

JIRAH

AND THE ROAD OUT OF

COPPERHEAD

HIGH SCHOOL CAMP

THIS SUMMER we will be looking at the character of God through the eyes of Moses, the man who spoke to God "face to face." Moses understood that God's love for His people cannot be separated from His holiness, nor His holiness from His justice, and whose sovereignty cannot be divorced from His goodness and eternity. In a world of relativism, culture often attempts to define God according to our imagination. But that is a God made in our image, not we in His. But the God who "is the same yesterday, today and forever" reveals the beauty of His character within His word.

JULY 5-10, 2021


HUME
NEW ENGLAND

JIRAH AND THE ROAD OUT OF COPPERHEAD

Dates

June 21 -26 for Middle School (Entering 6-8 Grade)

July 5-10 for High School (Entering 9-12 Grade)

Cost

\$405 Per Student if registered by May 26

\$475 after May 26

Note: Depending on amount of students registered and leader availability, we may be using the Hume provided counselors the camp employs for the summer.

Hume Covid Policy

Although we do not yet have state health department guidelines specific to overnight youth camps, we have already put new policies into practice at our Hume Lake campus in anticipation, and our Hume SoCal and Hume New England campuses will abide by the same policies when they open. Our Health Center team conducts a health screening and temperature checks upon the arrival of each guest. The Health Center has protocols to manage guests and staff that show signs of any communicable disease, including COVID-19. We have implemented enhanced and more frequent cleaning measures in guest and staff areas. These areas have been outfitted with more hand hygiene stations, increased ventilation, and modified layouts to promote social distancing. Our food service team has worked to stay current with the COVID-19 food industry guidelines for safe handling and serving. We are creatively maximizing the use of outdoor areas for guest activities and meetings.

We look forward to what God will do this year through the ministry He has entrusted to us! We look forward to seeing you, your family, or your campers soon!

More details available at: <https://hume.org/health-announcements/>

HUME NEW ENGLAND REGISTRATION

JULY 5-10, 2021

Please fill out and return to church or youth leader.

CAMPER'S NAME _____ AGE _____ GRADE _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

PHONE _____ CABIN PARTNER _____

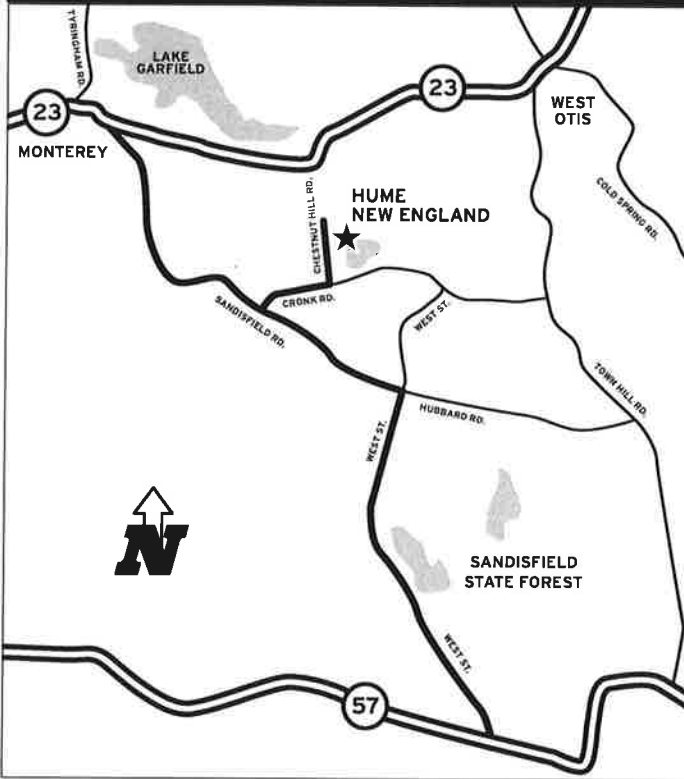
PARENT'S NAME _____

PARENT'S EMAIL _____ DATE OF CAMP _____

Parent will receive an email from register@humelake.org at the email address provided above with instructions to complete a required online registration process, including medical information and permission forms.

HUME NEW ENGLAND

73 CHESTNUT HILL ROAD, MONTEREY MA
tel: 413.528.3604 | fax: 413.528.8023



HUME NEW ENGLAND OVERVIEW

Hume New England, a summer camp for middle school and high school students, provides an incredible opportunity to get away from the busyness and distractions that young people face on a daily basis to make memories at camp. When you come to Hume New England, not only will you engage in high-energy recreation and activities, but you will experience God through chapel sessions, worship through music, small group breakouts, and spending time in His creation. Recreation teams are awarded points throughout the week, and on Spirit Day, themed costumes multiply your points to give your team the chance to win! All campers receive a free rec shirt, but only the winning team gets the coveted "Champion" shirt. If you allow Him, the Lord can use a week at Hume New England to change your life forever. We look forward to seeing you this summer!

WHAT TO BRING:

Bible, notebook, pencil, flashlight, sleeping bag, pillow, toiletries, warm and cool clothes, jacket, sandals, athletic shoes, modest one-piece swimsuit (no tankinis), \$60 recommended spending money.

GIRLS: No short shorts, bare midriffs, or spaghetti straps.

GUYS: No sagging of pants/shorts.

WHAT NOT TO BRING:

Drugs (unless prescribed by a doctor), alcohol, tobacco, vapes, fireworks, firearms, weapons, or electronic devices.

THEME VERSE:

EXODUS 34:6-8

SUPER SPIRIT DAY:

Denim on Denim

REGISTRATION:

Registration begins at 3pm on Monday and dinner will be served at 5:30pm. Camp will end at 9am on Saturday

MAIL:

You may send mail to the following address:
(Please send 5 days prior to desired delivery day)

**Camper Name / Church registered with
Hume New England/Week of Camp
73 Chestnut Hill Rd,
Monterey, MA 01245**

FREE TIME ACTIVITIES

- | | | |
|--------------|-----------------------|-----------------|
| Paintball | Water Trampoline | Billiards |
| Canoes | Swimming Pool | Carpet Ball |
| Super Slide | High Adventure Course | Mechanical Bull |
| Laser Tag | Archery | Gaga Ball |
| Axe Throwing | Hiking | Disc Golf |
| Basketball | Foosball | Volleyball |
| Kayaks | Ping Pong | Coffee Shop |

FOR MORE INFORMATION, VISIT HUME.ORG/NEWENGLAND



PO Box 68, North Granby, CT 06060 (860) 844-0001
(Form to be filled out by parent or guardian)

Name _____ Birthdate ___ / ___ / ___ Age ___ Sex ___

Address _____ City _____ State ___ Zip _____

Parent/Guardian _____ Home Phone _____ Work Phone _____

HEALTH HISTORY

Check what child HAS HAD: ___ ear infections ___ operation/serious health problems

___ heart trouble ___ chicken pox ___ measles

Check what child NOW HAS: ___ infections ___ asthma ___ other illness

___ diet restriction ___ potential health problem

Is participant ALLERGIC to: ___ bees ___ penicillin ___ other drugs

___ nuts

List medications participant is currently taking, including vitamins.

Prescription drugs must have a pharmacy label, including Doctor's name:

This history is correct as far as I know. The participant has permission to engage in all trip activities except as noted by me. I authorize the group leader to administer above medications to my child.

_____ (Signature/Relationship) _____ Date

In the event that I cannot be reached in an emergency, I hereby give permission for the physician selected by the group leader or his designate, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above.

_____ (Signature/Relationship) _____ Date

ALL INSURANCE CLAIMS WILL BE SUBMITTED TO THE PARENT/GUARDIAN'S INSURANCE COMPANY.

Insurance

Carrier: _____ Address: _____

Policy#: _____

ALL PARTICIPANTS MUST HAVE COMPLETED AND SIGNED THE HEALTH FORM, WHICH WILL REMAIN WITH THEIR GROUP LEADER.

VALLEY BROOK COMMUNITY CHURCH
RELEASE OF LIABILITY

Student's Name _____

Address _____ City _____ ST _____ Zip _____

Telephone Numbers of Parent/Guardian: Day _____ Evening _____

During Event _____

EVENT THIS APPLIES TO: Hume Summer Camp

DATE: June/July 2021

PLACE: Hume New England, Monterey MA

Mode of Transportation: X Private Car

The undersigned represents to VALLEY BROOK COMMUNITY CHURCH, Inc. that he/she is the natural parent or legal guardian of the above-named minor; and the undersigned does hereby consent to such minor taking part in the noted activity, with full understanding insofar as such activity will involve mingling with individuals and groups, that there is always the risk of injury, illness, loss and possible consequent expense for medical, diagnostic and curative treatments, and incidental loss and expense, and the undersigned does for him/herself and for and on behalf of such minor assume the risk of such and expense, and does hereby wholly release VALLEY BROOK COMMUNITY CHURCH from any responsibility or liability; and waives any claims or causes of action against it or its agents that might arise on account of loss, injury or expense occasioned by any sort of accident or any other circumstance involving such child, and agrees to hold harmless and/or indemnify VALLEY BROOK COMMUNITY CHURCH in event any such claim should arise, except in situation of gross negligence on the part of VALLEY BROOK COMMUNITY CHURCH or its agents.

AUTHORIZATION

I give permission for my son/daughter to attend the above-named VALLEY BROOK COMMUNITY CHURCH function. I have read the above "Release of Liability" and agree to its provisions.

Signature _____

Date _____

Print Name _____

Relationship to minor _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM