

# 2009 STAFF PACKET

Summer is right around the corner and we're excited you're coming to work at camp! There is no better place to spend a summer than working with kids in our mountains. Described below are some of the details you'll be curious about as you get ready for camp. Just pick up the phone if you have any questions!

## Of Special Note:

- Please take special note of the "Personal Appearance and Daily Dress" and "Health Form" paragraphs.
- It is very important that you arrive with your health form completed and prepared for a written test on the staff manual.

## 1. General Information.

### ARRIVAL TIMES AND DATES:

Please pay careful attention to your expected arrival times as noted below:

Position	Arrival Date	Arrival Time
Climbing Staff	Thursday, May 28	11:00 am
A-Team (Trip Staff)	Thursday, May 28	11:00 am
Backpacking/Campcraft Staff	Friday, May 29	11:00 am
Paddlers (Canoe and Kayak) Staff	Friday, May 29	11:00 am
Mountain Biking Staff	Friday, May 29	11:00 am
Riding Staff	Saturday, May 30	11:00 am
All Other Counselors and CIT's	Monday, June 1	11:00 am

If you have a question about your expected arrival date please email us today at [mail@merri-ma.com](mailto:mail@merri-ma.com) or [email@camp timberlake.com](mailto:email@camp timberlake.com). These pre-camp orientation meetings are very important so **please be on time** – if you need to arrive a day early to be on time, just let us know.

### CIT TRAINING REQUIREMENT:

All Counselors-In-Training must attend either Training Week, June 1-6, or have made prior special arrangements. At the latest, CIT's should notify camp about their training plans before May 1 (a letter or email is sufficient).

### WHAT TO BRING:

**\*\*Please note that there are no flip-flops on property. All sandals must have a heel strap.**

Notebook & clipboard	Flashlight
Water bottle	1 pillow
2 blankets	Towels
2 sets of sheets	Some nice clothes for days off
Sweaters	Jackets
Raincoat	3 weeks spending money
Bathing suit	Bathrobe
Tennis shoes	Loafers, etc.
Shorts (any color)	Jeans
2 khaki shorts	Shirts
2 laundry bags	Water Sandals (with heel strap)
Stamps and stationery in a sealable ziploc bag (If you plan on writing anyone)	
Special equipment for your activity (Bring your gear, but know that we have limited space and it may have to be stored under a cabin. Bikes are allowed but discouraged unless you plan on doing significant trail riding on your time off or as an instructor.)	

<b>Things to Make Cabin Home:</b>	
Small rug or bathroom mat	Stuffed animals, etc.
Books and magazines	Bucket to take to shower & plastic or rubber shoes
Small Mirror- mirror space in bathroom is limited	Ideas and lesson plans for skills you will instruct
<b>Optional Articles for Merri-Mac:</b>	
Marks-a-Lots and colored pencils	Construction paper
Scissors and tape	Other decorations for cabin
Ideas and/or costumes for dress up parties (clown makeup, Raggedy Ann and Andy, etc.)	Books to cut pictures from (for clean up chart and other reminders you might make for cabin wall)
Camera	Ideas and props for skits and talent night

**SLEEPING BAGS:**

While these are not mandatory, we would encourage you to bring a good sleeping bag.

**SPECIAL DRESS:**

We do not wear a uniform every day at camp. On opening and closing days staff at both camps wear khaki shorts and a staff shirt, which staff are required to purchase at cost (approx \$11). We have a new shirt this year so everyone will need to plan on buying one. On Sunday our Merri-Mac staff dresses in khaki shorts and a staff shirt as well. You will want to dress in a neat way at all times so as to provide a good example for your campers (see below).

**PERSONAL APPEARANCE AND DAILY DRESS:**

Camp is a job and part of your responsibility is to be dressed and groomed in a professional manner. Your dress should be neat and modest. Boys, like their campers, should shower and shave each day. Hair must also be kept short and baggy shorts or pants and tank tops are not permitted. Consistent with your interview, girls may only have piercings in their ear lobes and boys may have none. **This dress code and standard of personal appearance is expected from the moment you arrive for Training Week** and should be maintained during all times that you are on camp property. Please arrive dressed appropriately.

**MAIL, EMAIL, AND PHONE:**

Your summer address:

Camp Merri-Mac [or Camp Timberlake]  
[Cabin Name]  
1123 Montreat Road  
Black Mountain, NC 28711

Camp is not able to provide computer access for personal email or internet use in our main office - Please do not ask to check your email on office computers. Our staff lounge has full internet access, as do the local library and coffee shop.

**Please ask your friends not to use the camp office numbers for personal calls.** Cell phones are permitted for staff but must be kept in the staff lounge or in your car.

**BAGGAGE:**

It's best to bring a footlocker. You will need it for storage. Minimum shelf and closet space is provided. If you wish to send your footlocker or extra baggage UPS, you should ship it at least a week before your arrival at camp. Be sure that your name and the camp address are on the baggage. UPS requires a street address for delivery.

**TRANSPORTATION:**

You are responsible for arranging your own transportation. Bus and plane transportation are available to Black Mountain or Asheville. You can be met by camp personnel if needed.

Parking is a serious area of concern for us each summer as we try to preserve the wilderness nature of our property. If you don't need a car, please leave it at home for the summer! CIT's may not bring cars.

**HEALTH FORM You must have a Dr. signature BEFORE you arrive at camp!**

Enclosed you will find our camp health form. This is to be filled out and returned to the camp office at least seven days prior to your arrival. **It is mandatory.** This only needs to be current within the last 12 months, so the physical examination that you had before you went to school last fall may suffice, though last year's camp health form will not. However, your doctor should complete and sign the form. Those under 18 must have a parent sign the permission to treat paragraph.

**ARRIVAL NOTICE:**

Please return the arrival information sheet at once regardless of how you plan to come to camp.

**MUSICAL INSTRUMENTS:**

We invite you to bring your musical instruments to camp, however we cannot be responsible for their safety.

**PLEASE - NO VALUABLES:**

It is advisable that expensive watches, rings, radios, etc. be left at home. WE ARE NOT RESPONSIBLE FOR THESE AND LIKE ITEMS.

**OTHER PERSONAL PROPERTY:**

You should expect tight living quarters that will not leave much room for personal property. You should also know that animals, weapons, alcohol and drugs are not allowed and may be grounds for dismissal, and any prescription medication must be kept with the nurse. Personal sports equipment may be brought but it must meet the directors' approval and be stored in a safe manner. The camp is not responsible for damage to any personal articles.

**LABELING YOUR STUFF:**

*Everything you bring should be marked clearly with your name.* Permanent markers are recommended.

In general, plan on losing stuff that you bring to camp. Our lost and found system for campers works for our counselors as well and we work hard to return anything we can to its rightful owner. Your stuff is your responsibility; camp is not responsible for anything you lose while working here in the summer.

**LAUNDRY:**

Camp runs a full service laundry facility for campers. Staff may use the staff laundry room, or the local Laundromat.

**VISITING DAYS AND CLOSED COMMUNITY:**

In general, camp is a closed community in the summer. This means we actively regulate the people on our property for the benefit of our campers. We do not encourage staff visitors; please limit visitation to your days and nights off.

This closed community gives us powerful opportunities to help children grow and it also gives us special responsibilities. Those responsibilities include limiting car traffic, outside visitors, and working hard at all times other than designated time off. It also includes smiling, having fun, and relying on each other!

**CARE PACKAGES:**

We have always held the policy that food items should not be sent to camp. Everyone has limited access to the canteen and is well fed. This holds true for the staff - please help set the example.

**GUEST MEALS:**

We regret that our dining hall facilities do not permit our having guests at mealtime.

**CABIN AND ACTIVITY ASSIGNMENTS:**

These will be made definite when you arrive. However, you will be working with campers near the age group you requested and mainly with the activities we mentioned in your letter. We will have some reference books here to help you with your various areas of responsibility. You should also bring your own materials and prepared lesson plans related to the skills you will be teaching.

**PAYDAYS:**

Our pay period is every two weeks, beginning the two weeks after campers arrive. Because of our accounting procedures we are not able to give advances, but our camp directors can give you a personal loan if you need help at the beginning of the summer. Please arrive with enough spending money for three weeks – training week plus the first two weeks of camp.

**YOU ARE NOT JUST A ROLE MODEL FOR CAMP AGE YOUNGSTERS:**

You are also an advertisement for Merri-Mac and Timberlake. In our small community of Black Mountain, we expect your behavior on days and nights off to be as exemplary as it is in camp. Behavior unbecoming a camp counselor, away from camp or in camp, or even after camp is over, including any use of alcohol or tobacco, may result in immediate dismissal or other action.

**LOUD MUSIC:**

In consideration of those who would like to preserve a natural camp environment, all personal music should be enjoyed through headphones.

**OTHER MATERIALS:**

The other materials included in your packet are very important. Please read these carefully and be prepared for a test on the staff manual.

**2. DIRECTIONS TO CAMP MERRI-MAC AND CAMP TIMBERLAKE:**

From Asheville, go east on Interstate 40, get off at Black Mountain exit 64 and turn left. Cross US 70 in downtown Black Mountain and you will be on Montreat Road. Merri-Mac is 1 1/4 miles from US 70 on the left.

From Hickory, go west on Interstate 40, get off at Black Mountain, exit 65. Continue straight off the exit into town on US 70. Turn right off US 70 at the second light and onto Montreat Road. Merri-Mac is 1 1/4 miles from US 70 on the left.

### 3. Health History and Examination Form for Children, Youth and Adults Attending Camps

Information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care and placement. Please fill this form out and return it *with a copy of your health insurance card.*

**For Parent, Guardian, or Adult Camper/Staff member to complete:**



Name \_\_\_\_\_  
Last First Initial

Social Security Number \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_

Parents and Guardians \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street & Number City State Zip (Area) Number

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
(Area) Number (Area) Number (Area) Number

Email 1 \_\_\_\_\_ Email 2 \_\_\_\_\_

If not available in an emergency, notify:

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Operations or serious injuries (dates): \_\_\_\_\_

Chronic or recurring illness, medical condition or disease:

\_\_\_\_\_

Current medications (instructions on following page):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check if your child has any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp.  
 (If checked, please explain on a separate sheet of paper)

Name of dentist/orthodontist: \_\_\_\_\_ Ph \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Ph \_\_\_\_\_

Do you carry family medical/hospital insurance? \_\_\_\_ Yes \_\_\_\_ No  
 If so, indicate: Carrier \_\_\_\_\_

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

Carrier address \_\_\_\_\_

Carrier Phone Number \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

SS# of Policy Holder \_\_\_\_\_

*Note: Attach a copy of your health insurance card with the form.*

Suggestions on health related information for camp personnel:

\_\_\_\_\_  
 \_\_\_\_\_

<p><b>Health History</b>                  (Check. Give approximate dates.)</p> <p>____ Frequent ear infections</p> <p>____ Heart defect/disease</p> <p>____ Convulsions</p> <p>____ Diabetes</p> <p>____ Bleeding/clotting disorders</p> <p>____ Hypertension</p> <p>____ Mononucleosis Diseases</p> <p>____ Chicken Pox</p> <p>____ Measles</p> <p>____ German Measles</p> <p>____ Mumps</p> <p><b>Allergies (Dates not needed)</b></p> <p>____ Hay fever</p> <p>____ Ivy poisoning, etc.</p> <p>____ Insect stings</p> <p>____ Penicillin</p> <p>____ Other drugs</p> <p>____ Asthma</p> <p>____ Other (Specify)</p> <p>_____</p> <p>_____</p>
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*For Female:*

Has this person menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_  
 If so, is her menstrual history normal? \_\_\_\_\_ Special consideration? \_\_\_\_\_

- Medications:     This camper will not take any daily medications while at camp.  
                           This camper will take the following daily medication(s) while at camp.

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. Provide enough of each medication to last the entire time the camper will be at camp.

Medication	Date Started	Reason for	When given	Amount or dose	How given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		

The following are the of sort non-prescription medications that may be stocked in the camp Infirmary and are used on an as needed basis to manage illness or injury.

**Cross out, or list to the side if not included below, medications you should not be given.**

- Acetaminophen (Tylenol)
- Phenylephrine decongestant (Sudafed PE)
- Antihistamine/allergy medicine
- Diphenhydramine antihistamine/allergy medicine (Beadryl)
- Sore Throat spray
- Lice Shampoo or cream (Nix, Elimite, T-Tree Oil)
- Calamine lotion
- Laxatives for constipation (Ex-lax)
- Ibuprofen (Advil, Motrin)
- Pseudoephedrine decongestant (Sudafed)
- Guaifenesin cough syrup (Robitussin)
- Dextromethorphan cough syrup (Robitussin DM)
- Generic cough drops
- Antibiotic cream
- Aloe
- Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

Name \_\_\_\_\_ Date Examined \_\_\_\_\_ Cabin \_\_\_\_\_ Camp Session \_\_\_\_\_ Year \_\_\_\_\_ P # \_\_\_\_\_

**PERMISSION TO TREAT AND WAIVER - For parent to complete**

I have read and understand all camp policies as stated on the "Application for Admission." I also understand that there is an inherent risk involved in many camp activities, that my child may be on trips out of camp that will require travel by automobile, and that they may be over ten miles into wilderness areas where medical care will not be readily available. I also understand that my child will participate in specialized activities such as climbing, mountain biking, and horseback riding, and that each carries risk of specific injury. The directors and members of Merri-Mac/Timberlake LLC exercise reasonable caution in all camp activities; however, they do not assume responsibility for accidents or illness suffered by its campers.

If necessary, I have enclosed a description of any physical, emotional or possible behavioral conditions that may affect my child's stay at camp. This health history is correct so far as I know and the person herein described has permission to engage in all camp activities except as noted.

**Authorization for Treatment:** I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, release any records necessary for insurance proposed, and to provide or arrange necessary transportation for me or my child. I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for camp purposes.

\_\_\_\_\_  
Signature of parent or guardian or adult camper/staffer Date \_\_\_\_\_

\_\_\_\_\_  
Signature of witness Date \_\_\_\_\_

I also understand and agree to abide with the restrictions placed on my camp activities.

\_\_\_\_\_  
Signature of minor or adult camper/staffer Date \_\_\_\_\_

**For Doctor or Health Provider to Complete:  
Immunization History**

Required immunizations must be determined locally. Please record the date (month and year) of basic immunizations and most recent booster doses.

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria Pertussis (Whooping Cough) } DPT* Tetanus or	1 2 3	1 2
Tetanus } TD* Diphtheria or		
Tetanus		
Oral Polio (Sabin)* TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Haemophilus influenza b (HIB)		
Hepatitis A		
Hepatitis B		
Varicella (Chicken Pox) <input type="checkbox"/> Had Chicken pox Date:		
Meningococcal meningitis (MCV4)		
Tuberculosis (TB) test Date:	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive

**If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.**

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Date Examined \_\_\_\_\_

Cabin \_\_\_\_\_

Year \_\_\_\_\_

P # \_\_\_\_\_

**Health Care Recommendations by Licensed Physician:**

I have examined the above camp applicant within the past two years. \_\_\_\_\_  
Date examined: \_\_\_\_\_

In my opinion, the above's condition \_\_\_\_\_ does \_\_\_\_\_ does not preclude his/her participation in an active camp program.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

The applicant is under the care of a physician for the following condition(s):

\_\_\_\_\_  
\_\_\_\_\_

Current treatment (include current medications, prescribed and over the counter): \_\_\_\_\_

\_\_\_\_\_

Explanation of any reported loss of consciousness, convulsion, or concussion: \_\_\_\_\_

\_\_\_\_\_

Does applicant have epilepsy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does applicant have diabetes? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Recommendations and Restrictions While at Camp:**

Any treatment to be continued at camp: \_\_\_\_\_

\_\_\_\_\_

Any medically prescribed meal plan or dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

Any allergies (food, drugs, plants, insects, etc.): \_\_\_\_\_

\_\_\_\_\_

Activities to be encouraged, limited or exempted from: \_\_\_\_\_

\_\_\_\_\_

Additional health information: \_\_\_\_\_

\_\_\_\_\_

For physician to complete:	
Licensed Physician's Signature _____	
Address _____	Phone _____
<small>Street &amp; Number</small>	<small>City State Zip (Area) Number</small>
Date of Form Completion _____	
By _____	
<small>*Initial if completed by nurse or physician's assistant</small>	

**4. Arrival Information:**

Staffer Name \_\_\_\_\_

By plane: Leaving from \_\_\_\_\_ Date \_\_\_\_\_

Airline \_\_\_\_\_ Flight No. \_\_\_\_\_ Arrive:

\_\_\_\_\_ Atlanta \_\_\_\_\_  
\_\_\_\_\_ Charlotte \_\_\_\_\_

Airline \_\_\_\_\_ Flight No. \_\_\_\_\_ Leave:

\_\_\_\_\_ Atlanta \_\_\_\_\_  
\_\_\_\_\_ Charlotte \_\_\_\_\_

Airline \_\_\_\_\_ Flight No. \_\_\_\_\_ Arrive Asheville \_\_\_\_\_

By Car: Approximate Time of Arrival: \_\_\_\_\_ Date \_\_\_\_\_

You will be met by Camp Personnel unless otherwise instructed.

RETURN INFORMATION

By Plane: Leaving from Asheville Date \_\_\_\_\_ Time \_\_\_\_\_

Airline \_\_\_\_\_ Flight No. \_\_\_\_\_ Arrive:

\_\_\_\_\_ Atlanta \_\_\_\_\_  
\_\_\_\_\_ Charlotte \_\_\_\_\_

Airline \_\_\_\_\_ Flight No. \_\_\_\_\_ Leave:

\_\_\_\_\_ Atlanta \_\_\_\_\_  
\_\_\_\_\_ Charlotte \_\_\_\_\_

Airline \_\_\_\_\_ Flight No. \_\_\_\_\_ Arrive: \_\_\_\_\_

By Car: If you are a minor and leaving with someone other than your parent or legal guardian please so signify here. If you do not know who it will be let, please email us with the information well in advance of your departure date.

Name of person picking up staff member: \_\_\_\_\_

Relationship to staff member \_\_\_\_\_

RETURN COMPLETED "ARRIVAL FORM" TO CAMP OR EMAIL US YOUR ARRIVAL INFORMATION.