



# Camp Director's Handbook 2026

1232 County Road 411B  
Glen Rose, Texas 76043  
254-897-4011  
[www.riverbend.camp](http://www.riverbend.camp)



# Dates to Remember

\*\*Tab Numbers refer to the corresponding tab on the Camp Scheduling Matrix

## ☐ \_\_\_\_\_ **Four weeks before camp** (check date on your contract)

\_\_\_\_\_ General Info (Tab 1)

\_\_\_\_\_ Camp Scheduling Worksheet (Tab 2)

\_\_\_\_\_ Special Events filled out online at [bendspecialevents.org](http://bendspecialevents.org)

\_\_\_\_\_ Food Allergy and Special Dietary filled out online at [bendfoodallergy.org](http://bendfoodallergy.org)

\_\_\_\_\_ Facility Usage (Tab 3)

\_\_\_\_\_ Resource Request (Tab 4)

\_\_\_\_\_ Worship Space (Tab 5)

## ☐ \_\_\_\_\_ **Two Weeks before Camp**

\_\_\_\_\_ Schedule/COI/Sponsor Certifications (Tab 6)

- Obtain a Certificate of Liability Insurance naming Riverbend as an additional insurer from your carrier and upload to the Camp Scheduling Matrix or have it emailed to [brad@riverbendretreat.org](mailto:brad@riverbendretreat.org). See sample Appendix 8. Be sure and have them put the name of your camp (i.e. Uncommon, Kidz @Kamp, etc.) or the date of your camp. If you are a “First Baptist Church, please have them put the city on it, too.

\_\_\_\_\_ Attending Churches (Tab 7)

## ☐ \_\_\_\_\_ **One Week before Camp**

\_\_\_\_\_ Attendance & Lodging Assignment (Tab 8)

\_\_\_\_\_ Pre-Approved Visitor List (Tab 9)

\_\_\_\_\_ Golf Cart Assignment Sheet (Tab 10)

\_\_\_\_\_ Special Events (Tab 11)

## ☐ \_\_\_\_\_ **First Day of Camp**

Upon Arrival, turn in Summer Camp Directors’ Check List (Appendix 4) and applicable attachments.

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General Camp Information	<a href="http://bendcampinfo.org">bendcampinfo.org</a>
Special Event Scheduling Form	<a href="http://bendspecialevents.org">bendspecialevents.org</a>
Food Allergy and Special Dietary Need	<a href="http://bendfoodallergy.org">bendfoodallergy.org</a>

# SUMMER CAMP DIRECTORS' Guidelines

## Definitions of Terms/Rolls

<b>Executive Director</b>	Brad Lambert, Executive Director
<b>Summer Camp Director</b>	Individual from group in charge of your entire camp
<b>Church Leader</b>	Individual in charge of each church group in attendance
<b>Sponsor</b>	Individual with direct supervision of a group of ten (10) or less campers
<b>CHO</b>	Camp Health Officer
<b>Matrix</b>	Camp Scheduling Matrix (online google sheet)

The following regulations are necessary in order to provide an enjoyable time for all involved at camp. **YOU ARE RESPONSIBLE** for conveying all information in this handbook to all your church leaders, sponsors, Camp Health Officers, campers, recreation leaders, and parents.

## I. REGISTRATION PROCEDURES

### A. CONSENT/RELEASE/MEDICAL

1. All attendees under the age of 18 **MUST** provide a signed, completed **Camper Registration Form** (Appendix 1). The Summer Camp Director is responsible for adding any additional activities not listed. Any activity limitations and health concerns should be communicated to sponsors and Riverbend staff to help ensure campers abide by restrictions, etc.
2. **Medications** – No medication (aside from the exceptions below) may be kept by any attendee during camp. All prescription and non-prescription medication must be given to and administered by the CHO.
  - a. Medication(s) must be in original container clearly marked with name and instructions.
  - b. Medication(s) must be recorded on Camper Registration Form or in an approved online format (Appendix 1 for campers; Appendix 2 for adults) and placed in Ziploc bag to give to the CHO for administering. Signature of parent/guardian is required for those under 18. (Please help your Camp Health Officer (CHO) by giving him/her enough time and help to get organized and aware of all needs before camp begins. Please be aware of privacy aspects of medical needs and communicate to only those that “Need to Know”.
  - c. Medication must be retrieved from the CHO prior to departing camp.
  - d. Exceptions: Asthma inhalers (prescribed by doctor) and EpiPen (antidote for allergies). In these cases, two (2) of these medications should be brought to camp and registered with the CHO. One may be kept by the Camper/Sponsor and one by the CHO. Similar special cases must be discussed with the CHO.
  - e. If medication(s) are sent without the original container, CHO should NOT administer.
3. Every attendee 18 and over **MUST** provide a signed, completed **Adult Leader/Sponsor Registration Form** (Appendix 2).
4. Appendices 1 and 2 must be turned in to the CHO upon arrival at camp and to the office prior to departure.

### B. TESTING AND BACKGROUND CHECKS

Steps that must be taken per law (and subject to fines) to qualify a person to be a camp sponsor are:

- a. **Child Abuse Prevention Training and Exam** – must complete a one-hour course and pass

an exam with 70% accuracy. Training curriculum and exam is available online at [www.riverbend.camp/abuse-prevention-page](http://www.riverbend.camp/abuse-prevention-page). The password is 1967. The exam is good for TWO years. Riverbend does not keep records of training from year to year. AND

- b. Summer Camp Director/Church Leader must perform an **annual criminal background check** using a criminal history database for each adult's permanent residence. If the adult has a temporary or an educational residence, an annual criminal background check shall include searching under the permanent, temporary and educational address, as applicable. The criminal history database used for the criminal background check is to be based on the individual's residences, and may include state, national or international databases. Documentation of the search results, whether the results are positive, shall be maintained with the sex offender background documentation. If you have internationals, you are responsible for ensuring that they have been conducted through an appropriate visa process. AND
- c. An **annual background check using a sex offender registration database** for each adult's permanent residence and educational residence if applicable, such as the TXDPS – Sex Offender Registry, which may be accessed at Texas Department of Public Safety – Crime Records Service. If you have internationals, you are responsible for ensuring that they have been conducted through the an appropriate visa process. Documentation of the search results, whether the results are positive shall be maintained with the criminal background documentation.

**Persons whose presence at a youth camp shall be precluded from supervising if the person has the following types of criminal convictions or deferred adjudications: a misdemeanor or felony under Texas Penal Code, Title 5 (Offenses Against the Person), Title 6 (Offenses Against the Family), Chapter 29 (Robbery) of Title 7, Chapter 43 (Public Indecency) or §42.072 (Stalking) of Title 9, §15.031 (Criminal Solicitation of a Minor) of Title 4, §38.17 (Failure to Stop or Report Aggravated Sexual Assault of Child) of Title 8, or any like offense under the law of another state or under federal law.**

**Persons whose presence may be precluded at camp are those with a misdemeanor or felony committed within the past ten years under §46.13 (Making a Firearm Accessible to a Child) or Chapter 49 (Intoxication and Alcoholic Beverage Offenses) of Title 10 of the Texas Penal Code, or any like offense under the law of another state or under federal law; or any other felony under the Texas Penal Code or any like offense under the law of another state or under federal law that the person committed within the past ten years. Camp management shall have on file a written evaluation by two or more camp executive staff for any staff member or volunteer whose presence at the youth camp may be precluded under this subsection showing that the person is suitable for a position at the youth camp.**

- d. AND the **Sponsor Certification** (Appendix 3) is required of each Summer Camp Director/Church Leader. **Please note that if requested, you must provide a copy of background checks and/or sex offender registration database checks within two (2) days of request. Failure to do so will result in a fine of up to \$1,000 per day per violation.**
- e. Ensure that all adults have completed the **Emergency Action Plan Training** as required by state law and provided by Riverbend.
- f. **Record Retention:** All applications, background checks, training documentation and other required documentation required by these rules shall be maintained in hard copy or electronic format for a minimum of two years following a person's last day of service. Please NOTE

- this two-year requirement is the state law requirement. Your attorneys may suggest longer.
- C. Attendance and lodging assignments (Tab 8 of the Matrix) & Churches attending list (Tab 7 of the Matrix).
  - D. To ensure the safety of all campers, all program activities/events are to be approved by the Summer Camp Director. Camp Director must be informed of any additional activities/events not listed on the Camper Registration Form (Appendix 1) at least two (2) weeks prior to camp. It is suggested that you request a review of any additional activities by the CHO to not only make them aware of the activity, but to allow them to suggest some risk management ideas.
  - E. Consider having someone assigned to the duty of stewardship/safety. This individual would help assure doors are closed, lights are out, and campers are where they are supposed to be.
  - F. The matrix must be completed upon arrival at camp.

## **II. SPONSORS**

- A. Recruiting and training of camp sponsors is vital to the success of any camp experience. These volunteers are children or youth workers, parents and other dedicated Christian leaders who are willing to give a week of spiritual service to the Lord and to young people. Certainly, you will desire to provide for them the highest level of training and support your church can offer.
- B. New for 2026 (per state law), Churches must provide the adult sponsors (at least 18 years of age) based on the following age ranges:
  - a. For campers from four to five years of age, one (1) male sponsor for every five (5) boys and one (1) female sponsor for every five (5) girls.
  - b. For campers from six to eight years of age, one (1) male sponsor for every six (6) boys and one (1) female sponsor for every six (6) girls.
  - c. For campers from nine to 14 years of age, one (1) male sponsor for every eight (8) boys and one (1) female sponsor for every eight (8) girls.
  - d. For campers from 15 to 17 years of age, one (1) male sponsor for every ten (10) boys and one (1) female sponsor for every ten (10) girls.
- C. Summer Camp Directors, church leaders and sponsors will be held responsible for the enforcement of all regulations and guidelines.
- D. It is the role of sponsors to maintain constant supervision of campers to help ensure their safety and well-being.
- E. Ensure all approved adults wear an orange wristband (provided by Riverbend upon arrival) for the duration of camp.

## **III. CAMP HEALTH OFFICER (CHO)/EMERGENCY PROCEDURES**

- A. Each group is responsible to provide their own Camp Health Officer (RN, LVN, Physician, Nurse Practitioner or person with an American Red Cross Emergency Response Certificate or its equivalent) and provide for medical supplies and information contained in this Handbook.
- B. Emergency Procedures on page 14 should be communicated to CHO, sponsors and campers and are posted in each cabin and the health center.
- C. For critical injuries, the CHO or person with an equal or greater certification must accompany camper to hospital. In this event, please make sure that adequate health care is provided in the CHO's absence.
- D. Make sure CHO operates on communicating medical needs on a "need to know" basis.
- E. See Health/Medical Tab for further information/procedures.



#### **IV. COMMUNICATION WHILE AT CAMP**

- A. Two-way radios are provided for the Summer Camp Director and Camp Health Officer. Full replacement cost will be charged if radio isn't returned in same condition as received. Extra Riverbend radios can be provided for a \$25 charge. Riverbend recommends bringing own two-way radios for you and your camp staff.
- B. On-call Riverbend Staff should be available by radio and cell phone. A list of staff on call is provided with radio and you can call or text the on-call number: 817-319-9617.

#### **V. SUGGESTED PROCEDURES FOR DISCIPLINARY ACTION**

- A. It is suggested that a disciplinary committee comprised of the Summer Camp Director, Sponsor of Camper, and one Representative from the camper's church will decide the disciplinary action. The Executive Director should be made aware of any incident.
- B. Camper's Disciplinary Release Form (Appendix 13) is a sample procedure that may be used.
- C. If the disciplinary committee decides that the camper will be sent home, the parent/guardian will be called to come and pick up their child. The camper's pastor should also be contacted.
- D. Riverbend staff is not responsible for camper discipline and will only get involved if physical or personal damage is being done.

#### **VI. LOST AND FOUND**

Check for all "lost" items and bring all "found" items to the Camp Office unless Summer Camp Director has made other arrangements. Feel free to stop by office and take all lost/found items with you. All left items will be kept for 7 days before their disposal.

#### **VII. PERSONAL CONDUCT AND COURTESY**

Failure by campers to cooperate with camp regulations will necessitate camper returning home at parent/guardian's expense and without refund of fees.

- A. Each church sponsor will be responsible for the conduct of his or her campers. It is the sponsor responsibility to maintain supervision of campers to help assure their safety and well-being.
- B. NO ONE is EVER to be in the river.
- C. The following are not allowed on the campgrounds: fireworks, firearms, large knives, swords or any illegal weapon, drugs or alcohol. Any illegal substance will be confiscated, and the authorities will be notified. Possession of these will be reason for disciplinary release from camp.
- D. Shaving cream (other than for shaving), duct tape, "color wars" and silly string are not allowed to be used in any of the buildings. If conducting outside activities using color powder, please have a system to rinse off campers before they enter buildings.
- E. No camper under 18 should be in cabins during scheduled activities without supervision.
- F. Illness or Injury – All illnesses/injuries must be referred to the CHO for treatment.
  - 1) CHO has final determination of course of action for any illness/injury.
  - 2) Urgent Cares:
    - i) Affordacare Urgent Care Clinic, 805 Hill Blvd #102, Granbury, Texas
    - ii) Express Care, 3801 E. US Hwy 377 #110, Granbury, Texas
  - 3) After hours – more serious illnesses/injuries will be transported to Glen Rose Medical Center emergency room.
    - i) Glen Rose Medical Center, 1021 Holden St, Glen Rose, Texas
  - 4) For acute emergencies, an ambulance should be called. (See Emergency Procedures on Pg.14)
  - 5) Camper's insurance is responsible for all accidents/illnesses. If church has insurance, they are

second and Riverbend third for accidents only and up to \$5,000.

- G. Campers must stay in their cabins after “Lights Out”. Unauthorized absence from assigned building can result in disciplinary release from camp.
- H. Dining Hall Etiquette – Campers can come to the dining hall only at their assigned time. There will be no breaking in line. Please clean up your area and dispose of your trash in designated receptacles.
- I. Camp Property –
  - 1. The church or organization making reservations will be held financially responsible for any damage or unauthorized removal of property or equipment.
  - 2. Campers will be responsible to clean their cabin/lodge and surrounding area prior to departure, in accordance with Building Cleaning Instructions and Building Check-Out Request (Appendices 16 & 17).
- J. Everyone on the campgrounds must dress in keeping with the highest Christian ideals.
  - 1. Shorts are to be modest.
  - 2. Boys are to wear shirts when they are outside their cabins.
  - 3. Shoes are to be worn while outdoors and in Dining Hall.
  - 4. Swimwear should reflect the modest nature of the Christian faith.
  - 5. All are to wear a “cover-up” over swimsuit to and from the pool.
  - 6. The sponsor is responsible for carrying out dress policies.
  - 7. No camera or camera phone may be used to take pictures or videos of any individual in any state of undress.
- K. Neither lewd speech, lewd gestures, nor overt public displays of affection will be acceptable, and can result in disciplinary release from camp.

## VIII. GUESTS

Riverbend understands the importance of parents keeping connected with their camper while they are at camp. However, for the health and safety of the campers and to help accomplish the goals at camp, Riverbend has a “**No Visitor**” policy. Exceptions to this policy (pastor or other church staff, special event personnel, special speaker etc.) can be made but must be approved through the Camp Liaison prior to camp starting. A day use fee of \$10 may be charged for any approved visitor. In addition if a visitor wants to eat in the dining hall, reservations in advance must be made and additional fee of \$10 is required. All visitors must check in at the office.

## IX. TRANSPORTATION

- A. Any large vehicles or any trailers should be unloaded at their cabins and moved to the RV Park to prevent congestion of the roads or parking areas
- B. Use of automobiles by sponsors and campers is strongly discouraged. Exceptions are:
  - 1. Vehicle used by CHO or other driver approved by Summer Camp Director for health/safety purposes
  - 2. Vehicle used to transport recreation and programming equipment approved by Summer Camp Director
  - 3. Vehicles used by those with physical limitations
  - 4. If transporting campers around camp, do so in a safe and legal manner. Please no riding on trailers (other than hayrides). **If transporting in a truck bed, all passengers must be seated in the bed with the tailgate up.** If riding in a vehicle, all doors must be closed, and no part of camper may be outside the vehicle. Use extreme caution.
- C. Front gate will be closed always, other than arrival and departure days. Access will be gained by

punching in access code (0212#) or by calling staff from the keypad provided at gate. Gate has an automatic exit.

- D. Please consider on having someone man the “Gate House” upon arrival, registration, and departure, etc. as needed.
- E. Golf Cart Procedures (Full procedures can be found on Appendix 10.
  - a. Drivers must be at least 18 years or older with a valid driver’s license.
  - b. There may not be more riding the cart than is recommended by seat configuration. Single seat carts hold no more than two (2), multi-seat carts hold no more than four (4).**
  - c. Riding on the back of golf carts is prohibited. All extremities must be kept inside the cart (arms, legs, hands, head, etc.).**
  - d. Golf carts are to be driven on roads and paved paths in the main campus area (not on trails). Pedestrians have the right of way.
  - e. Please remove key when not in use.
- F. A golf cart is provided free of charge for CHO’s use.
- G. Up to twenty additional golf carts can be rented from Riverbend. **Additional carts above 20 will require advanced notice and a higher rental rate.**

## **X. SECURITY OFFICER**

- A. Please designate one to two people to be your security officer(s) for the week.
- B. Riverbend can provide a two-way radio for their use for a \$25 rental fee, but it is recommended your group has your own set of radios.
- C. Duties include but are not limited to:
  - Assuring that all approved adults have on their orange wristbands and watch for any adults that are on campus without permission.
  - Campers are in their cabins by lights out.
  - Help when approved visitors come on campus.

# SPONSORS' GUIDELINES

**\*\*Please make a copy of these to give to your sponsors.**

You can add more guidelines to suit your needs.

Being a good sponsor means stepping up to the awesome, **24 hours a day**, responsibility of caring for someone else's children physically, mentally, emotionally and spiritually. Webster's Expanded Dictionary defines RESPONSIBILITY as "answerable; accountable; important". A sponsor is acting "**Loco Parenti**" which means "in the place of parents". This is an opportunity that should be taken with great thought and care.

- I. It is the sponsor's responsibility to ensure their camper(s) do not participate in any activity listed as a limitation on Camper Registration Form (Appendix 1). Sponsors should make sure they are familiar with their camper's registration form and medical needs. Please be aware of privacy issues of medical needs and only communicate on a "Need to Know" basis.
- II. **SPONSOR PRIVILEGES** are defined by your unique position as both a trusted church leader who is asked to shepherd precious young people and are required to assure health, safety and security for the campers. Privileges include:
  - A. Sponsor campers. Help ensure safety and well-being while at camp and in transit.
  - B. Parent, teacher, confidant, disciplinarian, staff member and friend to each camper in your group.
  - C. Represent your church, Riverbend and the Lord Jesus Christ.
  - D. To provide an atmosphere conducive to spiritual growth for those who are already Christians.
  - E. To maintain a prayerful sensitivity that God might call some to special service and then to help them in their response.
  - F. Guide young people to understand and apply proper Christian relationship principles with their peers and leaders.
  - G. To make CAMP the most fun experience ever.
- III. **SPONSOR RESPONSIBILITIES** include the primary requirement to assure that the campers in your group cooperate with all the Riverbend Guidelines.
  - A. Sponsors must maintain continuous supervision of their group (maximum of 10 campers) always. This is a Texas Department of State Health Services requirement. Supervision is never handed over to Riverbend staff. This requires cooperation with other sponsors to assure that no camper is overlooked. The State definition of supervised is:

A person is supervised if the person is within sight, except for infrequent momentary periods such as restroom breaks, and within reasonable hearing distance of a camper's outcry, of an adult with an obligation to report inappropriate or dangerous activities or behavior who has been made aware that the obligation is in effect at that time and who has willingly accepted the obligation.
  - B. All adults attending camp are required to wear an orange wristband (given out at check-in). This helps to identify adults who may not be approved to be on camp.
  - C. Be vigilant for safety issues 24 hours a day. Complete Emergency Action Plan Training and be ready to assist in the event of an emergency.
  - D. There is to be NO river access.
  - E. Many campers' "sicknesses" are due to not drinking enough water. Encourage three glasses of water or non-caffeine drinks at meals and frequent fluids at activities.
  - F. Please make yourself aware of correct body spill clean-up methods. Riverbend keeps "Body Spill Clean-up Kits" in the office. You can contact the Camp Health Officer or camp staff to obtain a kit.
  - G. It is important to know your campers. Know each camper in your group by name and foster a spirit of mutual accountability.
  - H. Please help be good stewards of God's resources at Riverbend by keeping doors closed and turning off lights. If thermostats are adjusted, they will return to their previous setting each day.
  - I. NO ONE is to remain in the cabins/lodges during scheduled activities.

- J. It is the responsibility of the sponsors to provide wake-up service and are responsible to assure that their group is on time. The sponsors should monitor their group during worship services.
- K. Sponsors are responsible to put campers to bed and ensure they stay in the cabin after “lights out”.
- L. Seek opportunity early in the week to talk with your campers individually about their relationship with the Lord. If you need assistance, ask your church leader or camp staff. It is best not to talk with your campers during the invitation unless they ask a specific question.
- IV.** LEAD your group to pray for the unsaved at the camp and especially in your group.
- V.** CAMPER PROBLEMS:
  - A. Handle problems which you observe in behavior immediately. If you require assistance, include your Church Leader.
  - B. Personal problems which the campers bring to you need to be taken seriously and discussed with them as soon as practical. However, you will not be able to handle all their problems and may need to refer them to parental or pastoral care.
  - C. If further disciplinary actions are needed, see page 75, Appendix 13.
- VI.** ILLNESS OR INJURY:
  - A. Camper must be taken to the Camp Health Officer (CHO) or call emergency personnel (if applicable). Appropriate forms must be completed (see Camp Health Information)
  - B. Call the Summer Camp Director and the Riverbend on-call staff (817-319-9617) as needed.
  - C. A camper who is exhibiting symptoms that may lead to a communicable virus or disease diagnosis, that camper must be isolated and arrangement for their departure from take place as soon as possible.
  - D. If transportation is needed, notify the Summer Camp Director, CHO and Riverbend Staff and send a qualified adult with the camper. Some qualifications are to be responsible, preferably know family and camper, and provide assurance to camper, etc. For critical injuries, the CHO or person with an equal or greater certification must accompany camper to hospital. In this event, please make sure that adequate health care is provided in the CHO’s absence.
  - E. CHO, Summer Camp Director, Church Leader or Riverbend Staff will make all calls to parents, doctors, or hospitals as required. Depending on the nature of the illness/injury the parent/guardian may be asked to meet their child at the doctor/hospital. Please be calm and collective when calling parents. Please be aware of privacy aspects of medical needs and communicate to only those that “Need to Know”.
- VII.** Cleaning products are in the closet of your cabin’s conference room. They are kept locked for safety reasons. The code is 1232. If you run out of products, let the office know. Staff will come by once each day to check paper products and trash. Your Summer Camp Director will provide you with a cleaning check list on the last day of camp.
- VIII.** For Emergency Procedures and Child Abuse Prevention Procedures see pages 14-16.
- IX.** Please familiarize yourself with all Summer Camp Directors’, Church Leaders’, Parents’/Guardians Guidelines on pages 6-13.

# PARENTS'/GUARDIANS' INFORMATION

**\*\*Please copy this page for parents or add to your booklet, etc.**

## A. Items Needed for Camp:

- 1) Bedding – All bunk beds have mattresses only and each camper will need to bring twin sheets and blanket or bedroll and a pillow.
- 2) Personal toiletries including wash cloth, towel, shower shoes, etc.
- 3) Personal Protection equipment including mask, hand sanitizer and other items as deemed necessary by the parent (or mandated by local, state or federal government officials).
- 4) Bible, note paper, and pencil or pen
- 5) Flashlight, sunscreen and bug spray – Please make sure your camper knows the how, when and why of their proper application.
- 6) Money for snack shop and gift shop, if desired.
- 7) Nose plugs and water shoes for waterfront activities are encouraged.
- 8) Swimsuit and cover-up. Swimwear should reflect modest Christian standards. Cover-up must be worn to and from pool.
- 9) Medications – Make sure your child/youth's medical forms are complete and medications are in original container(s) in Ziploc bag marked with child/youth's name.
- 10) If your child/youth has food allergies or other special nutritional needs, please have parents fill out "Allergy & Special Dietary Needs Form" located at [bendfoodallergy.org](http://bendfoodallergy.org) or through the online registration for those using digital registration. They can also follow up with the Food Service Coordinator at 254-897-4011.

B. Leaving Camp: Remember that the continuity of the camp experience is used by the Holy Spirit of God to touch campers' hearts. Taking a camper out for even a brief period can reduce the spiritual effectiveness of camp. Please minimize absences. Campers or adults who leave camp may not be able to return.

- 1) Procedure for administrative release of a camper – Permission to leave the camp must be secured through the church leadership. A Camper Excused Release Form (Appendix 12) can be obtained from the camp office or your church leadership may use their own.
- 2) The camper's church leader/sponsor/parent/guardian must sign out upon departure and sign back in upon return (Appendix 12) located in camp office during office hours and with Summer Camp Director after office hours.

## C. COMMUNICATION

- 1) From Home to Camp:

<b>254-898-0814</b>	<b>Camp Health Officer</b>
254-897-4011	Office Hours: 8:30-5 pm
817-319-9617	On Call Staff for after hours' emergencies

  - E-mail access through [www.riverbendretreat.org](http://www.riverbendretreat.org) then click on CampLink
  - **Care packages** for campers and sponsors available for purchase online at [www.riverbendretreat.org](http://www.riverbendretreat.org) then click on CampLink

Mailing Address  
Child's/Youth's Name  
Name of Church/Camp  
Riverbend Retreat Center  
1232 CR 411B  
Glen Rose, TX 76043
- 2) From Camp to Home: Stamps/Postcards are available in Camp Store\$.49 - \$.75

**EMERGENCY PROCEDURES**  
**EMERGENCY ADDRESS 1232 CR 411B**

**HANDLING EMERGENCY SITUATIONS IN A RESPONSIBLE MANNER IS VERY IMPORTANT.**

**YOUR GROUP IS RESPONSIBLE FOR YOUR FIRST-AID NEEDS**

\*DO NOT PANIC

\*HAVE AN ACCURATE ROLL CALL

\*BE ALERT AND MAINTAIN CONTROL

\*PRACTICE RESPONSIBILITY IN ALL ACTIVITIES

**I. Serious Accidents:**

Extensive bleeding, unconscious, snake bite, suspected broken bones, back or head injury, drowning, etc.

1. Keep the injured person quiet, warm, and still.
2. If necessary, call 911, then contact Riverbend Staff via the Phone Numbers located at the top of this page.
3. If the victim needs medical attention and is able to be transported, please follow the instructions on the "Hospital and/or Doctor Care" form. This form is included in the Summer Camp Director's Handbook or can be obtained from the RRC office.
4. In case of any bodily fluid spills, block off the area to prevent contact and obtain the "Body Spills Clean-Up Kit" provided at the Health Center during summer camp or at the Riverbend Office.
5. In case of snakebite, seek medical help and notify the camp office immediately. Look around to make sure there are no other snakes. Make sure the victim is safe, kept calm and still. Keep the location of the bite lower than the heart.

**II. Lost Camper** - Summer Camp Directors and/or sponsors should ask campers and sponsors in the immediate area to help in the search and questions about the last known whereabouts.

1. Immediately notify Riverbend staff.
  - a. Daytime: Go to the camp office; find your Summer Camp Director or Camp Health Officer to inform the Riverbend staff radio network.
  - b. Nighttime: Contact Riverbend On-Call via Camp Director or Phone Number located at the top of this page.
2. Riverbend staff and the Summer Camp Director will contact local authorities as necessary and organize an initial search.

**III. Adverse weather conditions:**

1. The Riverbend staff will monitor adverse weather conditions.
2. When notified of threatening conditions, either by Riverbend staff, weather sirens, or an alert from public media, guests are to remain in cabins/lodges until notice that all is clear. If outside, go to the nearest enclosed facility.
3. While in the facilities, the Sponsor will take a roll call to ensure that all group members are present.
4. In case of a tornado, guests should be covered with a mattress on the floor in cabins.
5. In case of thunder and lightning:
  - a. When Lightning is detected within a 10 mile radius, activity areas that are not under cover will be closed for 30 minutes. The 30-minute timer will be restarted at each onset of thunder or lightning. If at the end of the 30-minute no lightning or thunder is detected, activities will reopen.
  - b. Riverbend will contact the camp leader and inform them we are under a "thunder call", campers should seek cover indoors or under the Rec Point or other covered areas.
  - c. Using lightning detection technology, if lightning is detected less than 10 miles from camp. Riverbend will notify the SCD and inform them that campers must remain indoors or under cover until Riverbend informs the SCD we are "all clear".
6. In case of injuries, notify your Camp Health Officer and Riverbend staff as soon as possible.
7. After the all-clear is given proceed to Freedom Courtyard (flagpole) in front of the Dining Hall will serve as a central meeting place to have roll call.
8. Activity areas may stay active during light rain but will be closed if Riverbend deems conditions unsafe.

**IV. In the case of FIRE**

1. Get everyone out as soon as possible and meet at the Freedom Courtyard (flagpole) in front of the Dining Hall.
2. Send someone to call 911; our 911 address is "1232 County Rd. 411B, Glen Rose, Tx 76043". Alert Riverbend Office or On-Call via Phone Numbers located at the top of this page.
3. Alert the guests in nearby cabins/rooms and see that they are evacuated, if necessary.
4. Once outside, the Sponsor will take a roll call to ensure all group members are present.
5. **Fire extinguishers are located in conference rooms-pull pin, direct nozzle at the base of the fire, depress handle until the fire is extinguished then release handle.**
6. Alert Riverbend staff as soon as possible.

**V. Nuclear Accident Evacuation: The Signal is a slow wavering tone on the Outdoor Warning System. Listen to WBAP 820**

1. Follow the directions stated on the poster located in all buildings. Riverbend is located in **Zone 2J**.
2. If using your own vehicle, do not drive towards Glen Rose, go in the opposite direction using the route map on the poster.  
 If you were bussed in, Glen Rose Sheriff's Office will provide busses for evacuation.

## Child Abuse Policies and Procedures

Child Abuse has become a nationwide issue since about the mid-1980's. Schools, camps, churches and other youth organizations have come under intense scrutiny. We must be sensitive and well informed to protect our children and to avoid having potential difficulties in this area.

We cannot be too careful around sexual, physical or emotional abuse. Even the appearance of wrong or a false allegation can cause irreparable damage to the reputation of the accused, the church involved and Riverbend Retreat Center. Therefore, all leaders must be cautious to avoid doing anything that could be interpreted as sexual, physical, or emotional abuse.

### Procedures for Riverbend Retreat Center

#### A. FOR A CHILD ABUSED AT RIVERBEND

1. If child abuse is suspected, the RRC Executive Director, the Summer Camp Director, and the church leader of the persons involved **MUST** be informed at once.
2. To the extent possible, the name of the child and the nature of their accusation shall be kept confidential.
3. The child should be removed from ALL contact with the accused.
4. The RRC Executive Director, Summer Camp Director and church leader will interview the suspected child abuser.
5. If the above-mentioned persons have reason to believe that any child abuse has or will occur, they shall report him/her to the proper authorities.
6. The Summer Camp Director will contact the parents to inform them of the situation.

#### B. FOR A CHILD ABUSED BEFORE COMING TO RIVERBEND

If a child is determined to be an abused child, either by observation or through confiding in a sponsor, staff member or other leader that he/she has been abused, the following steps should be taken:

1. The sponsor or leader should counsel the child according to the guidelines set forth in "Helping a Victim of Child Abuse" (letter C. below).
2. The sponsor or leader should inform **ONLY** the RRC Executive Director, Summer Camp Director and the child's church leader of the situation.
3. The RRC Executive Director, Summer Camp Director and the church leader will then follow legal procedures for informing the proper authorities, i.e. the Texas Health and Human Services or the local authorities.

#### C. HELPING A VICTIM OF CHILD ABUSE

After it has been disclosed that a child has been abused, certain steps should be taken to help the child.

1. **Listen** — don't panic or overreact. Give the child permission to talk about the abuse to you. Listen carefully to everything the child says and note his/her behavior. Don't fill in words for them. Don't ask leading questions. Have another adult present when you talk to the child.
2. **Believe** — Never criticize the child or claim that the child has misunderstood what happened. Support the child for disclosing. It is not your responsibility to determine whether the allegation is true. Children seldom lie about abuse.
3. **Protect** — Take the child to a private place with either the RRC Executive Director, Summer Camp Director, Camp Health Officer, or the child's church leader. Discuss the situation only with these individuals. Try to avoid repeated interviews about the incident. Never promise that everything will be okay. You can promise that you will do what you can.
4. **Affirm** — Children who have been victimized may feel sad, angry, fearful, anxious, and depressed. Accept and understand the child's feelings. Avoid telling the child how he or she "should feel." Rather, emphasize that the child is not to blame for what happened. Praise him/her for courage and honesty and promise that you will get help.
5. **Refer** — **DO NOT** attempt to handle the problem alone. This is important for the well being of the child as well as for your own protection. As a child care custodian, you are mandated by law to report child abuse.



# Texas Child Abuse Reporting Law

34.01 Persons Required to Report – A person having cause to believe that a child’s physical or mental health or welfare has been or may be adversely affected by abuse or neglect by any person shall report in accordance with Section 34.02 of this code.

## 34.012 Definitions

### 34.02 Contents of Report: to Whom Made

(a) Non-accusatory reports reflecting the reporter’s belief that a child has been or will be abused or neglected, or has died of abuse or neglect, has violated the compulsory school attendance laws on three or more occasions, or has, on three or more occasions, been voluntarily absent from his home without the consent of his parent or guardian for a substantial length of time or without the intent to return shall be made to:

- (1) any local or state law enforcement agency;
- (2) The Department of Family and Protective Services Abuse Hotline (see below)
- (3) Department of State Health Services' Policy, Standards and Quality Assurance Unit (see below)
- (4) the state agency that operates, licenses, certifies, or registers the facility which the alleged abuse or neglect occurred; or
- (5) the agency designated by the court to be responsible for the protection of children.

(b) All reports must contain the name and address of the child, the name and address of the person responsible for the care of the child, if available, and other pertinent information.

(c) All reports received by any local or state law enforcement agency that involve a person responsible for a child’s care, custody, or welfare shall be referred to the Texas Department of Human Services or to the agency designated by the court to be responsible for the protection of children. The department of designated agency immediately shall notify the appropriate state or local law enforcement agency of any report it receives, other than from a law enforcement agency that concerns the suspected abuse or neglect of a child or death of a child from abuse or neglect. If the report relates to a child in a facility operated, licensed, certified, or registered by a state agency, the department shall also refer the report to the agency for investigation. If the department initiates an investigation and determines that the abuse or neglect does not involve a person responsible for the child’s care, custody, or welfare, the department shall refer the report to a law enforcement agency for further investigation.

(d) An oral report shall be made immediately on learning of the abuse or neglect, or likelihood of abuse or neglect, as prescribed in Subsection (a) of this section. If a professional has cause to believe that a child has been or may be abused or neglected, the professional shall make an oral report as prescribed by Subsection (a) of this section not later than the 48<sup>th</sup> hour after the hour the professional first suspects that the child has been or may be abused or neglected. In all instances a written report shall be made within five days to the same agency or department. Anonymous reports, while not encouraged, will be received and acted on as prescribed by Section 34.053 of this code. In this subsection, “professional” means an individual who is licensed or certified by the state, or who is an employee of a facility licensed, certified, or operated by the state, and who in the normal course of official duties, or duties for which a license or certification is required, has direct contact with children. “Professional” includes teachers, nurses, doctors, and day-care employees.

### 34.03 Immunities

(a) Except as provided by Subsection (b) of this section, a person reporting or assisting in the investigation of a report pursuant to this chapter is immune from liability, civil or criminal, that might otherwise be incurred or imposed. Immunity extends to participation in any judicial proceeding resulting from the report.

(b) Persons who report their own conduct or who otherwise report in bad faith or malice or assist in the investigation of a report in bad faith or malice are not protected by this section.

34.04 Privileged Communications – In any proceeding regarding the abuse or neglect of a child or the cause of any abuse or neglect, evidence may not be excluded on the ground of privileged communication except in the case of communications between attorney and client.

## REPORTING AGENCIES

- Local Law Enforcement: 911 or Somervell County Sheriff 254-897-2242
- Department of Family and Protective Services: Abuse Hotline: 1-800-252-5400 or online at [txabusehotline.org](http://txabusehotline.org)
- Department of State Health Services’ Policy, Standards and Quality Assurance Unit by phone at (512) 834-6788 or submitting the Reporting Abuse and Neglect Form, by fax at (512) 834-6707 or email at [PHSCPS@dshs.texas.gov](mailto:PHSCPS@dshs.texas.gov)

**Notification Requirement:** A person making a report, to local law enforcement or the Department of Family and Protective Services, of alleged abuse or neglect at a youth camp, must also notify the Department of State Health Services’ Policy, Standards and Quality Assurance Unit by at 512-834-6788, by fax at 512-843-6707, or by e-mail at [PHSCPS@dshs.texas.gov](mailto:PHSCPS@dshs.texas.gov)

## CAMP HEALTH OFFICER INFORMATION

### I. *Before ARRIVAL:*

- A. Please have a plan of action in case of an emergency where there is a need to transport the patient.
  1. Who will go with the patient?
  2. If you will be going, who will be qualified to cover your responsibilities while you are gone?
  3. What vehicle (if not by ambulance)?
  4. Is driver cleared for driving by the Summer Camp Director?
  5. Please be aware of privacy aspects of medical needs and communicate to only those that “Need to Know”.
  6. Plan for pre-screening, daily screening and action steps in case of communicable disease/virus.
  7. Send a copy of Camper Registration Form (Appendix 1) so that the hospital can have the insurance information. Know that it is camper’s insurance 1<sup>st</sup>, church’s insurance 2<sup>nd</sup>, and Riverbend’s insurance 3<sup>rd</sup>. Remember that Riverbend’s insurance is for accidents only.
- B. Be aware of the Emergency Procedures on page 14 of this handbook. These Emergency Procedures are also posted in all cabins and in the Health Care Center.

### II. *Upon ARRIVAL at Riverbend, come by the office to check in. A Riverbend staff member will check you in and confirm the following:*

- A. PAPER HEALTH LOG - Begin a new page for each day. Please enter all information requested. Enter everyone you see for medication from a scratch to the most severe injury/illness. The accidents/illnesses can be in one log and medications in another if desired. Please return to office upon departure. **The log must remain intact (bound) per Texas Department of State Health Services. A pre-approved, unalterable computerized system is also allowed.**
- B. If using the online format provided by “Campwise” we will provide a laptop, iPad with cellular data and a log in.
- C. ACCIDENT REPORT FORMS (See pages 22) – These must be filled in completely when someone is taken to the emergency room or to see a doctor. Return the completed form to the office upon return from the hospital/doctor. These are needed to file insurance for accidents (**if our insurance is needed- see IA #6 above**). If using the Campwise system, there are electronic ways to submit these forms.
- D. KEYS – For the Health Care Center Rooms, locked cabinets and ice code
- E. TWO-WAY RADIO – For communication between Summer Camp Director/Health Officer or his/her Designee and Riverbend staff.
- F. GOLF CART – Please abide by guidelines. (See Appendix 10)
- G. BODY SPILLS KIT – Make sure you are aware of TDSHS requirements and that sponsors are equipped to handle any such needs they may have. Additional “Body Spills Kits” will be kept in camp office if you need more. Return any unused to office upon departure.
- H. SYRINGE RECEPTACLE – All syringes must be disposed of in this receptacle. Return to office upon departure. Please do not close or seal the receptacle unless completely full.

### III. **Please bring verification of your professional license (LVN, RN, EMT, Etc.) to Riverbend office.**

### IV. **Make sure you have a completed and signed:**

- **Camper Registration Form** (Appendix 1) for every attendee under 18 – Make sure medication information is completed for all attendees taking meds.
  - **Leader/Sponsor Registration Form** (Appendix 2) for anyone 18 and over
- A. Alphabetize these forms by churches, names etc., for easy access.
  - B. It is your responsibility to review these and be aware of special needs. Please be aware of privacy aspects of medical needs and communicate to only those that “Need to Know”.
  - C. Keep with you through the week and give to Riverbend Office before departure (if Summer Camp Director has not already given them a copy).
  - D. **If a camper is injured, Camper Registration Form (Appendix 1) must go with him/her to the doctor/emergency room. Make sure original is returned to the office before departure, copies can be made in the office. Copies for online system can be made in CHO cabin or office.**

### V. **Medications**

No medication of any kind may be kept by any attendee during camp. All prescription and non-prescription medication must be taken to and administered by the CHO.

- A. Medication(s) must be in original container clearly marked with name and instructions.
- B. Medication(s) must be recorded on Registration Form (Appendix 1 for campers; Appendix 2 for adults) and placed in Ziploc bag to give to the CHO for administering. Signature of parent/guardian is required for those under 18. (Please communicate with your Summer Camp Director of the time needed to get organized and aware of all needs before camp begins. **All medical needs must be communicated to only those that “Need to Know”.**
- C. Medication must be returned to attendees prior to departing camp.
- D. Exceptions: Asthma inhalers (prescribed by doctor) and Epipen (antidote for allergies). In these cases, two (2) of these medications should be brought to camp and registered with the CHO. One may be kept by Camper/Sponsor and one by CHO. Similar cases must be discussed with CHO.
- E. If medication(s) are sent without the original container, CHO should not administer.

**VI. *Isolation of a camper with a communicable disease.*** A camper ill with a confirmed or suspected case of a communicable disease or virus shall be isolated to provide safety to other campers and quiet to the patient. A plan should be in place to isolate until diagnosis or departure from camp. A child with a staphylococcal skin infection is not required to be isolated, if the infection is kept completely covered by a bandage. ***Communicable diseases such as cholera, typhoid, salmonellosis, shigellosis or infectious hepatic shall be reported to the Health Department’s Policy Standards and Quality Assurance Unit.***

**VII. *IF SOMEONE NEEDS TO SEE A DOCTOR: Summer Camp Director/Church Leader/Camp Health Officer and Riverbend Staff should notify parents before medical personnel. Call them. Please stay calm.*** Directions to doctor’s office, hospital, phone numbers, etc. are on form entitled Hospital and/or Doctor Care. Staff in the camp office will be glad to assist you in making an appointment. You can call on cell phone, two-way radio, or send runner, etc. If you have an emergency when the doctor’s office is closed, go to the emergency room at the hospital or Get a Riverbend Staff member (On-Call Staff #:(817)319-9617) to call 911 for an ambulance. If an ambulance is called, make sure there is someone at front gate to lead ambulance to patient. **If you need to accompany a patient, due to qualification requirements, etc. to doctor/hospital, make sure there is another qualified CHO at camp to take over in your absence.**

**VIII.** Riverbend asks the CHO to assist in any health issues with Riverbend Staff. If this becomes an undue burden, Riverbend will make other plans concerning staff.

**IX. *PHONES:***

- A. Health Center (254.898.0814)
- B. Riverbend Office – open daily from 8:30 am to 5:00 pm (254.897.4011).
- C. Use two-way radio to contact your Summer Camp Director or Retreat Center Staff.
- D. On Call Retreat Center Staff at **817.319.9617** after hours
- E. Personal cell phones for Retreat Center Staff are:
  - Brad Lambert, Executive Director, 254.396.0313
  - Evan Stewart, Operations Director, 254.396.7324
  - Zak Bass, Guest Experience Director, 254.396.4023
  - Chris Dague, Maintenance Director, 254.396.6184
  - Will McClammy, Staffing Coordinator, 254.485.3312
- F. AT&T cell phones work in most places on the camp. Sprint or others may not work as well.

**X. Summer Camp Director, Church Leader and/or Camp Health Officer are encouraged to follow-up on ill or injured campers after camp.**

**XI. *Your group is responsible for all First Aid Supplies. Please check with your Summer Camp Director.*** A list of suggested First Aid Supplies is located on the next page. In addition, Please have policies/procedures for how your camp will handle any lice situations.

## **SUGGESTED FIRST AID SUPPLIES**

Church is responsible for providing supplies

Some helpful information can be found at [www.campnurse.org](http://www.campnurse.org) and [www.medscape.com](http://www.medscape.com).

- Antimicrobial Soap/Liquid Dial Disinfectant Soap
- Bandages 4x4 and 2x2
- Cotton balls and Q-Tips
- Alcohol Wipes
- Neosporin or Bacitracin
- Electronic thermometers and covers (none with mercury)
- Aspirin
- Cough Medicine
- Robitussin
- Tongue Depressors
- Flashlight
- Stethoscope
- Sudafed
- Tums
- Solarcaine
- Calamine Lotion, Caladryl Lotion and/or Sting Swabs
- Plastic gloves
- Ziploc bags for ice packs
- Bags for cleaning up body spills/markers for marking body spills bags
- Nix, Kwell or Eliminate Shampoo (headlice.org provides inspection/treatment guidance, sample letters for notifying parents, etc.) Lice treatment products are not provided by Riverbend.
- Band-Aids – Assorted Sizes
- Ace bandages
- Peroxide and Alcohol
- Allergy Meds (Claratin, Zyrtec, etc)
- First Aid Spray with Lidocaine
- Regular Tylenol and Ibuprofen
- Throat lozenges/spray
- Kaopectate, Maalox and/or Mylanta
- Heating Pad
- Blood Pressure Cuff
- Paper Towels and Paper Cups and Dispenser
- Dimetapp Extend Tabs or Drixoral
- Visine
- Pepto-Bismol
- Benadryl (spray and tablets)
- Swimmer's Ear
- Ice Chest (Ice provided by Riverbend for sprains, etc.)
- Body Spill Kits

### **RIVERBEND PROVIDES:** Lamp

Sharps Container  
 Phone (254.898.0814) for local and Metro calls (to be used for emergencies).  
 Oxygen  
 Crutches  
 Lockable storage for medicines  
 Refrigerator for insulin, etc.  
 Portable Stretcher  
 Epipen Injection / Epipen Junior  
 Nebulizer Pump  
 Automated External Defibrillator (AED)  
 Blood Pressure Cuff  
 Thermometer

## **Lice Treatment Procedure**

- If a camper is suspected to have lice during camp, they will be discreetly removed from the group for an examination by the CHO or their sponsor. If lice or nits are confirmed the camper's parents/guardians will be notified immediately.
- If parents consent, the CHO may apply chemical shampoo or combing treatment and inspect for effectiveness. If the parents do not consent, the camper must return home until treatment is applied. The CHO must confirm the camper is lice-free before return to the bunk room. In addition, there may be cause to notify the parents of campers who have shared the bunk room (keeping the infected camper anonymous). Please have policies/procedures for how your group will handle this.
- The camper's bedding will be laundered or vacuumed by an adult sponsor or Riverbend staff

# HOSPITAL AND/OR Urgent Care

If you have an accident and need to see a doctor or go to the hospital, please follow these procedures:

- I. If not, life threatening or critical, notify the Riverbend Office and take to urgent care facility:
  - a. Affordacare Urgent Care Clinic, 805 Hill Blvd #102, Granbury, Texas
  - b. Express Care, 3801 E. US Hwy 377 #110, Granbury, Texas
- II. If you have an emergency greater than what an urgent care can provide, take the camper to the emergency room at the hospital (254.897.2215).
  - You must take injured campers Camper Registration Form (Appendix 1 or printed digital) with you. Your Camp Health Officer should have this on file. If the camper is a minor, the doctor will not treat them without this information. This form must be returned to the office when you return to camp.
  - Fill out Accident Report (back of this page) and turn in to the camp office.

## HOSPITAL DIRECTIONS

1021 Holden Street, Glen Rose, TX 76043  
254.897.2215

Go to Glen Rose. Turn right at the light on the square onto Barnard. Follow Barnard to Hwy 67 and turn left. The hospital is one block on the left (Glenwood). The emergency room is at the back behind the doctor's offices. Give them page 2 of "Insurance Information" attached to this form. Camper's insurance is first coverage, church's insurance second, and Riverbend's coverage is third and on accidents only (see Insurance Information below).

## PHARMACY DIRECTIONS

Glen Rose Discount Drug is located approximately 1 block west of the hospital on the left.

If injured needs MEDICATION: After a visit to the doctor, if you need medication, you can take the prescription to Glen Rose Discount Pharmacy (254.897.2711). Camper's insurance should be used first and church's insurance should be used second. Riverbend's insurance is to be used third and on accidents only (see Insurance Information below).

If there are any questions, feel free to call Riverbend at 254.897.4011.

## INSURANCE INFORMATION

All claims (hospital, doctor, and medication) will be filed by hospital/pharmacy on patient's insurance coverage first, church's insurance second, and Riverbend's coverage is third. Riverbend's coverage is only for accidents that happen during a camp sponsored and supervised activity and does not provide coverage for illnesses. (Please bring this form and your Camper Registration Form (Appendix 1) to the office as soon as you return.) It is very important that you fill out the information located on the back of this sheet. Please answer all questions. If our secondary insurance is needed, we cannot file the insurance claim without this information, leaving the camper or church personally responsible for all charges.

### I. CAMP CONTACT NUMBERS:

- A. Camp Health Officer: 254.898.0814
- B. Riverbend Retreat Center: 254.897.4011 (open daily 8:30 am – 5:00 pm)
- C. On Call Riverbend Staff: 817-319-9617 (after hours)
- D. Riverbend Staff Cells: Brad Lambert 254.396.0313, Evan Stewart 254.396.7324, Zak Bass 254.396.4023, or Chris Dague 254.396.6184.

# ACCIDENT REPORT

☐ Illness ☐ Accident

(To be filled out by Camp Health Officer completely as possible the same day as the accident and turn in to Riverbend Office.)

Name of injured \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Address (if different) \_\_\_\_\_

Group attending with: \_\_\_\_\_ Group Leader Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Check one: ☐ Camper ☐ Adult Leader ☐ Guest ☐ Staff member

Date of accident \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of accident \_\_\_\_\_ a.m. p.m.  
month day year

Where did accident occur? (be specific: what cabin, which hiking trail, etc.) \_\_\_\_\_

Describe the accident. (How did the accident occur?) Give all possible details.

Name of Activity: \_\_\_\_\_

Nature of injury or illness: (indicate part of body injured such as broken left arm, sprained right ankle, etc.)

Was this condition present before the victim's arrival at camp? YES \_\_\_\_\_ NO \_\_\_\_\_

What First Aid was given? (Date/Time of First Aid)

Where was the victim taken for further treatment?

Complete all information below:

Activity Supervised by: \_\_\_\_\_ / \_\_\_\_\_  
(Signature) (Print Name)

Accident Witnessed by: \_\_\_\_\_ / \_\_\_\_\_  
(Signature) (Print Name)

Camp Health Officer \_\_\_\_\_ / \_\_\_\_\_  
(Signature) (Print Name)

Update following treatment:

**INSURANCE INFORMATION**  
**Emergency Room/Doctor's Office**  
**Leave with Admittance Clerk**

Patient's Name: \_\_\_\_\_

For all accidents and illnesses, camper's or church's insurance is used as first coverage:  
**If camper's church has coverage it is second. Riverbend's insurance is third and for accidents only that occur during a camp sponsored and supervised activity.**

The following information should be on the Camper Registration Form (Appendix 1): give the hospital/doctor a **copy** of Appendix 1. Bring original to Riverbend Retreat Center office before leaving Riverbend.

Policyholder's name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy # \_\_\_\_\_ Group# \_\_\_\_\_

\_\_\_\_\_ Camper has no coverage

\_\_\_\_\_ Church has no coverage

\_\_\_\_\_ Riverbend's accident insurance will be used

# MEDICATIONS OVER-THE-COUNTER AND PRESCRIPTION

Under what authorization may a camp administer over-the-counter and prescription medications?

As with any camp practices, it is important to remember the youth camp act and regulation require a camp have adequate written policies to maintain safe and healthful conditions. In general, medications can be administered under the following criteria:

- a. To administer prescription medications, you must have the prescription bottle that has the proper label with the name of the child, dosage, and frequency. In addition, the physician's name who prescribed the medication and the phone number and the name of the pharmacy, expiration date, and the date filled, should be on the label (this is a legal requirement by law other than the youth camp regulations). It is also recommended you have a copy of the information sheet on the medication provided by the pharmacy filling the prescription. Pharmacies are usually willing to provide this information. Also, this information is available through several published books available for purchase. Contact your doctor on call for his recommendation. Such information may help you to be more aware of the medication the camper is taking and possible adverse reactions. Also, in this regard, since you have a physician on call you may also call him regarding any medication questions and he may contact the child's physician, if necessary.
- b. One condition (see c. for the other condition) that over-the-counter medications can be administered is when you have a standing order to administer the medication from your physician on call. Such a standing order will detail under what specific circumstances this medication can be administered to a camper including the dosage and frequency. If using this option, you might also wish to have written permission from the parent(s) or guardian to administer over-the-counter medications under the supervision of your physician on call.
- c. Over-the-counter medications may also be used when provided by parent/guardian or individual's physician. In such case, specific written authorization and instruction needs be provided by the parent/guardian or individual's physician and followed by camp first aid personnel. Such medication needs to be in the original bottle and not used contrary to standard label directions. If there is any question concerning the use of such medication, consult your physician on call.

## NOTES:

- **All medications including Over the Counter (Tylenol, etc.) are to be dispensed by the Camp Health Officer.**
- According to the Texas Department of State Health Services it is permissible to let campers keep one (1) inhaler and one (1) EpiPen, but it would be wise for Camp Health Officers to keep a second one with them.



# RIVERBEND PROGRAM SCHEDULING AND USAGE SUMMARY

**Regular Scheduled Program Times (RSPT):** The following programs are available for scheduling two (2) hours after scheduled Lunch and one (1) hour before Dinner. (e.g. if lunch is at 12 noon and dinner is at 6pm., program times are available from 2pm to 5pm.)

Archery	Archery Tag
Pool/Slides	Waterfront
The Jungle	Zip Line

**Scheduling:** The following programs require scheduling with the Riverbend Staff Liaison using the Matrix:

Activities	Staffing	Guidelines
Archery	RRC Staff	page 29
Archery Tag	RRC Staff	page 30
Swimming Pool Area	RRC Staff	pages 31-32
Waterfront	RRC Staff	pages 33-36
Zip Line	RRC Staff	page 37
The Jungle (Climbing wall & Treehouse)	RRC Staff	page 38
Other Activities	Your Staff	page 39-40

**Sign-Ups:** IF you want Riverbend to do sign-ups, they will be at the office during breakfast each day. Wristbands will be given to those that sign up per their time slots.

## **Capacities and Usage:**

Programs	Capacity	Timing
Archery	10 per session	10 minutes per session
Archery Tag	20 per session	30 minutes per session
Dual Zip Line	2 lines	30 per hour
The Jungle	50 per session	1 hour per session
Pool Area	350	480 runs per hour on slides
Water Slides	Flexible (30-40 in line)	8 per minute (both slides)
9 Square	1 set	Flexible
Basketball	2 goals	Flexible
Chairs/Chaises	20	
Waterfront	130	
Blob	Flexible (20 in line)	100 per hour per blob (1 every 35 seconds)
Swimming Area (if offered)	40	Flexible
Aqua Course	Flexible (20 in line)	84 per hour (7 every 5 minutes)
Slide (if offered)	Flexible (10 in line)	36 per hour (3 every 5 minutes)
Water Zip Line	Flexible (20 in line)	90 per hour (1 every 40 seconds)
Aqua Swings	Flexible (20 in line)	180 per hour per swing (1 every 20 seconds)
B.O.B Swing	Flexible (20 in line)	180 per hour per swing (1 every 20 seconds)
The Plunge	Flexible (20 in line)	180 per hour per swing (1 every 20 seconds)

**Night Program Activities:** Pool, Lighted Softball Field, Lighted Field at Rec Point, Lighted Rec Field by Chapel, Lighted Pickleball Courts located by Rec Point, The Jungle, Recreation Court, and behind WC (Ping Pong and 4-Square). Generator with light tower can be rented from Riverbend and used at Activity Field or other locations.

# RECREATION TEAMS

**YOU** are **VITAL** to the smooth operation of your week at camp...

1. **CAMP SCHEDULING MATRIX** must be completed with help of Summer Camp Director and sent to Riverbend within the timeline outlined in the matrix. If there are any changes, please advise the camp at least two weeks prior to the first day of camp.
2. If the Pool, Waterfront, Jungle, Archery Range, Archery Tag Field, or Zip Line is needed for any organized recreation, please schedule four weeks prior to camp in accordance with rules and regulations on pages 29-38 in the *Summer Camp Director's Handbook*.
3. Riverbend staff will take care of drinking water at the areas that we staff (i.e. Archery, Zip Line, Waterfront, etc.). Water fountains are now located at the waterfront, pool, rec court, and activity field, **but your group is responsible to see that there is water and cups at each rec. event station, so don't forget...** (It's for your campers' health!) You may want to get a "water team" together just for this purpose. Water stations should include:
  - Igloos – Please plan for a minimum 8-10 igloos. Please have a system in place to ensure these are cleaned daily. The Guest Ice Room has a three bay sink with soap to help with this process. We also recommend filling igloos half-full with ice to optimize water volume.
  - Cone-type cups – If needed, we can order these for you. The price is \$3 per sleeve of 200 cups.
  - Ice – The Guest Ice Machine is located at Legacy Point in the room with the keypad door lock. In order to get into the room, press the logo button to turn on the screen. Then enter the code: 1967. From there should be signs posted to guide you with proper handling of the ice machine. GLOVES and ICE SCOOPS must be used at all times.
  - Water – A water spigot is located behind the Legacy Point.
4. Consider running activities past your Camp Health Officer. They could give you good ideas regarding safety and risk management.
5. All activities are "weather permitting". Please be prepared with "rainy day" activities! Please read Emergency Procedures for threatening weather procedures. (Pg. 14)
6. A portable light is available for rent for night time activities. Charges are \$100 per night or \$300 for the week. Please Schedule on the Matrix.

**NEED HELP?** Consider Recreation Teams from...

**Dallas Baptist University** - contact the Camp/Sport Leadership Office at 214-333-5917 or email us at [recteam@dbu.edu](mailto:recteam@dbu.edu)

**East Texas Baptist University**, (903) 923-2178

**Mobile Rec Team by Living 24-7** (817)518-9007 [www.living24-7.com](http://www.living24-7.com) info@living24-7.com

# Recreation Equipment

\*Small Traffic Cones

Basketballs

Volleyballs

Soccer Balls

Football

Softballs

Ping Pong

Whiffle Balls & Bats

Discs & Disc Golf Rules & Score Cards

\*Line Marker

\*Tug-o-War

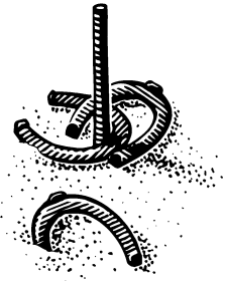
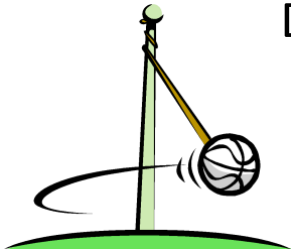
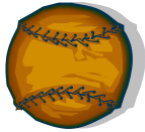
4-way Tug-o-War

\*Megaphone (2) -Rental fee of \$25

Pickle Ball paddles & balls

Giant Jenga

Frisbees



Request for equipment can made on the Camp Scheduling Matrix and turn in four weeks prior to camp.



\*These items are available only to the Rec Team.



# **ARCHERY RANGE**

## **SCHEDULING AND USAGE POLICY**

### **I. General Policies**

- A. National Archery Association Certified Instructor will oversee archery program using N.A.A. methods and procedures in all sessions.
- B. The National Lightning Safety Institute's rules will be followed when closing the Archery Range in inclement weather. Please assist the staff by helping campers and other leaders understand that it is for their safety and that staff will re-open as soon as it is deemed safe.
- C. Sponsor must be present with and attentive to each group of 10 campers.
- D. Archery Range is set up for 10 participants per session.

### **II. Scheduling**

- A. Archery must be scheduled using the Camp Scheduling Matrix four weeks prior to camp. **Please advise of any changes at least two weeks prior to first day of camp.**
- B. Archery Range is only available during Regular Scheduled Program Times and when Riverbend Instructor is on site.
- C. Sessions are scheduled in 10 minute segments.
- D. Sign-ups for each session on the Archery Range are to be completed in the Riverbend office or by the camp leadership.

### **III. Usage Policies**

- A. A trained instructor from Riverbend staff oversees range and immediate area.
- B. Anyone not abiding by the rules and instructor's directives will be denied the privilege of using the archery range.
- C. **Goal:** To cultivate faith by fostering confidence with safe, exciting experiences.

Sign-up sheets available upon request or in the office.

# ARCHERY TAG

## SCHEDULING AND USAGE POLICY

### I. General Policies

- A. The National Lightening Safety Institute's rules will be followed when closing the Archery Tag Field in inclement weather. Please assist the staff by helping campers and other leaders understand that it is for their safety and that staff will re-open as soon as it is deemed safe.
- B. Sponsor must be present and attentive to each group of 10 campers.
- C. The field is set up for a total of 16 participants during a session.

### II. Scheduling

- A. Archery Tag must be scheduled using Camp Scheduling Matrix four weeks prior to camp. **Please advise of any changes at least two weeks prior to first day of camp.**
- B. Archery Tag is only available during Regular Scheduled Program Times and when Riverbend Referee is on site.
- C. Sessions are scheduled in 30 minute segments.
- D. There must be a minimum of 4 participants for the Archery Tag to be opened

### III. Usage Policies

- A. Trained referees from Riverbend staff oversee Archery Tag and immediate area.
- B. Anyone not abiding by the rules and referee's directives will be denied the privilege of using the Archery Tag.
- C. **Goal:** To cultivate faith by fostering confidence with safe, exciting experiences.
- D. Participants must obey the Regulations for Use of the Archery Tag (see below) posted at the Field.

#### Regulations for Use of Archery Tag

- 1. Referees must be obeyed at all times.
- 2. Only camp provided equipment is allowed.
- 3. A safety mask which provides full-face, eye, and ear protection must be worn at all times while on the playing field.
- 4. Players must wear proper footwear while on playing field.
- 5. No close range shooting. Minimum range is **18 feet**.
- 6. No over-shooting or excessive multiple hits.
- 7. No climbing trees, rocks, buildings, or any other obstacles.
- 8. No shooting out of bounds.
- 9. After being eliminated players must exit the boundary but leave mask on to be ready to re-enter the game. Masks must remain on until Referee signals end of game.
- 10. No physical contact of any kind is allowed.
- 11. Under no circumstances should the arrow be modified.
- 12. There must be one adult sponsor present and attentive to every group of 10 campers.
- 13. All activities are "weather permitting".

Sign-up sheets available upon request or in the office.

# SWIMMING POOL

## SCHEDULING AND USAGE POLICY

### I. General Policies

- A. Swimming pool is available ONLY during Regular Scheduled Program Times and when Riverbend lifeguards are on duty.
- B. Sponsor must be present with and attentive to each group of ten (10) campers.
- C. The National Lightening Safety Institute's rules will be followed when closing the swimming pool in inclement weather. Please assist the staff by helping campers and other leaders understand that it is for their safety and that staff will re-open as soon as it is deemed safe.
- D. A swim test will be performed:
  - Only campers that want to go off the diving board are tested. They will jump feet-first into the water on the diving board side of the rope and swim the width of the pool and back. If they are successful, they will be given a blue wristband. Only those with a blue wristband will be allowed in the deep end of the diving pool. All other campers will stay in the recreation pool and shallow end of the diving pool.
- E. The pool area can accommodate 350 participants\* at a time.
  - 1. Diving Pool 105 maximum
  - 2. Recreation Pool 225 maximum
  - 3. Water Slides 20 flexible 8 per minute on both slides
    - Large Slide – Minimum height of 48"
    - Small Slide – Minimum height of 46"
  - 4. 9 Square Set
  - 5. Basketball Goals
  - 6. Chairs/Chaises 20

\* Additional people can be in pool area and in line for slides, but not swimming.
- F. Campers and Sponsors must dress in the dressing rooms or wear cover-ups over swimsuits to and from the pool.

### II. Scheduling

- A. Pool activities must be scheduled using Camp Scheduling Matrix four weeks prior to camp. **Please advise of any changes at least two weeks prior to first day of camp.**
- B. Pool is available during Regular Scheduled Program Times and when Riverbend lifeguards are on duty.

### III. Usage Policies

- A. Do not throw anyone or anything into the pool.
- B. Swimmers must obey Regulations for Use of Pool (see below) and Regulations for Use of Pool Slide (see next page) posted at the pool.
- C. A swimming test will be given to determine the swimming ability of each camper.
- D. The camper will be confined to the limits of swimming skill for which they have been classified.
- E. Anyone not abiding by the rules and the directives will be denied the privilege of using the Swimming Pool.

### **REGULATIONS FOR USE OF POOL**

- Pool is available ONLY during scheduled times AND with Riverbend lifeguards on duty.
- Lifeguards are the final authority at the pool.
- All persons must shower before entering pool.
- Any person having an infectious or communicable disease is prohibited from using pool.
- Persons having open blisters, cuts, etc. are advised not to use the pool.
- Spitting, spouting water, blowing the nose or discharging body wastes in the pool is strictly prohibited.
- Running, rough play or excessive noise is prohibited in the pool area.
- No food or drink in the pool area.
- All campers must be accompanied by an adult.
- Hair longer than shoulder length must be tied back.
- Diving allowed from diving board only.
- Only one diver on the board at a time.
- Non-swimmers must stay in the shallow water.
- Sponsor must be with and attentive to each group of ten (10) campers.
- All activities are “weather permitting”.

### **REGULATIONS FOR USE OF POOL SLIDE**

- Single user, Feet first only!
- No chain of people whereby you are holding onto one another or holding of small children while sliding.
- Due to health risks, use of pool slide is not recommended for pregnant women.
- Slide only after the splash down area is cleared.
- No stopping inside of the flume.
- Slide mats or tubes are not to be used.
- No body slides.
- No life jackets or loose clothing to be worn while sliding.
- Absolutely no diving. No head first entry down slide.
- All Lifeguard and other pool personnel are expected to follow these rules.
- Body Position: Sit down facing the slide slope and hold legs together. Users can lie down.
- Maximum Occupancy: 1 person per flume; 1 person per section of stairs between landings.
- Maximum weight per user is 250 pounds.
- Minimum height of 48” for big slide.

# WATERFRONT

## SCHEDULING AND USAGE POLICY

### I. General Policies

- A. Sponsor must be present with and attentive to each group of ten campers.
- B. The National Lightening Safety Institute's rules will be followed when closing the waterfront in inclement weather. Please assist the staff by helping campers and other leaders understand that it is for their safety and that staff will re-open as soon as it is deemed safe.
- C. Hiking and other activities around the waterfront are allowed, but wading, swimming or ANY activity in the lake is allowed ONLY during Regular Scheduled Program Times and with Riverbend lifeguards on duty.
- D. There is to be NO vehicle traffic around the lake.
- E. Riverbend lifeguards oversee all activities at the Waterfront.
- F. Anyone not abiding by the rules and lifeguard's directives will be denied the privilege of participating in Waterfront Activities.
- G. Campers and Sponsors must obey the Regulations for Use of Waterfront (see next page) posted at the Waterfront.
- H. Nose Plugs are encouraged for all Waterfront activities.
- I. Cover-ups must be worn over swimsuits to and from the Waterfront.
- J. Do not throw anyone or anything into the lake.
- K. These policies pertain to all activities at the Waterfront including, but not limited to:
  - 1. Fishing
  - 2. Blobbing
  - 3. Aqua Course
  - 4. Wet Willie Slide (275 lb. limit) (if offered)
  - 5. Aqua Swings
  - 6. Water Zip Line
  - 7. Water Activity Area activities including:
    - Free Swim (if offered)
- L. The Waterfront can accommodate up to 130 people at one time (Please see next page for more details).

### II. Scheduling

- A. Waterfront activities must be scheduled using Camp Scheduling Matrix four weeks prior to camp.  
**Please advise of any changes at least two weeks prior to first day of camp.**
- B. The Waterfront is available during Regular Scheduled Program Times and when Riverbend lifeguards are on duty.



## **Regulations for Use of Waterfront**

- Waterfront is available ONLY during scheduled times AND with Riverbend lifeguards on duty.
- Lifejackets must be worn at all times when in the water.
- Lifeguards are the final authority at the waterfront.
- Any person having an infectious or communicable disease is prohibited from using the waterfront.
- Persons having open blisters, cuts, etc. are advised not to use the waterfront.
- Spitting, spouting water, blowing the nose or discharging body wastes in the water is strictly prohibited.
- No Diving.
- Running, rough play or excessive noise is prohibited in the waterfront area.
- No food or drink in the waterfront area.
- All campers must be accompanied by an adult.
- Hair longer than shoulder length must be tied back.
- Fishing is permitted from “rock wall” bank only and must not interfere with other waterfront activities.
- Sponsor must be present with and attentive to their group of ten (10) campers.
- All activities are “weather permitting”.

### **III. Blob Usage Policy**

Definitions: BLOBBER is a person at the end of the BLOB, who is about to be propelled into the lake.  
JUMPER is a person who is jumping from the BLOB tower onto the BLOB.

- A. The BLOB program area is open only when there is a Certified Lifeguard and BLOB instructor(s) present.
- B. ALL BLOBBERS and JUMPERS must wear a lifejacket and have it securely fastened.
- C. Only two (2) persons are allowed on the BLOB at a time – one BLOBBER and one JUMPER.
- D. BLOBBER and JUMPER must be within 50 pounds of each other.
- E. One BLOB staff member will be stationed on the tower at all times when campers are on the tower to supervise all jumping.
- F. BLOB staff must demonstrate to the JUMPERS a “bottom drop” off platform and BLOBBER must understand what to do.
- G. All JUMPERS must stand in line to wait their turn. Only two jumpers on the BLOB tower at any given time.
- H. BLOBBER must be on the lake end of the BLOB sitting down leaning forward with their arms across chest and with their feet toward the lake end of the BLOB resting on the last color. Knees will be slightly bent up toward the chest. All BLOBBERS must have their mouth closed before BLOBBING. NO GUM CHEWING OR CANDY ALLOWED!
- I. The JUMPER will say... “BLOBBER READY?”. The BLOBBER will respond when ready by lifting their arm straight up in the air. The JUMPER will then count 1, 2, 3, and say “Blob”.
- J. JUMPERS must hit seat first, on the smiley face.
- K. After JUMPER settles on the BLOB and BLOBBER has entered the water he can move forward to prepare to be the BLOBBER, see I.
- L. New JUMPERS must wait for the past BLOBBER to climb out of the landing area before positioning themselves to jump off the tower.
- M. When acquainted with the process 3-4 persons should be blobbed every minute. The time factor is the only limit to number of persons blobbing.

#### **IV. Aqua Course Usage Policy**

- A. Description: The Aqua Course is a series of inflatable items that are designed to be both fun and challenging.
- B. ALL participants must wear a lifejacket and have it securely fastened.
- C. ALL participants must be barefooted or wear water shoes.
- D. Number of participants is determined by the number of inflatables on the water. Up to 7 campers may participate per two inflatables.
- E. The lifeguard will monitor time on activity and rotation of Participants.
- F. A sponsor must be present and attentive to their ten (10) campers.

#### **V. Water Zip Line Usage Policy**

Description: The Water Zip Line is a zip line at the end of the tower that allows participants to support themselves by holding onto a hand hold and zipping into the water either by letting go or by gradually being lowered into the water.

- A. All participants must wear a lifejacket and have it securely fastened.
- B. While on and around the Zip Line, the facilitator is in charge.
- C. All participants must stand in line to wait their turn.
- D. Recommended age is 10 years and above.
- E. Approximately 90 campers per hour can participate on the Water Zip Line.
- F. A Sponsor must be present and attentive to their (10) campers.
- G. The area must be clear below before the participant zips.
- H. “Challenge by Choice” is practiced on the Water Zip Line, meaning participants will be involved only to the extent they choose to be involved.
- I. Long hair must be tied back.

#### **VI. Trapeze Swing Usage Policy**

Description: The Trapeze Swing is a rope swing with a hand hold that allows participant to support themselves by holding onto the hand hold and swinging from the tower and then letting go and falling into the water.

- A. All participants must wear a lifejacket and have it securely fastened.
- B. While on and around the Trapeze Swing, the facilitator is in charge.
- C. All participants must stand in line to wait their turn.
- D. Recommended age is 10 years and above.
- E. Approximately 180 campers per hour can participate on each Trapeze Swing.
- F. A Sponsor must be present and attentive to their (10) campers.
- G. The area must be clear below before the participant swings.
- H. “Challenge by Choice” is practiced on the Trapeze Swing, meaning participants will be involved only to the extent they choose to be involved.
- I. Long hair must be tied back.

#### **VII. Big Orange Ball (B.O.B.) Swing Usage Policy**

Description: The B.O.B. Swing is similar to the Trapeze Swing as participants support themselves by rapping their arms around the ball and swinging from the tower and then letting go and falling into the water.

- J. All participants must wear a lifejacket and have it securely fastened.
- K. While on and around the B.O.B. Swing, the facilitator is in charge.
- L. All participants must stand in line to wait their turn.
- M. Recommended age is 10 years and above.
- N. Approximately 180 campers per hour can participate.
- O. A Sponsor must be present and attentive to their (10) campers.
- P. The area must be clear below before the participant swings.
- Q. “Challenge by Choice” is practiced on the Trapeze Swing, meaning participants will be involved only to the extent they choose to be involved.

- R. Long hair must be tied back.

### **VIII. The Plunge Usage Policy (if offered)**

Description: This allow the participate to freely jump into the water from the launch pad.

- A. All participants must wear a lifejacket and have it securely fastened.
- B. While on and around the Plunge, the facilitator is in charge.
- C. All participants must stand in line to wait their turn.
- D. Recommended age is 10 years and above.
- E. Approximately 180 campers per hour can participate.
- F. A Sponsor must be present and attentive to their (10) campers.
- G. The area must be clear below before the participant jumps.

### **IX. Wet Willie Slide Usage Policy (if offered)**

Description: The Wet Willie Water Slide is a 100' long water slide attached to a wooden tower about 28' above the water level. Participants sit down at the entry of the slide, lay back, and slide down to the lake.

- A. All participants must wear a lifejacket and have it securely fastened. There is a 275-lb. weight limit
- B. While on and around the Wet Willie Slide, the facilitator is in charge.
- C. All participants must stand in line to wait their turn.
- D. The number of participants allowed on the platforms of the tower is limited.
- E. Recommended age is 10 years and above.
- F. Approximately 36 campers per hour can participate on the Wet Willie Slide.
- G. A Sponsor must be present and attentive to their (10) campers.
- H. The area must be clear below before the participant slides.
- I. "Challenge by Choice" is practiced on the Wet Willie Slide, meaning participants will be involved only to the extent they choose to be involved.
- J. Long hair must be tied back.

### **X. Fishing**

- A. Campers may fish only on the rock wall side of the lake, opposite the Activity area and may not interfere with any other activities at the Waterfront.
- B. Exercise care that all fish may be released unharmed.
- C. Campers/Sponsors must provide own equipment and bait.
- D. A sponsor must be present with and attentive to their group of ten (10) campers.

# **ZIPLINE**

## **SCHEDULING AND USAGE POLICY**

### **I. General Policies**

- A. Zip Line facilitators are trained and certified.
- B. While on and around the Zip Line, the facilitator is in charge.
- C. The National Lightning Safety Institute's rules will be followed when closing the Zip Line in inclement weather. Please assist the staff by helping campers and other leaders understand that it is for their safety and that staff will re-open as soon as it is deemed safe.
- D. Sponsor must be present with and attentive to each group of ten (10) campers.
- E. Participants **must** be 48" tall to zipline.
- F. Approximately 30 campers per hour can participate on the Zip Line.

### **II. Scheduling**

- A. The Zip Line must be scheduled using Camp Scheduling Matrix four weeks prior to camp. **Please advise of any changes at least two weeks prior to first day of camp.**
- B. The Zip Line is available during Regular Scheduled Program Times and when Riverbend facilitators are on duty.
- C. Length of session times varies and can be worked out with Riverbend Staff.

### **III. Usage Policies**

- A. "Challenge by Choice" is practiced on the Zip Line, meaning participants will be involved only to the extent they choose to be involved.
- B. Participants must wear closed-toe shoes and pull back long hair while on the Zip Line. Long jewelry and/or nametags should be restrained so as not to be caught by the wind.
- C. Each participant must have the designated colored wristband to participate on the Zip Line.

Sign-up sheets available upon request or in the office.

# **THE JUNGLE**

## **Recreational Climbing Area at the Rec Point**

### **SCHEDULING AND USAGE POLICY**

#### **I. General Policies**

- A. While on and around the jungle, the facilitator is in charge.
- B. The Jungle can remain open during Thunder calls as it is under cover.
- C. The Jungle is comprised of two areas: The Wall and the Tree House.
  - 1. The Wall is a 5-station auto belay climbing wall.
  - 2. The Tree house is 3 story netted climbing area.
- D. The entire Jungle will accommodate up to 50 people at a time. Minimum is one group of 4.
- E. Sponsor must be present with and attentive to each group of ten (10) campers
- F. One Trained facilitator on Riverbend staff will be provided for each group.
- G. Recommended age is 6 years and above. Younger children may be permitted with parent attendance.

#### **II. Scheduling**

- A. The Jungle must be scheduled using Camp Scheduling Matrix four weeks prior to camp. **Please advise of any changes at least two weeks prior to first day of camp.**
- B. The Jungle is only available during Regular Scheduled Program Times and when Riverbend Facilitators are on duty.
- C. Length of session times varies and can be worked out with Riverbend Staff.
- D. Sign-ups for each session on the Jungle are to be completed in the Riverbend office or by the camp leadership.

#### **III. Usage Policies**

- A. “Challenge by Choice” is practiced in the Jungle, meaning participants will be involved only to the extent they choose to be involved.
- B. Participants must wear closed-toe shoes and pull back long hair while on the wall and treehouse. Long jewelry and/or nametags should be restrained so as not to be caught by the wind.
- C. Riverbend personnel reserve the right to refuse access to the jungle to any individual not abiding by set policies.
- D. The Wall is a 5 station auto-belay climbing station. Each camper will need to be harnessed in before climbing. A facilitator will assist in harnessing campers. Please note, it may not be possible for all campers to complete the wall in each week.
- E. The Tree House is a multi-level climbing play structure. For younger campers, it is a perfect play area. For youth and older campers this is a great space to hang out and do time challenges.

Sign-up sheets available upon request or in the office.

## **OTHER ACTIVITIES RIVERBEND OFFERS**

### **Activity Trail**

1. The adventure trail is an outdoor puzzle challenge. This is a non-facilitated, free-play activity. There are instruction signs posted as well as a leader guide posted. The goal is to solve all the puzzles to get the final answer.
2. It is recommended that groups be 4 - 10 people.
3. Multiple groups can use it at the same time. They simply need to start at a different element. They can be solved in any order.
4. Please reset the activities once you have figured out or found the clues.

### **Basketball**

1. There are two (2) full covered courts at the Rec Point.
2. The goals are adjustable (8' to 10') but must be lowered only during supervised times with preteens and raised back to 10' when finished. Please contact staff to lower the goals.
3. Balls are available on sight at the Rec Point.

### **Chess & Checkers & Connect 4**

These are located inside Legacy Point.

### **Four-Square**

Four square is played with a rubber playground ball on a square court with four players. When the ball is bounced into your square you must then bounce it back out without hitting twice in your own square, otherwise you are out. The object is to eliminate players in higher squares so that you can make it to the 'four square' and score the most points. These are located at the Rec Point.

### **The Field at Rec Point**

1. A covered Recreation field featuring a 50' x 60' artificial turf playing surface.
2. Can be used for any field type game (relays, soccer, dodgeball, etc.). Due to drainage issues, we ask that water activities not be done on the Field.
3. In case of inclement weather, Archery Tag may be played on the Field. Riverbend will coordinate with Summer Camp Director for best use of space when weather is a concern.
4. Sporting equipment available on sight.

### **Disc Golf**

1. The 9 Hole Disc Golf Course circles the camp inside the main road.
2. Score cards are available at the Office.
3. Discs are available at the Office.

### **Ga-Ga Ball**

There are six pits available, locations may vary. Batting gloves are encouraged. (See page 40) These are located behind the WC, Archery, Cabin 5 & Rec Point.

### **Hiking/Nature Walks**

1. Hikers must stay on marked trails. Trail maps are available in the office and are posted on the far side of the dam.
2. There must be a sponsor with and attentive to each group of ten (10) campers.
3. See page 42 for safety tips. Nature Hike Manual and maps are available in the office.

### **Human Foosball**

There is one Human Foosball arena set up by the Rec Point.

### **Nine-Square-In-the-Air**

There are two available, one at the pool and the other's location may vary.

### **Pickleball**

There are two (2) lighted courts located between the Worship Center and Rec Point. Equipment can be found on sight. More paddles available at office on a check out basis.

### **Ping Pong**

1. Ping pong tables will be available in Legacy Point.
2. Ping Pong paddles may be checked out at the Legacy Point.
3. Ping Pong balls are available at the Legacy Point.

### **Skates, Skateboards and Scooters**

1. Skates, Skateboards, and Scooters are allowed ONLY on concrete surfaces. It is encouraged these not be brought to camp.
2. Protective equipment must be worn including helmet, elbow, wrist and knee pads.

### **Softball and Rec Field (See Map on Pg. 44)**

1. There is a softball field and a rec field.
2. Both fields are lighted and can be used for any night activity.
3. Equipment for softball is in the green box at the field.
4. Check with RRC staff for instructions on turning lights on and off.

### **Tetherball**

There is one tetherball pole behind the Pickleball Courts.

### **Volleyball**

1. There are two sand courts near the Rec Point.
2. These courts also have lights.
3. Check with RRC staff for instructions on turning lights on and off.

# GA-GA BALL

Ga-Ga is an exciting version of dodgeball that requires players to hit the ball with their hand or fist (rather than catching & throwing) below the waist of other players.

## I. General Policies

- A. The National Lightening Safety Institute's rules will be followed when closing the Ga-Ga Ball in inclement weather. Please assist the staff by helping campers and other leaders understand that it is for their safety and that staff will re-open as soon as it is deemed safe.
- B. Sponsor must be present and attentive to each group of 10 campers.
- C. Ga-Ga is a group/leader facilitated game not facilitated by Riverbend staff.
- D. Batting gloves or the like are encouraged.

## II. Scheduling

- A. There is no scheduling needed from Riverbend.

## III. Usage Policies

- A. Anyone not abiding by the rules and the directives will be denied the privilege of using the Ga-Ga Pit.
- B. Participants must obey the Regulations for Use of the Paintball Range posted at the Range.
- C. **Mission:** To provide a safe & fun atmosphere where participants have an opportunity to encourage & challenge one another in a Christian environment.

### Rules:

1. Designate one non-player as the referee (a counselor or responsible camper is best). The referee is the sole authority during play and is responsible for settling disputes and ensuring fair play.
2. The referee begins play only after all players are standing in the ga-ga pit and have indicated that they are ready to start the game.
3. One player tosses the ball up in the air. Players yell "ga" on the first bounce and "ga" again on the second bounce, and the ball is then in play.
4. Players hit the ball with their hands only, and may not carry or throw the ball - it must be punched with open hand or fist.
5. Any player who is touched by the ball either directly or by a rebound off the wall is "out, then must step out of the pit."
6. If the ball contacts a player or a player's clothing below the waist, that player is eliminated. If the ball contacts the player above the waist, the player is still in.
7. If the ball goes out of the ga-ga pit, the last player to touch the ball is eliminated.
8. If a player catches the ball before it bounces, the player who had the last contact with the ball is eliminated.
9. Once the player hits the ball, he or she must wait until the ball touches someone else before hitting it again (no double touches).
10. If there are only two players remaining, a player may hit the ball up to 3 times in a row. The ball is "rejuvenated" by contact with the wall, and the hit count resets.
11. Some Ga-Ga games are designed to be team efforts, although the sport is traditionally a one-against-all competition. Teaming, or intentional passing of the ball to other players, is allowed only at the discretion of the referee and must be specified in advance of play.

There are plenty of variations of the rules, and like 4-square, you can certainly make your own house rules!  
Have fun and be creative!



# Raccoons & Bees & West Nile OH My!

In an outdoor environment, you are going to encounter nature. Planning ahead and being prepared is your best defense against any animal or pest you may encounter.

## BE READY FOR THE OUTDOORS:

- Wear bug repellent. Make sure everyone knows how and when to use it correctly.
- Wear long-sleeved shirts, long pants and hiking boots.
- Tuck your shirt into your pants and your pants legs into your socks or boots.
- Wear light-colored clothing to make it easier to see tiny insects or ticks.
- When hiking in woods and fields, stay in the middle of trails. Avoid tall grasses.

## BEES, WASPS, ANTS, MOSQUITOS, TICKS AND OTHER BITING INSECTS.

How to avoid getting stung:

- If surrounded by a swarm of bees or wasps, move out of the way SLOWLY. Do not try to wave the insects away. Violent movements will only excite them and make them more aggressive and likely to attack.
- Never attempt to hit or throw any item at a wasps' or bees' nest because the insects will immediately attack.
- Stay away from things that attract insects, i.e. flowers, trees, bushes and piles of wood.
- Be extra careful if you are eating or drinking (especially sweet things) outside.
- Smells and bright colors attract insects. Avoid scented creams and strong perfumes if you are going to spend time outside.
- Long sleeves, long trousers, socks, shoes and gloves help protect you from stings.
- If you are outdoors for a long time, check yourself several times during the day. Especially check in hairy areas of the body like the back of the neck and scalp.
- Help prevent ants in your cabin by keeping floors dry and sweet food/drinks put away.

## SNAKES

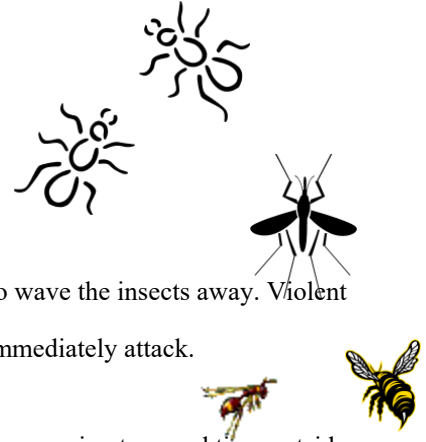
- Avoid walking in areas known to be populated with snakes.
- If you encounter a snake, look around, there may be others. Back away slowly and walk away on the same path you came on.
- Notify camp office and sponsors if a snake is spotted.
- In case of snake bite, notify camp ofc. & sponsors immediately. Keep person calm & still.

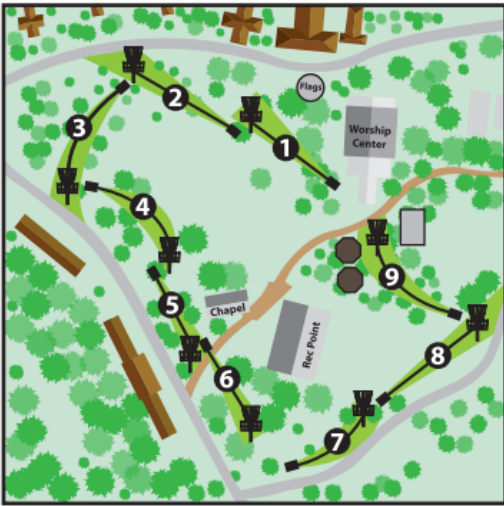
## RACCOONS, FOXES AND OTHER ANIMALS

- Please do not attempt to feed or catch any wild animal.
- Make sure windows and doors on vehicles and buildings are closed and secured.
- All trash should be in a trash receptacle. If trash receptacles need to be emptied, please call a camp or bend staff.

## MOSQUITOS: West Nile Prevention

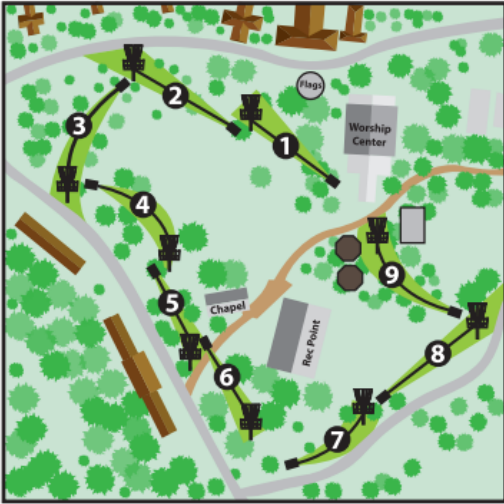
- Apply insect repellent containing DEET to exposed skin and when possible treat clothes with DEET.
- The hours between dusk to dawn are peak mosquito biting times.
- To find out about West Nile activity, check [www.cdc.gov/westnile](http://www.cdc.gov/westnile)





# DISC GOLF SCORE CARD

HOLE	1	2	3	4	5	6	7	8	9	Total
PAR	3	4	3	4	3	3	3	4	4	31
NAME										
LENGTH (FEET)	234	275	262	312	215	208	240	375	278	2399



# DISC GOLF SCORE CARD

HOLE	1	2	3	4	5	6	7	8	9	Total
PAR	3	4	3	4	3	3	3	4	4	31
NAME										
LENGTH (FEET)	234	275	262	312	215	208	240	375	278	2399



# DISC GOLF SCORE CARD

HOLE	1	2	3	4	5	6	7	8	9	Total
PAR	3	4	3	4	3	3	3	4	4	31
NAME										
LENGTH (FEET)	234	275	262	312	215	208	240	375	278	2399



### **Lodging Accommodations**

Cedar Bluff Lodge – 10 rooms w/bath, 1 queen & 2 twin beds per room (2 per room minimum)

G. Rollie White Lodge – 4 rooms w/bath, 1 queen & 2 twin beds per room (2 per room minimum)

Lenamon Lodge\* – 4 private rooms w/bath and at 2 queen beds, Loft space with 10 twin bunk beds (10 person min). **MUST BE REQUESTED; NOT INCLUDED.**

#### **Cabins**

Cabin 1 – 40 beds	Cabin 7 – 40 beds
Cabin 2 – 40 beds	Cabin 8 – 40 beds
Cabin 3 – 40 beds	Cabin 9 – 88 beds
Cabin 4 – 80 beds	Cabin 10* – 32 beds
Cabin 5 – 88 beds	Cabin 11* – 32 beds
Cabin 6 – 40 beds	* Handicap Accessible

#### **Outpost Camp**

Barracks – 40 beds	Turret 2 – 20 beds
Wagon 1 – 12 beds	Wagon 2 – 12 beds
Wagon 3 – 12 beds	Wagon 4 – 12 beds
Teepee 1 – Apache – 12 beds (2 are double beds)	
Turret 2B Overflow – 18 beds	

### **Recreation Facilities**

Lighted Softball Field (1)  
Swimming Pool w/two dual-flume slides (2)  
Pickleball Court (2)  
Sand Volleyball Courts (2)  
Disc Golf (9 holes) (1)  
Rec Point Basketball Courts (2)  
The Field (covered rec field) (1)  
The Jungle (Climbing wall & structure) (1)  
Lighted Football/Soccer Sports & Rec Field (1)  
Activities Field (1)  
Ping Pong Tables (4)  
Archery Range (1)  
Tether Ball (1)  
Zip Line (2)  
Archery Tag Field (1)  
Ga-Ga Ball Pits (6)  
9 Square-in-the-Air (2)  
**WATERFRONT**  
Blobs (1)  
Wet Willie Slide (1)  
Water Zip Line (1)  
Trapeze (1)  
Aqua Course (1)  
B.O.B. (1)  
The Plunge Jump (1)

## **Fireworks Scheduling and Usage Policy**

As a service to camp groups, Riverbend staff can provide a firework show.

Fireworks are subject to the following:

- Fireworks are subject to weather conditions and are unable to be conducted if a burn ban is put into place for the county.
- The cost of the fireworks will be added to the groups' bill. For a quality show of about 12-16 minutes we recommend a budget of \$2,500 not including the insurance. If the show is cancelled by Riverbend the group will not be responsible for the cost.
- The show is set to music. Riverbend will program the musical selection.

If your group would like to have a firework show, please notify your staff contact by February 15<sup>th</sup>. This enables Riverbend to send the dates to our insurance company and order the fireworks.

# Worship Center AV Equipment

## Sound

- 3 EAW QX500 Series Three-Way Bi-Amplified Speakers (covering front half of seating area)
- 2 EAW QX500 Series Three-Way Bi-Amplified Speakers (covering rear half of seating area)
- 1 Powersoft PF00S463 Quattrocanali 1204 Amplifier (Amplification for high/mid & high frequency drivers)
- 2 Powersoft PF00H465 Quattrocanali 4804 Amplifier (Amplification for low frequency drivers)
- 2 Electro-Voice ETX-15SP 1800 W 15 inch Powered Subwoofers – Under stage
- Sound Booth:
  - Allen & Heath SQ-7, 48 channel board (32 inputs, 16 outputs) A&H SDANTE64-A Digital Audio card.
  - 2 Sennheiser EW 100 Handheld Microphones & Receivers (516.200, 520.175)
  - 2 Sennheiser EW G4 Handheld Microphones & Receivers (538.050, 518.200)
  - 2 Sennheiser EW 100 Body Pack Transmitter & Receiver with Over Ear Mics (517.275, 548.850)
- Back Stage:
  - Allen & Heath AR2412 Mix Rack (24 Inputs, 12 Outputs)
  - QSC Core Nano Network I/O Digital Signal Processor
  - Netgear GSM4212P Managed Switch for Dante Distribution to Speakers
  - 2 Biamp Nexia SP Digital Signal Processors
  - Monitors – 4 independent channels
    - Amplifier - QSC RMX2450 500 Watt 8 ohm
    - Amplifier - QSC GX3 300 Watt 8 ohm
    - 2 EV TX 1122FM Floor Monitors
    - 2 CGM ARM-115H-1 Floor Monitors
  - 4 Six Channel Whirlwind Snakes with Cat-5 Connections
  - Allen & Heath ME-U 10 Port Hub
  - 2 Allen & Heath ME-1 Personal Mixer
  - 4 DOD-265 Stage Hand Direct Boxes
  - 4 Shure SM58 Microphones with 25' cords
  - 5 Ultimate Support LiveSB Mic Stand
  - 1 Ultimate Support MC-403 Mic Stand with boom
  - Production Intercom BP-2 Belt pack and HH10/A Handset (2)

## Lighting

- 6 Stage Right 200W DMX COB LED Ellipsoidal Stage Light White 3500 K 26-degree Spotlight
- 6 Elation ELED Tri 64B 54 watt RGB LED PAR
- 20 Stage Right Stage Wash Hex 18x18W LED Par RGBAW+UV Light with Zoom (House Lights)
- MyDMX 2.0 Software and Interface

## Video & Projection

- 3 Hitachi LP-WU6600 6000 ANSI DLP Laser Projectors (Left, Right & Center) **Running 16:10 format**
- Blackmagic Television Studio HD Switcher
- 3 Da-Lite Electrosol 9'x12' screens (controlled from board)

## Stage & Back Drop

- 12 – 4 foot by 8 foot, 32 inch high stage risers with steps
- 6 – 4 foot by 8 foot, risers, adjustable from 24 to 32 inches
- Ramp leading up to stage located behind the curtain on the right of the stage
- 48 feet of Pipe & Drape behind the stage with mesh material covering, 16 feet tall.
- Additional 50 feet of pipe & drape on each side of stage (16 feet high, 50 feet each side).



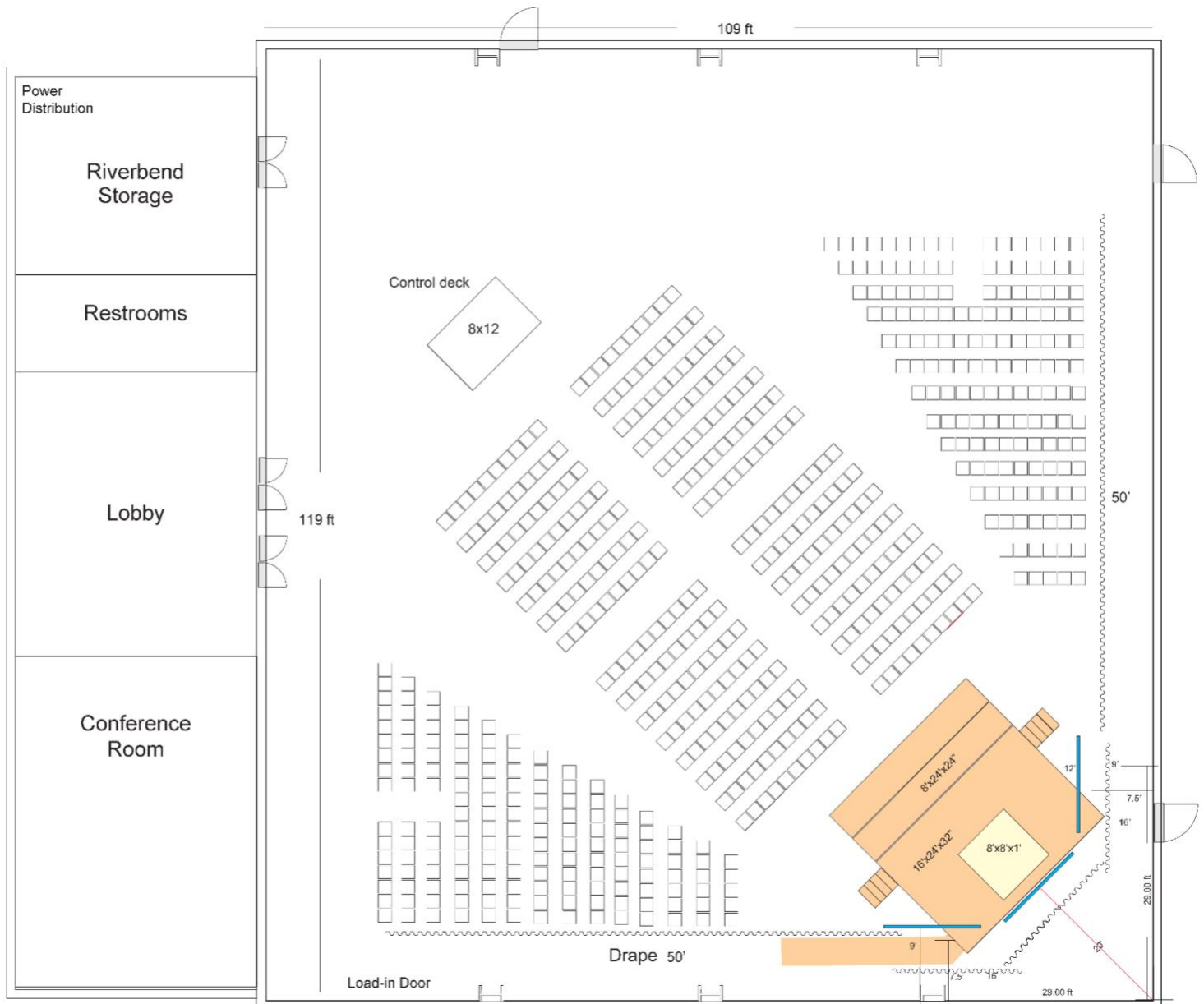
# Worship Center Measurements

## Other Measurements

- Columns are framed by box that is 24' deep x 44" wide.
- 8.5' high Wooden all around the building
- Chair Dimensions - Front to back leg-23", Left to Right-18 ¼", Height-31"

## Power

- Each wall has 3 plugs on a 20-amp circuit (80 amps)
- East(Stage) & West(Sound) Walls each have dedicated circuit with 20 amps each (40 amps)
- Distribution Box (reaches to Storage closet door)
  - 3 – 220 volt plugs each with an 80-amp circuit (240 amps)
  - 4 – 110 volt plugs each with 20-amp circuit (80 amps)



# **Refuge Chapel AV Equipment**

## **Sound**

- SPEAKERS Fulcrum DX1500 Sens – 3 x 15” (Flying)
- SUBWOOFER Fulcrum SUB218I – 18-inch (Flying)
- Sound Booth:
  - Allen & Heath SQ-7, 48 channel board (32 inputs, 16 outputs)
  - 2 Sennheiser EW-D 850 Handheld Microphones & Receivers
  - 1 Sennheiser EW-D M100 Body Pack Transmitter & Receiver with Over Ear Mics
- Back Stage:
  - Allen & Heath AR2412 Mix Rack (24 Inputs, 12 Outputs)
  - LR-8802 1500 W Amplifier
  - Falcon 8” FLOOR MONITOR x 2
  - FLOOR BOXES
  - Allen & Heath ME-U 10 Port Hub
  - 2 Allen & Heath ME-500 Personal Mixer
  - 4 Direct Input Boxes
  - 4 Shure SM58 Microphones
  - 7 Boom Mic Stands

## **Lighting**

- STAGE SPOTS - 4 Stage Right 200W DMX COB LED Ellipsoidal Stage Light White 3500 K 26-degree Spotlight
- STAGE COLOR - 4 Elation ELED Tri 64B 54-watt RGB LED PAR
- HOUSE SPOTS - 10 Stage Right Stage Wash Hex 18x18W LED Par RGBAW+UV Light with Zoom (House Lights)
- MyDMX 2.0 Software and Interface

## **Video & Projection**

- TELEVISIONS - 2 HDMI TVs - 85” Audience view & 55” Stage view
- Matrix 4x4 HDMI Switcher

**Other AV Equipment such as TV/DVD, Portable Sound Systems, Megaphones available upon request.**

# **Swank Education Center AV Equipment**

**Coming Soon!**

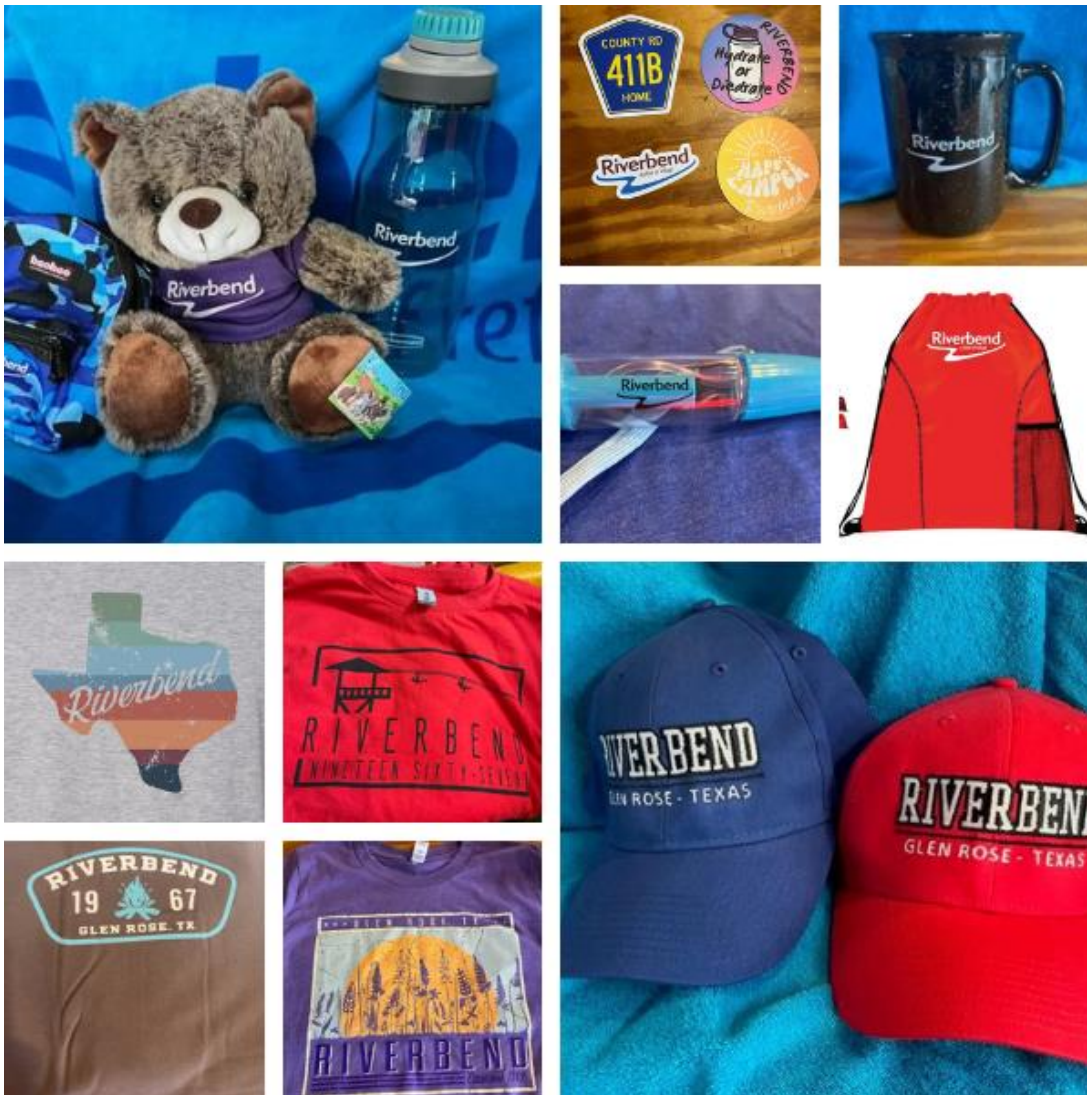


# BRAZOS TRADIN' POST

The Tradin' Post has all your camp souvenirs and gift needs.

Tradin' Post is available to be open during all meals and during the afternoon programs time if requested and

- A wide selection of items: apparel, mugs, sunglasses, water bottles, gift and items for all ages
- Care Packages available for parents, grandparents, friends, etc. to order for their campers or sponsors.
- Go to our website at [www.riverbend.camp](http://www.riverbend.camp), Summer Camps > Gift Shop
- After ordering online, your camper will receive notification that they have a package to pick up



# Snack Shop

**\*\*Pricing Based on Summer 2025 (subject to change)\*\***

Prices Range from \$1.00 - \$10.00



Popsicles & Pickle Pops

Fountain Drinks

Small Servings of Ice Cream

Slushy Drinks

Pickles

Various Candy

Chips

Pretzels

Bottled Soda & Snapple

Cookies and Cream Sandwiches & Snickers Ice Cream Bars

Funnel Cakes

Blue Bell Ice Cream Pints

AND MORE



When scheduling Snack Shop, please make sure it is at a time when your campers are not busy with other activities.

# Riverbend Dining Experience

We are looking forward to another great summer in our food service ministry! Our goal is to provide a safe, exceptional dining experience leading people towards Christ. Here are some general considerations to help your camper's have the best dining experience possible.

- Camper safety is our priority. Please review the Camper Allergies section and let us know if you have questions.
- We will be keeping a set menu for summer 2026.
- To help us prepare enough food, please keep us informed of changes to the number of campers planning to attend (especially 2 weeks out). Also, please let us know if you are planning a parent's night or other event where additional guests may eat. Please provide the number of guests attending this meal or event.
- Fast and Fresh! It is our goal to serve campers as quickly as possible but still provide fresh food. Sometimes we are cooking fresh food while campers are going through the lines, this may cause a brief delay but we feel serving freshly cooked food is a priority.
- It may be necessary to split meal times if your group numbers exceed 600. In most cases the length of the lines can be decreased and available seating can be increased. Just a 10-minute split can make a huge difference.
- If you plan to have staff announcements and/or devos in the morning before breakfast, please plan to use the Riverside room. We have a sound system in the room that you are welcomed to use.

## Camper Allergies:

We believe passionately that every preteen and youth should be able to attend camp. A food allergy, regardless of its severity, should not stop them from enjoying camp and receiving what God has in store for them. We understand that campers who have a food allergy (and their parents) may have a stressful week of camp, full of distractions if an allergy free meal plan was not made prior to their arrival. One of our ministry goals in food service is not only to prioritize campers safety but to keep their focus on "Faith and Fun" rather than "Fear of Food" due to an allergy. By working directly with the camper, their parents, and adult sponsors we can create a meal plan that will enrich staff physically through their week of camp.

- We strive to accommodate campers with food allergies in a number of different ways.
- We are able to provide a number of substitutions for various foods containing allergens. These foods are stored in a cross-contamination free zone, and hand delivered to the camper.
- We also allow campers to bring as much food as they need for the week. We have a refrigerator/freezer and microwave in a room in the dining hall for campers who plan to bring food. Only food related to a special diet/allergy will be permitted to be stored in the kitchen. Any items that is deemed an allergy will not be permitted in to the dining hall (ie. Riverbend's dining hall kitchen is a nut and shellfish free kitchen.)
- Our cooks are happy to prepare camper foods that require the stove or oven and we are happy to assist campers using the microwave.
- Those with Food Allergies and Special Dietary needs will pick up their plate at the designated Allergy window in the dining hall.

As a Summer Camp Director, Adult Sponsor, Church Leader, etc. please feel free to direct campers and parents directly to us regarding food allergies. It is our preference to work directly with campers and parents when discussing allergies, answering questions, and planning an allergy free menu. To submit an allergy form and retrieve a copy of the planned menu, parents and campers can visit [bendfoodallergy.org](http://bendfoodallergy.org), to enter online if using our online registration tool or email our Food Service Coordinator at [foodservice@riverbendretreat.org](mailto:foodservice@riverbendretreat.org). Those who use the online registration will do it through the registration tool and will not need to submit it separately. We need to be contacted 2 weeks prior to the camper's arrival date so a meal plan can be developed and we can ensure allergy free foods are in stock.

## Special Events:

Make a good camp event great by adding a special event snack! We provide convenient low-cost snack options to your church groups. Special events must be scheduled 2 weeks in advance. Events can be scheduled by Summer Camp Directors, Church Leaders, Adult Sponsors, etc. online by going to [bendspecialevents.org](http://bendspecialevents.org). Here are some quick tips to make your event successful:

- We are happy to assist with determining how much food you need to order. If scheduled through Riverbend, we will provide enough servings for the number of people attending the event. The form offers some serving sizes but please feel free to call our Food Service Coordinator [foodservice@riverbendretreat.org](mailto:foodservice@riverbendretreat.org) if you have questions.
- Please plan to pick up special event food and supplies from our pantry door (come by the kitchen in advance and we can show you exactly where to pick up supplies). One of our summer staff will be in the pantry ready to assist you with your pickup.
- All supplies are provided for the event (i.e. ice cream events include, spoons, bowls, napkins, extra trash bags, scoops, tongs for toppings etc.)
- Not all the supplies are disposable (including the s'more skewers) so please bring these supplies back to the pantry the next day.
- Pizza orders can be placed directly by your group. Please note pizza restaurants in town include: Simple Simon's (254-269-0330), Pizza Hut (254-898-0066), and Dominos (254-513-1080) prices and delivery times can vary. If you schedule pizza deliver yourself, please let us know, so we can direct delivery drivers as needed. If you need assistance ordering or have any other questions, please ask our office staff.
- To help prevent running out of food, please ensure an adult sponsor serves or distributes the correct quantity of food to each camper. Our staff can let you know the planned serving sizes.
- Add extra excitement!! Try having a watermelon seed spitting contest, or timing who can gobble down 2 s'mores the fastest.

## Summer Camp Menu Selections:

- We will provide a menu for your camp week, please contact us with any questions.
- To allow our summer staff to enjoy Sunday morning worship we schedule all Sunday breakfasts to be the Pigs 'n Blankets with Donuts meal.

## Summer Camp Capacity

Facilities	# of Beds	Total Sleeping
Cabin 1	40	40
Cabin 2	40	40
Cabin 3	40	40
Cabin 4	80	80
Cabin 5	88	88
Cabin 6	40	40
Cabin 7	40	40
Cabin 8	40	40
Cabin 9	88	88
Cabin 10	32	32
Cabin 11	32	32
Barracks	40	40
Wagon 1 - Goodnight	12	12
Wagon 2 - Western	12	12
Wagon 3 - Chisholm	12	12
Wagon 4 - Shawnee	12	12
Teepee 1 - Apache (2 Double Beds)	12	12
Turret 2B	20	20
Cedar Bluff Lodge	30	36
G. Rollie Lodge	12	16
Lenamon Lodge	21	31
Brazos Lodge (Health Center)	8	12
<b>Total</b>	<b>745</b>	<b>775</b>

## MEETING ROOMS/PLACES

### Indoor Spaces

Each cabin has a center conference room sized for the number that it sleeps (Two rooms in Cabin 4)

Poolside Room, 40 people

Cedar Bluff Gathering Room, 36 people

Refuge Chapel, 250 people

G. Rollie Meeting Room, 35 people

Lenamon Lodge Living Room, 21 people

Bass Conference Room, 100 people

Worship Center Conference Room, 90 people

Worship Center (can use corners), 1200 people

Center Point Room at back of WC, 30 people

S.E.C. - Oak Room, 200 people

S.E.C. - Mesquite Room, 50 people

S.E.C. - Willow Room, 50 people

S.E.C. - Elm Room, 50 people

### Outdoor Spaces

Main Amphitheatre, 400 people

Lakeside Amphitheatre, 125 people

Courtyard between ofc/gift shop

Portico in front of dining hall

Three gazebos (two by WC, one by Cabin 10)

Three decks (behind cabins 4,5 and Dining Hall)

Schutt Prayer Garden (behind office)

Courtyard between Ofc/Gift Shop

Porch around Dining Hall

Freedom Courtyard (Flag Pole)

Rose Garden

Stevens' Plaza – by Legacy Point

Campers' Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
 Church: \_\_\_\_\_ Camp Name: \_\_\_\_\_

Appendix 1

## Camper Registration Form - 2026

(under 18 years of age)

**I promise to obey the rules and regulations of Riverbend and will cooperate with the leaders and campers**

☐ Check if you do NOT want to be added to Riverbend's newsletter mail-outs.

I am attending with \_\_\_\_\_ Church, City: \_\_\_\_\_ Cabin #: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Gender: \_\_\_\_\_ SS# (ins. purposes only): \_\_\_\_\_

Parent's/Legal Guardian's Name(s): \_\_\_\_\_, \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Dr.'s Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please do not send your child/youth to camp if they have a fever or illness. The whole camp could be in danger of contracting the illness. **If your child has any significant health issues or newly developed concerns after turning in this form, please bring a report on the day of departure for camp detailing care and/or limitations.**

**Are all immunizations current for your child:** ☐ Yes or ☐ No If no please specify what is not: \_\_\_\_\_

Health History-List any recent illnesses, injuries and/or hospitalizations relevant to a physician in case of an emergency (attach extra sheet if necessary) \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Allergies: \_\_\_\_\_

If your child has food allergies or special nutritional needs, please go to [bendfoodallergy.org](http://bendfoodallergy.org) and fill out the Food Allergy and Special Dietary Needs form at least two weeks prior to camp dates.

\*All medications must be given to the Camp Health Officer. Place them in a large Ziploc bag with your child's name and church name.

Prescriptions must be in the original container with the camper's name and the current dosage. No medications will be given unless they are in original containers per Texas Department of State Health Services. If your child/youth requires an asthma inhaler or antidote for allergies (prescribed by doctor) have them bring at least two (2) to camp. The medication must be registered with Camp Health Officer. One (1) will be kept and closely guarded by camper and one (1) given to the Camp Health Officer. Similar special cases must be discussed with Camp Health Officer. If the need arises, I give my permission for my child/youth to be inspected for head lice/eggs. I understand any such check would be conducted sensitively. I understand Riverbend's Notice of Privacy Practices uses and disclose health information about my child/youth to the Summer Camp Director, Executive Director, his designee, the child's sponsor, and medical staff, when in its sole discretion, believes such communication to be in the best interest of my child for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that he/she receives. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

I give my permission for the Camp Health Officer to give the following over-the-counter medications in accordance with standard label directions:

Acetaminophen Ibuprofen Antihistamine Decongestant Cough Medicine Anti-Nausea Anti-Diarrhea

I would prefer my child not be administered the following from the above list: \_\_\_\_\_

I hereby authorize the Riverbend Retreat Center staff, Camp Health Officer or Summer Camp Director to make emergency medical decisions for my child/youth and I understand that my insurance coverage will be primary coverage. If the church your camper attends with has insurance, they will be second and Riverbend's will be third and for accidents only – no illness coverage.

My child has health insurance ☐ Yes or ☐ No If yes, please fill in the information below:

Insurance Company: \_\_\_\_\_ in name of: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Medication	Dosage	Frequency / Time(s)	Comments

All medications should be listed whether Over the Counter or Prescriptions. If your child/youth takes it with food or after lunch or needs other special instructions, please note. If your child/youth has difficulty taking medication, please attach a note and tell the Camp Health Officer the best way to get the child/youth to take the medication. Attach separate sheet if additional space is needed. I understand that medical care is provided by the group my child/youth is attending with and not by Riverbend Retreat Center.

Continued on Back

**If parent cannot be reached in an emergency, please contact:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

I, the undersigned parent or guardian, hereby consent to my child/youth participating in Summer Camp at Riverbend Retreat Center, an event sponsored by \_\_\_\_\_ Church on \_\_\_\_\_ 2026. I certify that my child/youth is able to participate in all activities including but not limited to: Swimming pool activities including slides and diving board, waterfront activities including blobbing, iceberg, space mountain, water zip line, aqua swings, and Wet Willie slide, archery, Archery Tag, Ga-Ga Ball, challenge (ropes) course, zip line, climbing wall and structure, fishing, hiking, paintball, all field sports including, but not limited to softball, baseball, soccer and volleyball. I would prefer my child not participate in the following activities: \_\_\_\_\_.

**RELEASE AND INDEMNITY**

**I understand and hereby agree to assume all of the risks which may be encountered on said activity, including activities preliminary and subsequent thereto. I DO HEREBY INDEMNIFY AND HOLD HARMLESS TARRANT BAPTIST ASSOCIATION AND RIVERBEND RETREAT CENTER, AND THEIR OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, VOLUNTEERS AND REPRESENTATIVES (THE "INDEMNIFIED PARTIES") FROM AND AGAINST ANY AND ALL LIABILITY, DAMAGES, ACTIONS, CAUSE OF ACTION, CLAIMS, LOSSES AND/OR EXPENSES, INCLUDING BUT NOT LIMITED TO ATTORNEY'S FEES, COURT COSTS AND EXPENSES, ARISING IN CONNECTION WITH OR BASED ON INJURY TO OR DEATH OF ANY PERSONS OR PROPERTY, INCLUDING THE LOSS OF USE THEREOF, CAUSED IN WHOLE OR IN PART BY ANY MEMBER OF THE GROUP OR THE SUMMER CAMP DIRECTORSHIP, REGARDLESS OF WHETHER OR NOT CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE INDEMNIFIED PARTIES, OR ANY ONE OR MORE OF THEM. However, this indemnification shall not apply to willful misconduct committed by the Indemnified Parties.**

I understand that part of the camping experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.

I understand that part of the Riverbend property (three staff homes and river hiking trails) is in the floodplain, but that none of the camper facilities (including sleeping cabins) are located in the floodplain.

I further give permission and consent to Riverbend Retreat Center for any photographs, videos and interviews to be taken during the camping session to be published and used to illustrate, report, promote and advertise the camp including on Internet Web Sites promoting or reporting on the camp. I hereby assign full copyright of these photographs to Riverbend Retreat Center with the reproduction either wholly or in part. I agree that they can be used separately or together, either wholly or in part, in any way and in any medium. Provided my name is not mentioned in connection with any other statement or wording which may be attributed to me personally, I undertake not to prosecute or to institute proceedings, claims or demands against Riverbend Retreat Center or any of their employees related to any actions of Riverbend Retreat Center taken in accordance with this paragraph. I further agree that I or my child will not use a camera or camera phone to take pictures or videos of any individual including myself in any state of undress.

I agree that venue for any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Somervell County, Texas, and such dispute or cause of action shall be governed by and construed in accordance with the laws of the State of Texas, exclusive of any provisions relating to conflict of laws.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I agree that in any event that I take any legal action against Riverbend Retreat Center, which is decided in favor of Riverbend Retreat Center, I will be responsible for all legal fees, court costs and out-of-pocket expenses of Riverbend Retreat Center, its owners and employees. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS PARENT AND /OR LEGAL GUARDIAN OF THE MINOR NAMED ABOVE. I AM AUTHORIZED TO SIGN THIS RELEASE BY AND ON BEHALF OF MY CHILD'S CO-PARENT OR CO-GUARDIAN. This is a legally binding agreement, which I have read, understood, and accept.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Camper's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Adult / Leader/Sponsor**

Campers' Last Name: _____	<b>Registration Form - 2026</b>	T-Shirt Size _____
Church: _____	(18 years of age and over)	

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

i. Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

I am attending with \_\_\_\_\_ Church

Please check here \_\_\_\_\_ if you do not want to be added to Riverbend's newsletter, mail-outs, etc.

Medical conditions relevant to Camp Health Officer include \_\_\_\_\_

Dr.'s Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health History-List any recent illnesses, injuries and/or hospitalizations relevant to a physician in case of an emergency (attach extra sheet if necessary)

Allergies: \_\_\_\_\_

If you have food allergies or special nutritional needs, please go to [bendfoodallergy.org](http://bendfoodallergy.org) and fill out the Food Allergy and Special Dietary Needs form at least two weeks prior to camp dates.Please do not attend camp if they have a fever or illness. The whole camp could be in danger of contracting the illness. **If you have any significant health issues or newly developed concerns after turning in this form, please bring a report on the day of departure for camp detailing care and/or limitations.**

\*All medications must be given to the Camp Health Officer (Yes, even for adults). Place them in a large Ziploc bag with your name and church name. Prescriptions must be in the original container with your name and the current dosage. No medications will be given unless they are in original containers per Texas Department of State Health Services. If you require an asthma inhaler or antidote for allergies (prescribed by doctor) bring at least two (2) to camp. The medication must be registered with Camp Health Officer. One (1) will be kept and closely guarded by you and one (1) given to the Camp Health Officer. Similar special cases must be discussed with Camp Health Officer. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

I understand that medical care is provided by the group I am attending with and not by Riverbend Retreat Center.

**In an emergency, please contact:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

I have health insurance ☐ Yes or ☐ No If yes, please fill in the information below:**Insurance Company:** \_\_\_\_\_ **in Name of:** \_\_\_\_\_**Insurance Policy #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_**I understand that my insurance coverage will be the primary coverage. If church you are attending with carries coverage, it will be second and Riverbend third for accidents only – no illness coverage.**

If I am unable to make a decision on my own behalf regarding medical care, I authorize Riverbend Retreat Center Staff, Camp Health Officer or Summer Camp Director to make emergency medical decisions for me. Riverbend's Notice of Privacy Practices uses and discloses health information about you for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that you receive.

Continued on Back



Name of Medication	Dosage	Frequency / Time(s)	Comments

**All medications should be listed whether Over the Counter or Prescriptions. Attach separate sheet if additional space is needed.**

#### **RELEASE AND INDEMNITY**

**I understand and hereby agree to assume all of the risks which may be encountered on said activity, including activities preliminary and subsequent thereto. I DO HEREBY INDEMNIFY AND HOLD HARMLESS TARRANT BAPTIST ASSOCIATION AND RIVERBEND RETREAT CENTER, AND THEIR OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, VOLUNTEERS AND REPRESENTATIVES (THE "INDEMNIFIED PARTIES") FROM AND AGAINST ANY AND ALL LIABILITY, DAMAGES, ACTIONS, CAUSE OF ACTION, CLAIMS, LOSSES AND/OR EXPENSES, INCLUDING BUT NOT LIMITED TO ATTORNEY'S FEES, COURT COSTS AND EXPENSES, ARISING IN CONNECTION WITH OR BASED ON INJURY TO OR DEATH OF ANY PERSONS OR PROPERTY, INCLUDING THE LOSS OF USE THEREOF, CAUSED IN WHOLE OR IN PART BY ANY MEMBER OF THE GROUP OR THE SUMMER CAMP DIRECTORSHIP, REGARDLESS OF WHETHER OR NOT CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE INDEMNIFIED PARTIES, OR ANY ONE OR MORE OF THEM. However, this indemnification shall not apply to willful misconduct committed by the Indemnified Parties.**

I further give permission and consent to Riverbend Retreat Center for any photographs, videos and interviews to be taken during the camping session to be published and used to illustrate, report, promote and advertise the camp including on Internet Web Sites promoting or reporting on the camp. I hereby assign full copyright of these photographs to Riverbend Retreat Center with the reproduction either wholly or in part. I agree that they can be used separately or together, either wholly or in part, in any way and in any medium. Provided my name is not mentioned in connection with any other statement or wording which may be attributed to me personally, I undertake not to prosecute or to institute proceedings, claims or demands against Riverbend Retreat Center or any of their employees related to any actions of Riverbend Retreat Center taken in accordance with this paragraph. I further agree that I will not use a camera or camera phone to take pictures or videos of any individual including myself in any state of undress. I understand that part of the Riverbend property (three staff homes, river hiking trails) is in the floodplain, but that none of the camper facilities (including sleeping cabins) are located in the floodplain.

I agree that venue for any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Somervell County, Texas, and such dispute or cause of action shall be governed by and construed in accordance with the laws of the State of Texas, exclusive of any provisions relating to conflict of laws.

I expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I agree that in any event that I take any legal action against Riverbend Retreat Center, which is decided in favor of Riverbend Retreat Center, I will be responsible for all legal fees, court costs and out-of-pocket expenses of Riverbend Retreat Center, its owners and employees. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

**I state that I have received information and training to perform the duties of an adult sponsor.**

**I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND INDEMNITY AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read, understood, and accept.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

## Sponsor Certification\*

This form is required by Riverbend Retreat Center. Please copy the the following letter, print on **church letterhead**, **notarize**, and turn in at camp check-in.

### TO RIVERBEND RETREAT CENTER:

This shall certify that the names of the Adult Leaders listed below are the only individuals who will be sent by \_\_\_\_\_ Church to attend, supervise and counsel the campers while at Riverbend Retreat Center. This certifies that each individual named below has the requisite character, responsibility, and ability to work with and around children and youth and are free from any propensity to commit child abuse.

This also verifies that they have passed the Child Abuse Prevention Training within the last two years and I will have these results (either test or certificate) onsite while at camp and will produce them upon request of the Texas Department of State Health Services.

I further verify that an annual Criminal Background Check and Sex Offender Database Check have also been completed and are clear. The results of these background checks are located at \_\_\_\_\_ (church address) and will be made available to Riverbend Retreat Center, upon request of the Texas Department of State Health Services, within two business days and agree that our church will be responsible for any fine levied, if not provided.

I also verify that Emergency Action Plans have been provided to all adults for training and preparation purposes.

I also agree that all applications, background checks, training documentation, and other required documentation required by these rules shall be maintained in hard copy or electronic format for a minimum of two years following that individual's last day of service.

Name of sponsors:


☐ There are additional pages of names of sponsors connected to this letter.

Sponsor Church: \_\_\_\_\_

By: \_\_\_\_\_  
                     Pastor's Signature

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                     Print

Notarized by: \_\_\_\_\_  
 State of Texas, County of \_\_\_\_\_  
 Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2026

## Summer Camp Director's Check List

**Camp:** \_\_\_\_\_

**Summer Camp Director:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

Actual number arriving:      Adults \_\_\_\_\_ Children \_\_\_\_\_  
    Youth \_\_\_\_\_

Upload to Camp Scheduling Matrix

\_\_\_\_\_ Update Attendance/Lodging Assignments.

\_\_\_\_\_ Update Sponsor Certification.

\_\_\_\_\_ Turn in Child Abuse Prevention Certificates or verify they are on site.

\_\_\_\_\_ Update the alphabetical list of all campers and leaders, by churches, attending camp.

\_\_\_\_\_ Update the copy of your Camp Schedule for camp staff's use.

\_\_\_\_\_ Make sure Camp Health Officer has Camper Registration Form (Appendix 1) on all campers AND Leader/Sponsor Registration Form (Appendix 2) on all other attendees 18 or over.

\_\_\_\_\_ Update Resource Request if you need to check out recreation equipment during the week.

\_\_\_\_\_ Update the Certificate of Liability Insurance (see sample, Appendix 8).

\_\_\_\_\_ Update list of Pre-Approved Visitor List

\_\_\_\_\_ Pick up two-way radio (radio # \_\_\_\_\_) and keys to lodges reserved.

\_\_\_\_\_ Pick up arm bands for every leader. Number (#) needed? \_\_\_\_\_.

\_\_\_\_\_ Verify Ice Code & Procedures and On-Call Information Card.

\_\_\_\_\_ Pick up copy of Riverbend's schedule.

\_\_\_\_\_ Pick up golf cart key(s)/check-out sheets (golf cart #s \_\_\_\_\_)

"I have read, understood and informed all campers, leaders and sponsors of all rules and regulation including but not limited to Emergency Procedures, supervision requirements, evacuation procedures, golf cart and two-way radio procedures included in the *Summer Camp Director's Handbook*."

\_\_\_\_\_  
 Summer Camp Director

Date \_\_\_\_\_

## CAMP HEALTH OFFICER CHECK LIST

UPON ARRIVAL AT CAMP, PLEASE COME TO THE RETREAT CENTER OFFICE FOR THE FOLLOWING:

### CAMP HEALTH OFFICER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Church: \_\_\_\_\_

License # \_\_\_\_\_

### HELPER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Church: \_\_\_\_\_

License # \_\_\_\_\_

Certification: \_\_\_\_\_

- ☐ Pick up Health Log (unless your CHO is providing or doing on approved computerized system, Accident Report Forms, two-way radio, golf cart, Body Spills Kit, syringe receptacle, and keys for Health Center. I will abide by two-way radio and golf cart procedures.
- ☐ Overview forms and rules
- ☐ I know that all medications, accidents, etc. are to be logged in on bound Medical log or approved computerized system.
- ☐ Be sure you obtain the Camper Registration Form (Appendix 1) on each camper **AND** Leader/Sponsor Registration Form (Appendix 2) on all other attendees 18 or over.
- ☐ Be sure you obtain all meds and have a system ready to dispense as directed by physician. (See Texas Health Dept. Regulations. Also, see Pages 18-24 of Summer Camp Director's Handbook)
- ☐ Bring ice chest for ice for ice packs, if needed.

"I have read and understood all rules and regulations in the Summer Camp Director's Handbook regarding health care including but not limited to two-way radio procedures, golf cart procedures, emergency procedures and evacuation procedures."

-----  
Camp Health Officer

-----  
Date

## Criminal Background Check General Information

“Child sexual abuse strikes children from every social background, race, and age. Often it occurs in settings where children or youth completely trust adults-homes, schools, camps, athletic and park programs, and most sadly, the church. Child sexual abuse can happen in any church-*including yours*. A profound legal and moral obligation exists to reduce the possibility of child sexual abuse from ever occurring.”<sup>1</sup>

Realizing that the local church and camps are classified as a “high risk” setting when it comes to child abuse, it is essential we, as leaders take necessary precautions to ensure a safe environment for our children. It is an issue all churches and Christian Ministries should consider and be proactive in getting policies and procedures into place before an incident occurs.

One important aspect of Riverbend’s child abuse prevention policy is the criminal background check. **Texas Department of State Health Services now requires an annual sex offender database check and an annual Criminal Background Check. Also, don’t forget the Child Abuse Prevention Training course and test.**

Below are some options you might consider running the Criminal Background Checks:

- Video Based Child Abuse Prevention Training available free at [ministrygrid.com](http://ministrygrid.com). Use Membership Code MDVQ-RBDJ - <https://ministrygrid.lifeway.com/#/redeem-invite/MDVQ/RBDJ>
- Protectmyministry.com – Background Checks and Child Abuse Prevention Training.
- Safechurches.com – Instant Criminal and Sex Offender Database as well as other in-depth searches. Prices range from \$6.00 - \$10.50 per name.
- NationalCrimeSearch.com (NCS) – Instant criminal history checks including motor vehicle records. 24-hour online service.

Please call the Riverbend office if you have questions about this process or need more information.

**\*\*Riverbend requires the “Sponsor Certification” form (Appendix 3) for each church group. Please note that this form confirms that you and all your leaders/helpers (over the age of 18) have completed the Criminal Background Check, Sex Offender Database Check, and Child Abuse Prevention Training and upon the request of the Texas Department of State Health Services will provide them to Riverbend within two business days. If not provided, would be responsible for fines up to \$1,000 per day per violation if imposed by state.**

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<sup>1</sup> Reducing the Risk of Child Sexual abuse in Your Church, Richard R. Hammer, Steven W. Klipowicz, & James F. Cobble, Jr., Christian Ministry Resources, 1993. (704)841-8066

CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK  
AUTHORIZATION/WAIVER/INDEMNITY

RIVERBEND RETREAT CENTER  
1232 County Rd. 411B, Glen Rose, TX 76043, 254-897-4011, 888-269-2363

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Phone \_\_\_\_\_ Birthdate \_\_\_\_\_  
Other names by which you have been known (if any) \_\_\_\_\_  
Note: May include maiden name or names that were changed for other reasons.

I HEREBY GIVE MY PERMISSION FOR RIVERBEND RETREAT CENTER TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY RECORD THROUGH THE VOLUNTEER CENTER OF TARRANT COUNTY. THE CRIMINAL HISTORY RECORD, AS RECEIVED FROM THE REPORTING AGENCIES, MAY INCLUDE JUVENILE OFFENSES, ARREST AND CONVICTION DATA AS WELL AS PLEA BARGAINS AND DEFERRED ADJUDICATIONS. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART, TO DETERMINE MY ELIGIBILITY FOR AN EMPLOYMENT/VOLUNTEER POSITION WITH THIS ORGANIZATION. I ALSO UNDERSTAND THAT AS LONG AS I REMAIN AN EMPLOYEE OR VOLUNTEER HERE, THE CRIMINAL HISTORY RECORDS CHECK MAY BE REPEATED AT ANY TIME. I UNDERSTAND AND AGREE TO WAIVE ANY OPPORTUNITY TO REVIEW THE CRIMINAL HISTORY AS RECEIVED BY RIVERBEND RETREAT CENTER AND A PROCEDURE IS AVAILABLE FOR CLARIFICATION OF THE INFORMATION RECEIVED.

I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY THE VOLUNTEER CENTER OF TARRANT COUNTY AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS AND HOLD THEM HARMLESS FROM AND AGAINST ANY AND ALL CAUSES OF ACTIONS, SUITS, LIABILITIES, COSTS, DEBTS AND SUMS OF MONEY, CLAIMS AND DEMANDS WHATSOEVER (INCLUDING CLAIMS FOR THE NEGLIGENCE, GROSS NEGLIGENCE, AND/OR STRICT LIABILITY OF THE VOLUNTEER CENTERS OF TARRANT COUNTY), AND ANY AND ALL RELATED ATTORNEYS' FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A VOLUNTEER/STAFF MEMBER.

\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE DATE  
(For Applicant's under 18 years of age)

## TWO-WAY RADIO PROCEDURES

**Church:** \_\_\_\_\_ **Individual:** \_\_\_\_\_ **Radio #:** \_\_\_\_\_

A two-way radio is provided for use by the Summer Camp Director (or person he/she designates), Camp Health Officer and the Retreat Center Staff to simplify and aid in communication.

1. Radios will be checked out upon arrival and checked back in to Riverbend before departure.
2. The radio is to remain in possession of the person to whom it is assigned. Please have the radio monitored at all times.
3. The radio is to be used for “Riverbend Camp Business” only. (E.g. relay messages, emergencies, needs, etc.)
4. Full replacement cost will be charged if radio isn’t returned in same condition as received.
5. Riverbend Staff will monitor the radio 24 hours a day. If, for some reason you are unable to contact RRC staff by radio, please go to the office or call the on-call number (817-319-9617) if after hours.

I have read and will abide by the above regulations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 3/27/2007												
<b>PRODUCER</b> Wm Rigg Co, Inc. - Ft. Worth 777 Main St, Suite C50 Fort Worth TX 76102 (817) 820-8100 (817) 870-0310		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
<b>INSURED</b>  		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Texas Mutual Insurance Co.</td> <td>22945</td> </tr> <tr> <td>INSURER B: Philadelphia Indemnity Ins.</td> <td>23850</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Texas Mutual Insurance Co.	22945	INSURER B: Philadelphia Indemnity Ins.	23850	INSURER C:		INSURER D:		INSURER E:	
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**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
B X	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		3/31/2007	3/31/2008	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B X	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		/31/2007	3/31/2008	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
B	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE \$ RETENTION \$		3/31/2007	3/31/2008	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER		12/21/2006	12/21/2007	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

Name of YOUR Camp OR Date of YOUR Camp...

Please ask your agent to put name of city if you are a First Baptist Church (there are lots of First Baptist Churches)

<b>CERTIFICATE HOLDER</b>  RIVERBEND RETREAT CENTER  1232 County Rd 411B  GLEN ROSE TX 76403	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	--



## GOLF CART PROCEDURES

**Church:** \_\_\_\_\_ **Individual:** \_\_\_\_\_ **Golf Cart #** \_\_\_\_\_  
**Staying in Room/Cabin #** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

A limited number of golf carts are available for rent from Riverbend at a cost of \$200 for the week up to 20 carts (provided free to Camp Health Officer). Additional carts (above 20) will be charged actual costs for rental including delivery fee. Failure to abide by any of these guidelines can result in immediate loss of all golf cart privileges and fees.

1. The Golf Cart is available for use by the Summer Camp Director or his/her designated personnel who is at least 18 years old and has a valid driver's license.
2. Golf Carts will be checked out through the office and will be inspected by the office staff and driver prior to guest's use. If you have never driven a golf cart, please ask Riverbend staff to give you an orientation.
3. Campers will not be allowed to ride on cart except in case of an emergency.
4. **There may not be more riding the cart than is recommended by seat configuration. Single seat carts hold no more than two (2), multi-seat carts hold no more than four (4).**
5. **Riding on the back of golf carts is prohibited. All extremities must be kept inside the cart (arms, legs, hands, head, etc.).**
6. Golf Cart should be checked back in at the office prior to the end of your stay
7. Normal wear and tear is expected, but abuse or damage to the carts will be the financial responsibility of the group using the cart. **Tampering or resetting a governor will result in a minimum \$50 fee.**
8. **Do not tape any signs or decorations to the golf carts. Tape on carts will result in a \$25 cleaning fee.**
9. At the first sign of trouble with the cart, take it to the office or contact Riverbend staff.
10. **Golf carts are to be driven on roads and paved paths in the main campus area (not on trails). Pedestrians have the right of way.**
11. Groups using the golf carts agree to indemnify, defend and hold Renter/Owner harmless against and from all liabilities, damages, claims, actions, costs and expenses (including reasonable attorney's fees and expenses) arising from the use of the golf cart.
12. Be sure to remove key when not in use.

I have read and will abide by the above regulations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## BUILDING CLEANING INSTRUCTIONS AND CHECK-OUT

Everyone's cooperation is needed and greatly appreciated as we seek to make Christian camping available to the maximum number at the lowest cost. Make sure and take all personal items from the building.

### DEPARTURE TIMES

Departure times from the cabin (vacated and empty of all personal belongings) is 9:00 am. **A fee of \$100 per hour per building will be assessed for each hour over check-out time.** If you are unable to complete this list before departure, please take your personal items and vacate the building. Please ask all campers to remain out of the buildings once they are clean. They can use restrooms at the Worship Center, Poolside, or Ballfield Restrooms.

### CLEANING TOOLS & SUPPLIES

Each building has cleaning supplies, paper towels, brooms, and vacuum cleaner. Should you need cleaning supplies these are located in the locked cabinet in the conference room of each cabin. The **combination** for this cabinet is "1232". Please keep all chemicals in these locked cabinets. If you brought your own supplies, **do not use any product that contains bleach** as it can react adversely to our ammonia-based cleaning products. If you need additional supplies please contact Riverbend Staff by calling or texting 817-319-9617.

### CONFERENCE ROOM

- ☐ Pick up all trash, stack chairs, fold tables and vacuum carpet. Please empty vacuum before and after use.

### DORM ROOMS

- ☐ Pick up all trash Give special attention to the space under the mattresses and beds. **No need to vacuum carpet.**

### BATHROOMS

- ☐ Trash picked up and put in receptacle. **No need to sweep or mop floors.**

### OUTSIDE

- ☐ Please police the area around the building to pick up all cans, paper, etc.  
Assure that all trash is bagged and placed in or beside (when full) the outside trash can.

When your building is completed, please return this form to the Riverbend office.

**CAMP NAME** (or dates) \_\_\_\_\_

**CABIN #** \_\_\_\_\_ **Bunkroom:**   A   B   C   D

**OCCUPIED BY** (Church/Churches) \_\_\_\_\_

### **INSPECTION REPORT**

1. The following items were broken **during** our stay in the building:

\_\_\_\_\_

\_\_\_\_\_

2. The following are suggestions for improving this building:

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
In case of follow-up questions

Church \_\_\_\_\_

**CAMPER EXCUSED RELEASE FORM**

CAMP NAME \_\_\_\_\_

CHURCH \_\_\_\_\_

CAMPER NAME \_\_\_\_\_

REASON FOR BEING EXCUSED FROM CAMP \_\_\_\_\_

# Sample

Permission for camper excused absence

From \_\_\_\_\_ at \_\_\_\_\_  
DATE TIMETo \_\_\_\_\_ at \_\_\_\_\_  
DATE TIME

Church Representative's Signature \_\_\_\_\_

Camper's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**CAMPER'S DISCIPLINARY RELEASE FORM**

CAMP NAME \_\_\_\_\_

CHURCH \_\_\_\_\_

CAMPER NAME \_\_\_\_\_

REASON FOR DISCIPLINARY ACTION: \_\_\_\_\_

\_\_\_\_\_

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

Church Representative Signature \_\_\_\_\_

DISCIPLINARY COMMITTEE FINDINGS: \_\_\_\_\_

\_\_\_\_\_

DISCIPLINARY COMMITTEE RECOMMENDATION:

☐ Camper found innocent☐ Camper to receive probation☐ Camper to be sent home☐ Other \_\_\_\_\_

Summer Camp Director's Signature \_\_\_\_\_

Camper's Parent's/Guardian's Signature \_\_\_\_\_

Sponsor of Camper's Signature \_\_\_\_\_

Church Representative's Signature \_\_\_\_\_

## 2026 Camp Riverbend Decisions & Evaluation

Camp Name: \_\_\_\_\_ Camp Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Total Number Campers \_\_\_\_\_ Total Number of Adults \_\_\_\_\_

Number of Salvations: \_\_\_\_\_

Number of Rededications / Recommitments: \_\_\_\_\_

Number of Surrender to Full-time Ministry: \_\_\_\_\_

# Of Other Decisions: \_\_\_\_\_

Tell us any “God at Work” Story’s from this week: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please rank us in the following areas:**

	1=Unacceptable	2=Below Average	3=Average	4=Above Average	5=Excellent	
<b>1. COMMUNICATION/COORDINATION BEFORE CAMP</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
Comments: _____						
<b>2. ARRIVAL</b> (Helpfulness of Staff, Check-in process, etc.)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
Comments: _____						
<b>3. DEPARTURE</b> (Check-out process)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
Comments: _____						
<b>4. STAFF</b> (responsiveness to requests, friendliness, etc.)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
Comments: _____						
<b>5. FOOD SERVICE</b> (helpfulness of staff, food quality, quantity, etc.)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
Comments: _____						

**6. PROGRAM AREAS:**

<b>Pool</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
<b>Waterfront</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
<b>Zip Line</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
<b>Archery</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
<b>Archery Tag</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
<b>The Jungle</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
<b>Snack Shop</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
<b>Gift Shop</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
<b>Coffee Shop</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>

Comments: \_\_\_\_\_

**7. FACILITIES & GROUNDS (Cleanliness, working condition, etc.)** **1 2 3 4 5 NA**

Comments: \_\_\_\_\_

**8. SAFETY ASPECTS** **1 2 3 4 5 NA**

Comments: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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## YOUR OPINION COUNTS

At Riverbend Retreat Center, we are committed to providing you with quality service and facilities. Please take a moment to fill out this Guest Evaluation to let us know how well our service met your expectations. After you've completed the form, just drop it in the mail. We sincerely appreciate your business and look forward to your comments on the quality of your stay.

**THANKS!**

Riverbend Retreat Center Team