

# Outer Limits 2009!



Adventure Awaits You at Outer Limits! Together we'll explore team building on the challenge course, white water rafting on the McKenzie River, and hiking along the Metolius River. You will make amazing new friends, play some awesome games, swim and boat on the lake while building relationships with God and each other. This packet has some helpful information to get ready for our week. If you have questions please feel free to contact us at Suttle Lake: 541-595-6663 or [suttle@gocamping.org](mailto:suttle@gocamping.org).

- **Camp starts on Sunday, August 2<sup>nd</sup>.** Plan to arrive between 3pm and 4pm.
- **Camp concludes at 10 am on Saturday, August 8<sup>th</sup>.**
- **Health Form:** Please fill out, sign and **mail the completed Health Form to the camp at least 10 days before your arrival.** An envelope has been enclosed for your convenience.
- **About Me:** In order to know a little bit about your camper prior to camp, we have an **About Me** page that is to be completed by both the parent and the camper. Please mail this page with the health form to the camp.
- **What to Bring:** A **List of What to Bring** is on the back of this letter. Keep in mind this is only a general list. You may need to adjust the list to meet your own special needs. Please note there are some items specific to Outer Limits Camp that you'll want to pack.
- **Crazy Dress-Up Night:** All campers are invited to be a part of **Crazy Dress-Up Night** on Wednesday evening. If your camper would like to participate, please have them bring something fun, to dress up with. Campers will need to be able to walk to and from the dining hall in their costume. (Please note: inappropriate costumes will not be allowed)
- We are called to live out our faith in action. This summer campers will be asked to join together in a very tangible act of social justice by **bringing non-perishable food items** to camp with them. These items will be donated to the local community through the Sisters Kiwanis Food Bank.
- On the back of the **Map** you will find the **Policies** for our camping program

Camper names and addresses may be shared with other campers so they can correspond after camp. Photographs that may include your child may be used for promotional purposes unless the camp director is instructed otherwise.

If you still owe payment for the camp, the balance is due two weeks before camp starts. If your church is paying part of the fee and they have not already sent the payment in, you will need to let the camp know the amount the church is planning to pay when you check in at the camp. Please contact Geneva Cook in the camping office (1-800-593-7539 ext 43) if you need more information about your registration or payments. Email can be sent to: [camping@umoi.org](mailto:camping@umoi.org)

*Do not send payments to Suttle Lake with the health form.*  
The address for Suttle Lake Camp is: 29551 Suttle Lake Rd,  
Sisters, OR 97759 and the phone number is (541) 595-6663



# *What to bring to Suttle Lake Camp*

*\* items are optional, items marked in blue are specific to Outer Limits Camp*

## **CLOTHING:**

- ❖ Several Changes of Clothing  
(Layers work best as the temperature may vary throughout the day and week.)
- ❖ Comfortable walking shoes or athletic shoes
- ❖ Durable hiking shoes or athletic shoes for our hikes  
(At least two pairs. Closed toed shoes are best for the terrain found at camp and our adventures.)
- ❖ Quick drying thermal layers (non cotton), including light weight jacket and rain pants, to wear while rafting (fleece, poly-propylene, nylon, etc.)
- ❖ Swimsuit & Towel (A one-piece suit is recommended for girls. You might want two towels.)
- ❖ Shoes that can be worn for water activities - *an essential for rafting*  
(Aqua socks, old tennis shoes, sandals with straps, but no thongs or flip flops)
- ❖ Light Jacket or Sweater or Sweatshirts
- ❖ A water-proof and/or wind-proof jacket (A cheap emergency poncho will work wonderfully.)
- ❖ Brimmed Hat
- ❖ Pajamas/Sleepwear
- ❖ Outfit for Crazy Dress-Up Night

## **BEDDING & TOILETRY ITEMS:**

- ❖ Sleeping Bag
- ❖ Pillow
- ❖ Towel & Wash cloth
- ❖ Toilet articles such as: soap, toothbrush, shampoo etc. Please bring pony tail holders if you have long hair

## **OTHER:**

- ❖ A positive attitude
- ❖ Non-Perishable Food Item (to be donated to the local food bank)
- ❖ Notebook & Pen/Pencil
- ❖ Flashlight with extra batteries
- ❖ Water bottle for use around camp or on hikes
- ❖ Sunscreen
- ❖ \*Chapstick
- ❖ \*Camera (disposable cameras are recommended)
- ❖ Day pack/fanny pack
- ❖ All medications must be in original bottles or packaging and referenced on the health form.  
(Please keep them where you can easily get them out for registering upon arrival at camp.)

**BIBLES ARE PROVIDED.**

**Camping is a way of life! Don't bring electronic devices, iPods, MP3 players or hand held games to camp. In children & youth camps, cell phones will be collected and returned at the end of camp.**

**A note about the "Camp Store":** Souvenirs and snacks are available at the camp store. The store is open during check-in & pickup time, and may be available during the week for older campers. In children & youth camps, money will be deposited into designated store accounts for individual campers.

*Please remember to mail in your "Health Form".*

# "About Me" Page

## Camper's Side

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

The name of the event I will be attending is:  
\_\_\_\_\_

This will be my \_\_\_\_\_ summer at church camp.  
If you have attended camp before, where did you attend?

What are 3 things you enjoy doing with your time?

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

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

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

What are you looking forward to most at camp?

Do you have any worries about coming to camp?

When or where do you feel closest to God or Jesus?

## Parent's Side

*Every child is unique. What unique characteristics of your child do we need to know about in order to help your child have a successful camp experience?*

1. How would you describe your child's personality?

2. How does your child let you know when he/she is happy or upset?

3. What is the best way to help your child deal with frustrations?

4. Does your child have any special needs or behavior patterns we should be aware of? *(Include any important daily or bedtime rituals, type of leader he/she responds to best, attention deficit or hyperactivity, extreme shyness, sleepwalking, etc.)*

5. Has your child experienced any major traumas or difficult times in life that we should be aware of as we minister to him/her *(i.e. divorce, death of a loved one, other)?*

*If you would like to know more about helping your child have a great camp experience, check out the parent resource page on our website: [www.gocamping.org](http://www.gocamping.org)*

**Health History Form  
Children/Youth Campers  
Camp & Retreat Ministries**

Dates of Camp Attendance \_\_\_\_\_  
Name of Camp or Event \_\_\_\_\_

This completed form (front & back) should be sent in to the camp at least 10 days prior to your arrival so that the camp staff can be aware of your needs. Attach additional pages if needed. Any changes to this form should be provided to camp health personnel *in writing* upon participant's arrival in camp.

Mail this form to the address below at least 10 days before camp starts:  
**Suttle Lake Camp  
29551 Suttle Lake Rd  
Sisters, OR 97759**

**Camper's Name** \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle Init. Gender: (circle one) Male Female  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Work/Other phone ( ) \_\_\_\_\_  
Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**If parent not available in emergency, notify:** \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

**Does camper have any known allergies?** \_\_\_ Yes \_\_\_ No  
Allergies to medications: \_\_\_\_\_  
Food allergies: \_\_\_\_\_  
Other Allergies: \_\_\_\_\_

**List any dietary restrictions:** \_\_\_\_\_

**Health History: (Check any that apply)**  
\_\_\_\_ Epilepsy or seizures \_\_\_\_\_ Frequent ear infections \_\_\_\_\_ Menstrual problems \_\_\_\_\_ Asthma  
\_\_\_\_ Frequent sore throats \_\_\_\_\_ Headaches \_\_\_\_\_ Bed-wetting \_\_\_\_\_ Heart disease  
\_\_\_\_ Back pain or strain \_\_\_\_\_ Alcohol/drug addiction \_\_\_\_\_ Attention Deficit Disorder \_\_\_\_\_ Diabetes  
Other: \_\_\_\_\_

Pertinent past medical treatment: \_\_\_\_\_

**Is camper presently taking or using any type of medication(s) or drug(s)?** \_\_\_ Yes \_\_\_ No  
*If yes, Specify and complete med report on reverse side.* \_\_\_\_\_

**Is the camper current on all immunizations needed for school?** \_\_\_ Yes \_\_\_ No  
Date of Last Tetanus shot: \_\_\_\_\_ Blood Type \_\_\_\_\_ (if known)

**Does the camper have a health condition (e.g. allergies, chronic conditions) or special circumstances which may affect program participation, special housing need, or anything we ought to know prior to emergency treatment?** \_\_\_ Yes \_\_\_ No  
*If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Medical Insurance:** \_\_\_ Yes \_\_\_ No Name of Insured: \_\_\_\_\_  
Carrier: \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of family physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Parent/Guardian Authorization:**  
My child has permission to take part in all camp activities under supervision unless limitations are noted above, and I agree that the camp or camp personnel will not be held responsible for accidents arising there from. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for my child.

in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed health form may be photocopied for trips out of camp.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please complete the other side of this form.*

## Permission to Administer Medications

*Camp & Retreat Ministries*

*Camp Latgawa, Camp Magruder, Sawtooth Camp, Suttle Lake Camp & Wallowa Lake Camp*

I, the parent or guardian of \_\_\_\_\_ give my permission to the camp Health Care Provider or his/her designate to give the following medications (or their generic equivalents) to my child, in accordance with recommended package dosing for the specific indications below. These medications are available at camps and need not be brought by participants.

	Yes	No		Yes	No
<b>Tylenol:</b> <i>Mild fever or discomforts</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Benadryl:</b> <i>Allergy symptoms</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ibuprofen:</b> <i>Mild fever or discomforts</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Antacid:</b> <i>Upset stomach</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Throat Lozenges:</b> <i>Cough/sore throat</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Anti-diarrheal:</b> <i>For diarrhea</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Topical Creams:</b> <i>Itching, sunburn, or insect bites</i>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Permission to follow recommendations by Oregon Poison Control or Idaho Poison Control.</b>	<input type="checkbox"/>	<input type="checkbox"/>			

**Signature of parent/guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.*

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

*Attach additional page for more medications.*

**All medications brought to camp must be in the original containers.**

NOTE: The camp personnel will notify you if your child displays the following symptoms:

- Any illness that persists longer than 24 hours; including fevers, coughs, excess expulsion of bodily fluids, allergic reactions, severe tiredness.
- Any injury that causes severe prolonged pain, discolorization and/or swelling.
- Any condition that cannot be sufficiently treated by camp personnel.
- Any condition requiring transport to other medical services.

**Upon camper check-in:**

Health History Form Verified \_\_\_\_\_ by \_\_\_\_\_  
Date Initials

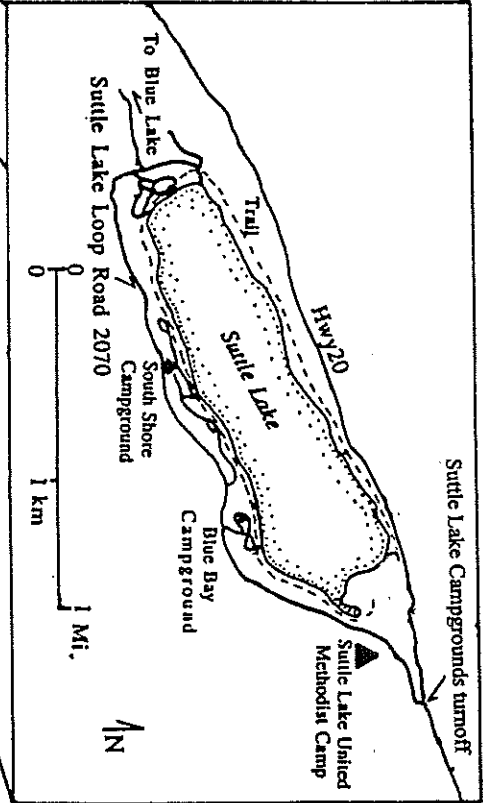
Health History Form Updated \_\_\_\_\_ by \_\_\_\_\_  
Date Initials

# FINDING SUTTLE LAKE UNITED METHODIST CAMP

29551 SW Suttle Lake Rd., Sisters, Oregon 97759  
(541) 595-6663

**Southbound on Interstate 5:**  
Take exit 253 at Salem east onto Highway 22. Proceed eighty-three miles through Detroit to the junction with Highway 126/20. Merge left. Continue thirteen miles east to the Suttle Lake Campgrounds turnoff. At Suttle Lake proceed south onto Suttle Lake Loop Road 2070. The Suttle Lake United Methodist Camp parking lot will be on your left 0.3 miles from the highway.

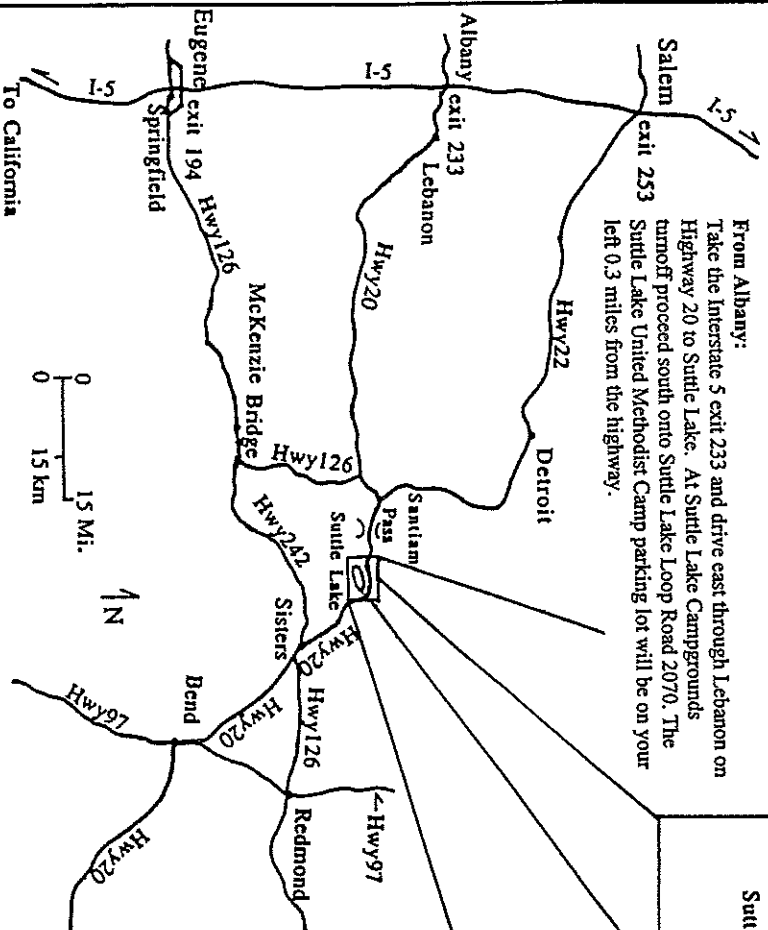
**From Albany:**  
Take the Interstate 5 exit 233 and drive east through Lebanon on Highway 20 to Suttle Lake. At Suttle Lake Campgrounds turnoff proceed south onto Suttle Lake Loop Road 2070. The Suttle Lake United Methodist Camp parking lot will be on your left 0.3 miles from the highway.



**Southbound on Highway 97:**  
From Redmond travel twenty miles west on Highway 126 to Sisters. From Sisters, continue northwest on Highway 126/20 thirteen miles to the Suttle Lake Campgrounds turnoff. At Suttle Lake proceed south onto Suttle Lake Loop Road 2070. The Suttle Lake United Methodist Camp parking lot will be on your left 0.3 miles from the highway.

**Northbound on Interstate 5:**  
Take exit 194A, Highway 126 East, the McKenzie River Highway and proceed eighty-nine miles passing the McKenzie Bridge and the junction of Highway 20 and Highway 22. Travel north on Highway 126/20. Keep to the right at the junction of Highway 20 and proceed east to the Suttle Lake Campgrounds turnoff. At Suttle Lake proceed south onto Suttle Lake Loop Road 2070. The Suttle Lake United Methodist Camp parking lot will be on your left 0.3 miles from the highway.

**Northbound on Highway 97:**  
From Bend, travel twenty-one miles northwest on Highway 20 to Sisters, from Sisters proceed north on Highway 126/20 for thirteen miles to the Suttle Lake Campgrounds turnoff. At Suttle Lake proceed south onto Suttle Lake Loop Road 2070. The Suttle Lake United Methodist Camp parking lot will be on your left 0.3 miles from the highway.



Sources: USGS Black Butte, 1:24,000, 1988  
USFS Deschutes National Forest, 1988  
ODOT State Highway Map, 1993

Neither The United Methodist Church, nor the University of Oregon nor any of their employees, officers, agents, or students warrant the accuracy or completeness of this map or the accompanying directions.

Map courtesy Department of Geography,  
University of Oregon, 1994.

Eddie Kahl, 1993

# CAMP & RETREAT POLICIES

*These policies have been found through many years of experience to be important for good camping.*

## 1. TO CAMP AND HOME

- ❖ Campers should plan to arrive and depart at the scheduled times. (See the letter about your specific event.) Staff is not available to care for campers before or after camp.
- ❖ Authorization of release of campers: Parents will be asked upon arrival at camp who is authorized to pick up their child at the end of the week.
- ❖ Visitors are asked to visit only at camp opening and closing.
- ❖ Telephone contact between campers and their parents or guardians will be confined to emergency situations.
- ❖ Licensed, insured drivers under age 18 may drive themselves if they have their parent's permission, but are not allowed to have any passengers. For drivers under age 18, keys are collected and returned at the end of the event.
- ❖ Campers love to receive letters. Mail them early to arrive mid-week. Food items are discouraged as these attract unwanted visits from local wildlife. If you choose to send a package, consider items that can be shared or used by others: this will help promote unity in the cabin.
- ❖ Camper names and addresses may be shared with other campers unless the camp director is instructed otherwise.
- ❖ Photographs that may include your child may be used for promotional purposes such as printed catalogs, flyers or camp websites unless the camp director is instructed otherwise.

## 2. HEALTH

- ❖ A completed camper health form is required for all campers. Parent or legal guardian must sign health forms for campers under age 18. This form gives our staff information about health history, allergies, special diets, medicines brought with the camper, and other information that will be helpful in properly caring for the camper. **THIS COMPLETED AND SIGNED FORM IS REQUIRED OF ALL CAMPERS**
- ❖ Medical or behavioral information about your child will be shared only with other staff if it is determined by the director or medical staff that it is necessary to help the staff person better work with your child.
- ❖ All prescription OR non-prescription medications must be brought in their original bottles or packaging. For child & youth events, the Camp Health Care Provider is to have custody of all medication brought into camp by campers.
- ❖ The camp personnel will notify you if your child displays the following symptoms:
  - Any illness that persists longer than 24 hours; including fevers, coughs, excess expulsion of bodily fluids, allergic reactions, severe tiredness.
  - Any injury that causes severe prolonged pain, discolorization and/or swelling.
  - Any condition that cannot be sufficiently treated by camp personnel.
  - Any condition requiring transport to other medical services.
- ❖ The use or possession of alcoholic beverages, non-prescribed drugs (except those placed in custody of camp), depressants, or hallucinogens is prohibited. The use of tobacco is prohibited in the light of fire hazard and health dangers. Smokers are asked to refrain from smoking while at camp.

## 3. USE OF THE SITE

Campers are to stay within the boundaries of the Camp unless accompanied by a staff member.

Swimming and boating are important parts of the program at many camps. They are permitted only when an official lifeguard is on duty, and at times designated by the Camp staff.

Personal sports equipment (skateboards, bikes, archery equipment) should only be brought when specified by the dean of the event.

Fires are to be built only in fireplaces and approved campfire pits.

Campers will help keep the campsite clean and in good condition.

Camping is a way of life! Don't bring radio, tape recorders, CD's, hand held games, television, or pets.

All local and federal laws prohibiting weapons, firearms, fireworks etc. apply in the camp setting.