PK RETREAT INFORMATION & RULES 2021

What to bring:		Towel	Soap, shampoo
	Modest attire (see	Jacket	Personal care items
	camp rules)	Flashlight	Chap-stick
	Sleeping bag &	Extra shoes	Umbrella
	pillow	Trash bag for dirty	Toothpaste, toothbrush
	Recreational	clothing	Winter clothing for
	clothing	Bible, notebook, pen	playing in snow



Camp Rules:

- Respect for others must be shown at all times.
- No one is to leave the grounds before camp is dismissed without written approval of parent/guardian or verbal approval of parent/guardian directly to the Camp Director. Identification required.
- There will be no visitors during each scheduled camp session.
- Campers must attend all scheduled activities.
- Clothing with alcohol, tobacco, satanic, sexual slogans or images, or gang related clothing is not permitted.
- Shorts must be loose fitting and be no shorter than mid-thigh.
- Shirts with a strap less than 2in wide, plunging neck line, or shirts that allow the belly or undergarments to be exposed are not permitted.
- No fireworks, matches, lighters, firearms, tobacco, alcohol, drugs, drug paraphernalia, or pets allowed on grounds.
- Room and grounds must be kept clean and left clean at the end of camp.
- Campers are responsible to pay for any damages they may cause to facilities.
- Use of cell phones is not permitted. Campers will be given the opportunity to deposit their phones in a cell phone bank until the end of camp. Cell phones seen being used will be confiscated until the conclusion of camp. Cell phones may be used as alarm clocks only.
- Violations of camp rules may result in the contact of a parent/guardian with the possibility of the camper being sent home and forfeiting their camp fee. Expense of transporting expelled campers home will be borne by the parent/guardian.
- Campers are not permitted in or near the sleeping facilities of the opposite sex.
- Campers are not allowed in sleeping facilities without their counselor.
- Campers may not sleep in any room other than the one they have been assigned to.
- Campers must sleep in their own bed.
- Campers must not use the Counselor Bathrooms.

Sick Campers: Please do not send a sick child.

Campers should be fever free for 48 hours prior to attending camp.

Campers that get sick at camp will receive care by the camp medical staff and the campers parents will be notified. If the sickness is severe or contagious the campers parent/guardian will be contacted and will be asked to pick up the camper.

Lost Items: The New Mexico Ministry Network will attempt to return lost items to their owner. The New Mexico Ministry Network is not responsible for items left behind, lost or stolen.

Medications: Please provide the event director with all medications and clear instructions. Attendees are not allowed to manage their own medications for the safety of everyone attending.

Cook Canyon Ranch is located in Lincoln National Forest, <u>Just 4.2 miles from the main highway in Ruidoso, NM</u>. Telephone communication is limited. In case of emergency please call Austin Poper (Camp Director) @ 936.718.8353, Vickie Garrison (Ranch Manager) @ 505.228.9045 or 575.937.7145 or NM Ministry Network @ 505.899.5399.

Expected Temperatures for January

Ruidoso, NM 55°/25°

MEDICATION FORM - This form is required for all participants who require medication of any kind during the event. All medications must be turn in upon arrival/check in.

Instructions:

- 1. Place Medications (in original containers and clearly labeled) in a zip lock bag.
- 2. Write the Participant first and last name on the ziplock bag with a permanent marker.
- 3. Complete and attach this form to be used in administering medications.

5. Complete and attach this form	to be used in administern	ig medications.	
Participant Last Name:	Parti	cipant First Name:	
Church Name:	City:		
As parent/guardian or participant of administer the medications as instruc		nission for the event staff design	ated to manage medications, to
Name:Parent/Guardian/Participant 18yr	Signature:		Date:/
Parent/Guardian/Participant 18yr	rs or older	Parent/Guardian/Participant 18yrs or ol	der
Phone:			
Prescription/ Name of Medication	Dosage	# Times / Taken	Time of Day to Administer