# Camp Kateri Tekakwitha Parent Handbook



### 2025 Summer Camps

Important Dates & Times | Camp Information | Packing Lists

## Welcome to Camp Kateri!



#### **Arrival & Departure (All Sessions)**

Check in: 2:00 PM Closing Day Mass: 9:00 AM Closing Ceremonies: 9:45 AM Checkout: 10:00 AM

Please be sure to arrive no later than 2:30 pm. On Closing Day, families are welcome to join us for Mass at 9:00 am. Closing Ceremonies are at 9:45 am, followed by check out (10:00 am). Each camper is required to have an adult sign them in and out of camp. Your child will be permitted to ride home from camp only with the pre authorized person(s) listed at check-in.

#### **Important Camp Dates**

#### -Current Grade in Spring 2025-

SKY CAMPS: (4th - 6th Grade)
Session 1: May 29th - 31st
Session 2: June 1st - 3rd
Session 3: June 8th - 10th
Session 4: June 15th - 17th

SKY GAMES: (7th - 8th Grade)
Games 1: June 4th - 7th

#### **NEW TO CAMP!!**

SKY HIGH: (9th - 12th Grade) SKY HIGH Women's: June 11th - 14th SKY HIGH Men's: June 18th - 21st

ALUMNI COUNSELOR & FAMILY CAMP: (All Ages) Family Camp: June 28th - 29th

CATHOLIC ADVENTURE CAMP: (3rd - 4th Grade)
Western Adventure: June 30th - July 1st

#### SPIRITUAL FORMATION

Camp Kateri Tekakwitha combines outdoor activities with powerful spiritual instruction to provide unique Catholic encounters with God. Campers will experience Adoration, Benediction, Reconciliation, and Mass.

#### **SAFETY**

Ensuring that all campers and volunteers are physically and emotionally safe is our number one priority. Our staff and volunteers complete a careful screening process and receive training in their responsibilities. Additionally, all staff are "Safe and Sacred" trained. We have a 1:4 adult-to-camper ratio.

#### **CABIN MATES**

Bunkmate requests should be made online during registration. Each camper may request one child to bunk with at camp. We can only ensure that mutual requests are fulfilled (i.e. Sally must request Suzy AND Suzy must request Sally for the request to be honored). Please coordinate this with your child's friend before registering online.





#### **MEDICATIONS**

Upon arrival campers are required to turn in the Medical Information Form (Print off from registration and included with Parent Handbook) and to check in all medications in original containers. Please ensure that everything is properly labeled for the health staff. Any allergies or special dietary needs should be indicated online during registration.

#### **CONTACT US**

Office Number:

(402) 410-0611

Address:

1305 County Road 3 PO Box 127 McCool Junction, NE 68401

Email:

campkateriT@gmail.com

Website:

www.campkateri.org

#### **PAYMENT**

Full payment for camp is due upon registration; failure to make full payment may result in the loss of your child's spot in their session. If your parish is contributing to the final balance, it is your responsibility to ensure they make the final payment.

Refund claims and session change requests must be made by May 1. After May 1 the registration fee is non-refundable.

Session change requests will incur a \$25 transfer fee.

#### **VOLUNTEER OPPORTUNITIES**

Camp Kateri has adult volunteers each session to help with a variety of camp activities. These positions include:

**Camp Nurse**: A registered nurse to help administer prescribed medications to campers and offer basic First Aid and CPR.

**Assistant Cooks:** Help prepare and serve the daily meals and snacks.

**Camp Volunteer:** Help the Camp Kateri staff implement the daily program and schedule. The individual must be a former counselor or camp volunteer.

If you are interested in any of these positions for a session, please contact the camp director.

#### **Packing List**

☐ Shorts (must be at least fingertip	□ Bug repellant & Sunscreen
length when hands are at your	☐ Medications in original
side)	containers (must be checked in)
☐ Shirts (must have sleeves; all	☐ Headlamp or Flashlight
images and writing should be	☐ Reusable water bottle
camp appropriate) breathable	☐ Bible
encouraged	Rosary
☐ Sweatshirt/light jacket	☐ Shoes & Socks
☐ Jeans/pants for evenings	One pair closed-toe tennis
☐ One-piece bathing	shoes
suit/swimming trunks (Ladies will need to bring shorts to wear over swimsuit)	One pair closed-toe WATER shoes (can be old tennis shoes)
☐ Sunglasses and/or hat	☐ One pair shower shoes (can
☐ Toiletries (shampoo, conditioner,	be flip flops)
soap, toothbrush, toothpaste, deodorant, etc.)  Twin-size sheets/blanket/pillow OR sleeping bag/pillow Towels	☐ Catholic Adventure Camp − For the Western Adventure, campers are encouraged, but not required, to bring western wear, cowboy boots, hats or a bandana

#### **RULES ON MODESTY**

At Camp Kateri, we require everyone to respect their own bodies and those of others. We require all campers and adults to adhere to our modesty guidelines. Below are the rules for the sake of comfort, safety and modesty.

- No tank tops or crop-tops Shirts must cover your shoulders and chest. Please make sure your shirt covers your entire stomach and back while sitting and with your arms raised above your head.
- No short shorts –If you place your hands at your sides, your shorts should be at least as long as your fingertips.
- Please do not wear tights, leggings or any style of form-fitting workout pants.
- Water games attire will be shorts/swim trunks and T-shirts over all swimsuits (male and female).
- Clothing that promotes non-Christian values is not permitted.
- Technology (cell phones, iPad/iPod/tablets, computers, portable gaming devices, etc.)
- Tobacco products, illegal drugs, alcohol
- Lighters, fireworks, knives/weapons or firearms
- Food (unless for allergies)

## \*\*\*Must print, sign and bring to registration \*\*\* PARENT/GUARDIAN MEDIA CONSENT AND RELEASE FOR DIOCESAN MINISTRIES

I, the undersigned Parent/Legal Guardian, hereby give my consent for <u>Camp Kateri Tekakwitha</u> the Catholic Diocese of Lincoln, any Religious Order within the Catholic Diocese of Lincoln, and any Third-Party Media Outlet <u>approved by the Diocesan Ministry</u>, to record, film, photograph, audiotape, or videotape my below Child(ren)'s name, image, likeness, spoken words, student work, performance or movement, in any form at the diocesan ministry location or a diocesan ministry-related activity or event (hereinafter collectively referred to as "<u>Diocesan Ministry Works</u>"), and to display, publish, post, reproduce, disseminate, or exhibit these Diocesan Ministry Works or any part thereof in connection with any promotional material, website, social media posting, radio broadcast, television broadcast, or any other media form or format. The Diocesan Ministry, Catholic Diocese of Lincoln, Religious Orders within the Catholic Diocese of Lincoln, and Third-Party Media Outlets approved by the Diocesan Ministry shall be collectively referred to as the "Approved Parties".

I hereby release the Approved Parties, including their respective officers, directors, employees and agents from any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to the creation, publication, posting, reproduction, dissemination, or distribution of the Diocesan Ministry Works.

I have read this Media Consent and Release and understand its terms. I am a parent or legal guardian of the below listed Child(ren) and have the authority to execute this Consent and Release on behalf of myself and my Child(ren).

<ul><li>☐ I CONSENT to the Media Consent &amp; Release</li><li>☐ I DO NOT CONSENT to the Media Consent &amp; Release</li></ul>	ise
Parent/Guardian's Name:	
Parent/Guardian's Signature:	
Date:	
CHILD'S NAME	CHILD'S GRADE



## **Camper Medication Information**

TEKAKWITHA This form must be filled out completely by the parent or guardian of any camper requiring medications.

Camper's Name:	<del></del>	Cab	in			
Medication	Dosage	Please Circle When To Dispense				
Example: Advair	2 Puffs / Twice a Day	Breakfast	Lunch	Supper	Evening	
		Breakfast	Lunch	Supper	Evening	
		Breakfast	Lunch	Supper	Evening	
		Breakfast	Lunch	Supper	Evening	
		Breakfast	Lunch	Supper	Evening	
		Breakfast	Lunch	Supper	Evening	
		Breakfast	Lunch	Supper	Evening	
I grant permission to adm camp deems necessary (	(please checkmark):			n <b>y child a</b> 5 mg/25n		
Ibuprofen 100 mg/200mg			Zyrtec 10 mg			
IMPORTANT- SIGNE I have provided the above medical i medications to my child as I have d	—THIS BOX MUST BID BY PARENT FOR A	E COMPLE ATTENDAN and give perm	TED ANICE	ND	hese	
Signature of Parent/Guardian:		D	ate:			