



2800 HARRIS ROAD
MINDEN, LA 71055
PHONE: 318-927-3706
EMAIL: INFO@HARRISBAPTISTCAMP.COM



RA Camp-O-Ree

Friday–Saturday, October 8-9, 2021

Important Information for Parents and Chaperones

The camp rules listed below are to help us in creating a safe and secure Christian environment. Please assist us in going over these rules with your child prior to coming.

1. Everyone must follow the schedule of activities. No one may stay in the Dorm or tent instead of participating in activities
2. Everyone must remain in the Dorms or tents after “lights out”
3. Chaperones, please tell Camp-O-Ree Director (Mike Collie) or Camp Director (Shawn Kaffka) before leaving Camp Harris
4. Boys are not to be walking around by themselves or in the Dorms by themselves
5. Dress at camp should be casual and comfortable.
6. The following items are **not allowed** at RA Camp-O-Ree:
 - 1) alcohol, 2) tobacco, 3) illegal drugs, 4) fireworks, 5) firearms/weapons

What to Bring

- Bible, pen and paper
- Medical/Release Form - Signed
- Bedding (sheets & blanket or sleeping bag)
- Your pillow
- Toothbrush, toothpaste, etc.
- Flashlight, bug spray
- Money for the snack shop
- Towel & soap

Prices: (prices are per person)

Sleeping in Dorm:	\$47 (Includes 2 meals and all activities)
Sleeping in Tent:	\$37 (Includes 2 meals and all activities)
Sleeping in RV:	1 guest = \$42; additional guests=\$27 (Includes 2 meals and all activities)
Saturday only:	\$22 (Includes breakfast and activities for the day)

How to Register: Please send a **\$10.00 non-refundable deposit** for **EACH PERSON** that you list on the “RA Camp-O-Ree Registration Form”. This deposit will be credited to your group’s final bill. All registrations must be done through a church group on the Registration Form provided in this packet. **Registration Deadline will be Wednesday, October 6, 2021!**

Emergency Contact Information

RA Camp-O-Ree Director (Mike Collie)	318 278 2968
Camp Director (Shawn Kaffka)	318 548 7340

Camp Harris is located in Claiborne parish and is serviced by the Homer 911 dispatch.

Visit us at www.harrisbaptistcamp.com



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Facility Use Policies

1. Harris Baptist Assembly is a Christian facility and the following standards help assure a Christ-centered environment.
2. Alcoholic beverages, illegal drugs, firearms, and fireworks are not permitted on HBA property. Please help us make this is a tobacco-free environment.
3. Groups are restricted to only those areas of the facility that the group has reserved.
4. HBA equipment, such as tables, chairs, media & sound, must be returned to original placement, unless arranged otherwise prior to the event.
5. No weddings are permitted on HBA property.
6. Abusive or foul language and violent behavior are strictly prohibited on HBA premises. Any person exhibiting such behavior will be required to leave the premises immediately.
7. Immodest clothing, distasteful monograms or extreme style of dress is prohibited.
8. Pets are not permitted. (Service or Emotional Support Animal will be permitted with proper written documentation and confirmation with Camp Director)
9. Any person or group must sign the "Facility Use Agreement" form prior to reservation of center's facilities.
10. Each group should have one (1) adult for every ten (10) youth or children.
11. The pool is off limits unless a HBA staff or certified lifeguard is on duty.
12. Girls must wear a one-piece bathing suit.
13. Adult leaders will be responsible for the conduct of their group and must not leave youth or children campers unattended.
14. No boys shall be in the girls' dorm or girls in the boys' dorm.
15. All accidents/incidents **MUST** be reported to the HBA staff as soon as possible.
16. Each overnight camper staying in dorms must furnish their own linens, pillows, towels, and toiletries.
17. Please help us to conserve energy by turning off the lights in rooms anytime they are not in use, and keeping doors closed in buildings that are heated or air conditioned.
18. Clear the grounds and buildings of paper or other trash before leaving camp.
19. Make sure all lights, A/C, or heat is turned off before your group's departure.

Harris Baptist Assembly is **NOT** responsible for providing first aid, emergency care, or transportation to and from the hospital. HBA will provide a listing of area medical facilities with directions, a **minimal** first aid area, and our staff are CPR trained. If a medical emergency does occur, you are to inform HBA staff as soon as possible, but **DO NOT WAIT on HBA staff**. It is your responsibility to get help immediately by calling 911 or getting the patient to the hospital.

You (as the renter) are responsible for providing first aid and emergency transportation in the event of an emergency. HBA advises you to have at least one person certified in CPR and First Aid with your group. You shall obtain the names and addresses of all its participants, emergency contact names and telephone numbers for all your participants, a listing of any persons with known health conditions requiring treatment, restriction, or other accommodation while on site. For minors without a parent on site, signed permission forms to seek emergency treatment or a signed religious waive must be completed prior to arrive and the appropriate information shared with HBA.

**"Be still, and know that I am God. I will be exalted among the nations,
I will be exalted in the earth!" Psalms 46:10**

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RA Camp-O-Ree Registration Form

Church Name: _____
Church Address: _____
Contact Email: _____
Contact Phone #: _____

Instructions: List everyone who is attending **starting with adults**. ***One counselor must be assigned for every 10 boys!***

Use more than one sheet if needed. Please list name, grade of student, and check whether sleeping in **Dorm**, **Tent**, **RV** or **ONLY** coming on Saturday.

	Name (please list adults first)	Adult /Grade	Dorm \$47	Tent \$37	RV \$42	Day \$22
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						



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RA Camp-O-Ree Medical Permission and Release Form

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Church Name camper is attending with: _____ City: _____

Home Phone: _____

In Case of Emergency notify: _____ Phone: _____

2nd Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Family Insurance Company: _____ Policy #: _____

IMMUNIZATIONS:		Tetanus	Polio booster	Measles	Mumps
Past Medical History (Check box to give appropriate information.)					
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Sinusitis	<input type="checkbox"/>	Bronchitis
<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	Dizziness	<input type="checkbox"/>	Stomach upset
<input type="checkbox"/>	(List other)		<input type="checkbox"/>	Kidney trouble	Diabetes
<input type="checkbox"/>	ALLERGIES:		<input type="checkbox"/>	Hay fever	Other
<input type="checkbox"/>	Food:				
<input type="checkbox"/>	Penicillin or other drug (name):				
<input type="checkbox"/>	Insect stings/bites:				
<input type="checkbox"/>	Poison sumac, oak, or ivy:				
<input type="checkbox"/>	Previous operations or serious illness:				
Childhood Diseases:					
<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	Whooping cough				
<input type="checkbox"/>	Other (list):				
<input type="checkbox"/>	Any Activity Restrictions (list):				
Current Medications (include prescription and over the counter medications):					
Name of Drug	Dosage	Time(s) Taken	Is the actual dose time different from the prescription bottle directions?		
What medication or treatment do you provide at home for the following?:					
<input type="checkbox"/>	Stomach upset:				
<input type="checkbox"/>	Constipation:				
<input type="checkbox"/>	Headache:				
<input type="checkbox"/>	Allergies:				
Any exposure to communicable disease during the preceding 21 days?:					
<input type="checkbox"/>	If yes, explain:				

***On back of this sheet, please list 4 people who are authorized by the parent/guardian to check out your child from Camp Harris.**

PERMISSION and RELEASE:

My permission is granted for the Camp Director, Camp-O-Ree Director, or other staff person in charge to obtain necessary medical attention in case of sickness or injury to my child. Also, my signature authorizes Camp Harris to use photographs, films, audio/video or other images of my child /participant for the purpose of and use in promotional material, website, audio and video publications. Parents/Guardians understand that they will not receive any payment or other remuneration for this authorization.

Name: _____ Relationship to Child: _____

Signature: _____ Date: _____

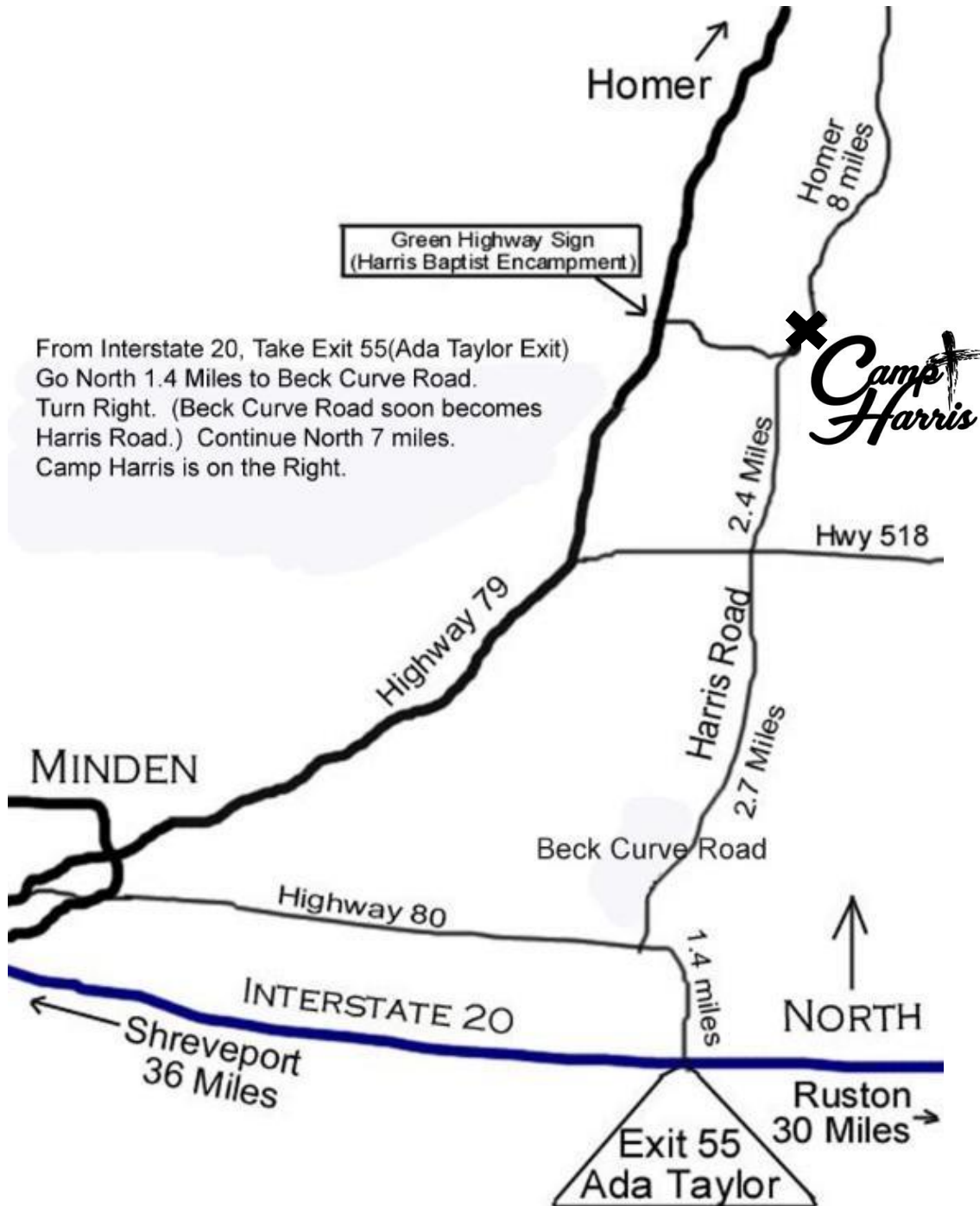


2800 HARRIS ROAD
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PHONE: 318-927-3100
EMAIL: INFO@HARRISBAPTISTCAMP.COM



Map to Camp Harris: 2800 Harris Rd., Minden, LA 71055

NOTE: If following GPS coming from east (Ruston) on Hwy 518, DO NOT take Backwoods Rd. Instead continue on Hwy 518, turn right onto Harris Road and continue on to Camp Harris.



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