ____
Address _____ Grade _____ Age _____
City _____ State _____ Zip _____
E-Mail _____ Phone _____ (Voice/VP/Text)
Church _____

Please Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Female Camper | <input type="checkbox"/> Deaf |
| <input type="checkbox"/> Male Camper | <input type="checkbox"/> Hard of Hearing |
| | <input type="checkbox"/> Hearing |

For Adults only:

- Counselor in Training*
 Counselor*
 Volunteer/Support Staff*

* There are additional forms that you will need to fill out. Please contact the Camp Director for additional forms that need to be filled out. Also, you are required to attend one of our camp training session in June 2015 (TBA).

I agree to abide by all camp rules and understand that my wrong behavior can result in being sent home.

Camper's Signature: _____

Date _____

A form must be completed for each member of your family going to camp!

Photography Permission

I hereby give Liberty Deaf Camp staff permission to take photographs of me and the minor(s) named below or photographs in which the minor may be involved with others for the purpose of promoting it on our Liberty Baptist Church of the deaf website and our camp brochure for annual.

I hereby release and discharge Liberty Deaf Camp, Liberty Baptist Church of the Deaf, and Deaf Outreach Church from any and all claims arising out of use of photos, or any right that I or the minor have.

I _____ am 18 or older and am able to contract for the minor in the above regard. I have read the above statement and fully understand.

Signature: _____ Date: _____

Name: (please print) _____

Address: _____

Name of minor(s): _____

Address if different from above:

Relationship to minor: Parent Grandparent Guardian

OFFICE ONLY:

Cash \$ _____ Check # _____ Money Order \$ _____

Scholarship \$ _____

Boy Girl

Age: _____

Cabin Name: _____

Color Team: _____

Complete by: _____ (Initials Only)

****CONFIDENTIAL****

Camper's full printed name _____ preferred name _____

Camper's gender _____ Weight _____ Age while at camp _____ Birthdate _____

Circle camper's church group affiliation: Akron Canton Cleveland Columbus Other: _____

ALL CAMPERS: PLEASE BRING CLOSE-TOED SHOES AND SOCKS TO CAMP WITH YOU!

All sections requiring signatures must be completed.

Check here if the camper has no health insurance coverage.

Please PRINT the following: Parent/guardian name: _____

Your Email _____ Your Phone _____ voice text

Your alternate phone _____ voice text cell Other contact name/number _____

Insurance company name _____ Policy number _____

Ins. phone numbers (general) _____ (precertification) _____

Policy holder name _____ Address _____

Doctor's name and phone # _____

Dentist's/orthodontist's names and phone #s _____

Other physicians' contact information _____

Please copy both sides of insurance cards that cover the camper and attach to this form. (Do not send originals.)

Mark "yes" or "no" to each category below and complete each space as applicable. All spaces must be complete.

Identify dates of current immunizations below (* items MUST be current):

YES	NO	MONTH and YEAR of immunization
<input type="checkbox"/>	<input type="checkbox"/>	_____ Polio (TOPV or e-IPV)*
<input type="checkbox"/>	<input type="checkbox"/>	_____ Measles, Mumps & Rubella (MMR)*
<input type="checkbox"/>	<input type="checkbox"/>	_____ Diphtheria, Tetanus & Pertussis (DTaP or TdaP)*
<input type="checkbox"/>	<input type="checkbox"/>	_____ Varicella (immunized or had chicken pox)
<input type="checkbox"/>	<input type="checkbox"/>	_____ Tetanus Booster (dT or TdaP)* – if over 10 years since last dose
<input type="checkbox"/>	<input type="checkbox"/>	_____ Tuberculin screen
<input type="checkbox"/>	<input type="checkbox"/>	_____ Hepatitis B (if born after 1/1/92)
<input type="checkbox"/>	<input type="checkbox"/>	_____ Other, identify: _____

If your camper is not fully immunized, please sign the following: I understand and accept the risks to my child for lacking full immunization. Parent/Guardian signature _____ Date _____

For the health and safety of all campers, PLEASE DO NOT SEND YOUR CHILD TO CAMP IF SHE/HE IS in a CONTAGIOUS phase of ANY ILLNESS or parasites such as (but not limited to) MEASLES, CONJUNCTIVITIS ("Pink Eye"), PEDICULOSIS (Lice), INFLUENZA, etc.

Also, to protect against disease, please bring shoes that your child can wear into the showers.

Does the camper have any allergies/severe reactions to...

YES	NO	YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the camper have any of the following special or activity-limiting conditions?

YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain any "YES" marks above, and add any information of which the nurse/counselor/leader/camp staff should be aware: _____

The above information is true to the best of my knowledge.

Parent/Guardian signature _____ Date _____

****CONFIDENTIAL****

Camper's name _____ **Age while at camp** _____ **Birthdate** _____
 Camper's weight _____ **Church group affiliation:** Akron Cleveland Columbus Other: _____

Circle all items that the camper now has or had in the past. Explain any circled items below or on a separate attached paper.
 Information may be shared with camp staff on a "need to know" basis.

Hospitalizations? Surgeries? Renal (kidney) disease? Recent infectious disease or recurring illness? Insomnia (difficulty sleeping)?
 Mononucleosis (within 12 months)? Travelled outside the U.S.A. in the past 9 months? Chest pain or heart disease? Recent injuries?
 Eating disorders? A significant life event in the past 12 months (family change, death of a loved one, survived a disaster, etc.)?
 Bowel or bladder problems? Behavioral or emotional disorders? Menstrual difficulties (female)? Broken bones? Skin problems?

Swimming ability (check one) Nonswimmer Beginner (swims in waist high water) Intermediate (swims in deep water)
 Advanced (swims & dives with minimal supervision)

Medication Information

All medications must be in their original containers and given to the nurse on arrival to camp.

If your child has an Epi-pen, it **MUST** also be brought to camp and given to the nurse.

Will the camper bring any of the following to camp?

- | | | |
|-----------------------|-----------------------|---|
| <u>YES</u> | <u>NO</u> | |
| <input type="radio"/> | <input type="radio"/> | Will your child bring any medications to camp? |
| <input type="radio"/> | <input type="radio"/> | Does your child have an Epi-pen she/he will bring to camp? |
| <input type="radio"/> | <input type="radio"/> | Prescription medications? |
| <input type="radio"/> | <input type="radio"/> | Over-the-counter medications (include vitamins, sprays, topical)? |

Please complete the list for **all** medications - both prescription and over-the-counter - that your child takes. If more space is needed, please attach complete information about each medication on a separate paper.

Specify dosages for ALL medications, prescription and over-the-counter. Examples:

- ◆ Tylenol XS; NA; headaches/general pain; every 4 hours if needed; one 500 mg. oral caplet
- ◆ Robitussin; July 18; coughing; every 4 hours if needed; 1 Tbsp.; oral liquid
- ◆ Multivitamin; Aug 2011; good health; breakfast; 3 Gummy pieces; chew and swallow

Medication name	Date started	Reason taking it	Time medication is taken	Dose and quantity taken	How taken (capsule, liquid, shot, etc.)
			Breakfast Lunch Dinner Bedtime Other		
			Breakfast Lunch Dinner Bedtime Other		
			Breakfast Lunch Dinner Bedtime Other		

Prescription medications must be supplied from home in their **original containers**. **All medications** for the camper **must be in their original containers supplied from home** except the following over-the-counter medications, which **MAY** be available at the camp according to directions on the label for as-needed (NOT routine) situations. To be certain the camper gets regularly needed medications, supply them from home. Please cross out any that your child/the camper does NOT have your permission to be given.

Authorize administration of medications and any necessary treatment while at camp with your signature below.

- | | | | |
|---------------------|---------------------------|--------------------------|-------------------------|
| Adult Acetaminophen | Aloe | Children's Acetaminophen | Diphenhydramine |
| Adult Aspirin | Anti-itch lotion | Children's Ibuprofen | Guaifenesin cough syrup |
| Adult Ibuprofen | Antibiotic ointment/cream | Cough drops | Sore throat lozenges |

Authorization for health care:

As parent or guardian of the above named camper, I give approval for my child to participate in camp activities and release all affiliated camp staff from liability for the camper's sickness, accidents or injuries during camp. I agree that this completed form is true and may be photocopied to ensure continued care of the camper, and information may be shared on an as-needed basis. In the event of an emergency, I consent to treatment deemed necessary by camp medical personnel or directors, and authorize medical help on site or at an appropriate medical facility.

Parent/Guardian printed legal name _____

Parent/Guardian signature _____ Date _____