

# Camp Kupono

## Winter Teen Retreat 2020

Located on the Camp Waianae campground, deep in the Waianae Valley, Camp Kupono's Winter Retreat is a teen program designed to provide an enjoyable yet controlled environment that allows for the clear preaching of the Gospel.

**Ages:** 13-18 years

**Cost:** \$135 per camper; \$115 for each additional sibling

**Arrival:** Check-in begins at **5:00pm** on **Friday, January 17.**

**Departure:** Camp ends at **2:00pm** on **Monday, January 20.**

**What to bring:** Bible, notepad and pen/pencil, sleeping bag or bedding, towels, toiletries, flashlight, insect repellent, sunblock, swimsuit, jacket

**Optional:** camera, spending money

**What not to bring:** alcohol, drugs, tobacco, fireworks, ammunition, weapons, electronic devices (i.e. phones, mp3 players, gaming systems, computers, radios, etc.), scooters, skateboards, magazines, and clothing with obscene or immoral content.

**Boys' dress:** knee length shorts, t-shirts, swimsuit, sneakers, slippers.

**Girls' dress:** shorts (knee length to 8inch inseam), loose fitting t-shirts, one piece swimsuit/two piece covered with shirt and board shorts, sneakers, slippers.

No tight fitting or "skinny" jeans or shorts, no low neck tops, no slits above the knee.

**Note:** *The staff reserves the right to ask a camper to change his/her clothing if, in the estimation of the staff, the clothing does not comply with these guidelines.*

**Directions to campground:** 85-1570 Haleahi Rd. Waianae, HI 96792

**Mailing Address:** Camp Kupono 92-1042 Kanehoa Loop Kapolei, Hawaii 96707

**Camp Contacts:** 808-445-0042 [info@campkupono.org](mailto:info@campkupono.org) [www.campkupono.org](http://www.campkupono.org)

### **Attention to Parents and Youth Workers:**

-Campers do not have access to phones except for emergencies.

-Campers are expected to stay the entire weekend except for cases of noncompliance, sickness, or family emergency.

**How did you hear about Camp Kupon:**

**Please print.**

“I have read the general information section in this brochure, and I agree to comply with the dress and conduct regulations while at camp.”

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Parent/Guardian Signature

Camper name \_\_\_\_\_

Gender M / F

Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Name \_\_\_\_\_

Pastor \_\_\_\_\_

(Optional) I would like to room with... \_\_\_\_\_

\_\_\_\_\_  
(One choice only, first and last name)

\_\_\_\_\_  
Parent/Guardian Signature

**Informed Consent**

I give consent for \_\_\_\_\_'s voice/likeness to be used non-exclusively, and royalty-free for advertisement and promotional purposes by Camp Kupon.

**Medical Information**

In case of medical emergency, I understand every effort will be made to contact parents or guardians of the camper. In the event they cannot be reached, I hereby give permission to the physician selected by the camp to hospitalize and secure proper treatment (i.e. injections, anesthesia, surgery, etc.) for my child named on application. I agree to the release of any records necessary for treatment, referrals, billing, and insurance purposes. I also affirm that the medical information on this form is complete and correct.

My Child may receive the following medications at the discretion of the camp nurse.

Allergies: Benadryl (Diphenhydramine)

Anti-itch: Ivarest, Caladryl, Hydrocortisone cream, Campho Phenique, Lavender Oil

Decongestant: Sudafed, Peppermint Oil (aromatic)

Indigestion: Mylanta

Pain/fever: Tylenol (Acetaminophen), Advil (Ibuprofen)

Sun blocks

Sun burn relief: Lavender Oil, Aloe

Topical Antibiotics: Triple Antibiotic Ointment, Tea Tree Oil

Any Exceptions: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature