



# Camp Kateri Parent Handbook

Important Dates & Times | Contact Us | Volunteer Opportunities | Directions | Packing List

## WELCOME TO CAMP!

We are excited to welcome you and your child to Camp Kateri Tekakwitha. Here at Camp Kateri, we strive to bring campers into a relationship with God through an encounter with nature. We provide a much sought after opportunity for campers to get away from their daily routine and “unplug.” Each activity that we participate in helps us to learn more about ourselves but most importantly our Father in Heaven. We hope this packet helps in preparation for this wonderful Catholic faith-filled experience.



## ARRIVAL AND DEPARTURE TIMES

Check-in begins at 2:00 pm for all sessions. 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 preauthorized person(s) listed at check-in.

## 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.

## CONTACT US

### Office Number:

(402) 410-0611

### Address:

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

### Email:

[campkateriT@gmail.com](mailto:campkateriT@gmail.com)

### Website:

[www.campkateri.org](http://www.campkateri.org)

## 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.

## A DAY IN THE LIFE

Although each camp is only a few days long, we manage to squeeze in a lot of faith and fun! Below is a glimpse into a day at camp:

- 7:00 Rise & Shine
- 7:30 Breakfast
- 8:00 Chores
- 9:00 Mass
- 10:00 Activity Rotations  
Gaga, Archery, Big Games etc.
- 12:00 Lunch & Chores
- 1:00 Faith Formation
- 2:00 Activity Rotations
- 2:30 Nature Hike
- 3:00 Water Games
- 4:00 Supper & Chores
- 6:00 Adoration & Reconciliation
- 7:00 Kateri Procession
- 8:00 Campfire & Rosary
- 10:00 Bed Prep
- 10:30 Lights Out

To live some of these experiences through pictures, please Like Camp Kateri Tekakwitha on Facebook.

## SESSION DATES

**SKY Camp** (entering grades 5<sup>th</sup>-7<sup>th</sup>)  
Session 1: May 30-Jun1 (Thurs-Sat)  
Session 2: June 2-4 (Sun-Tues)  
Session 3: June 6-8 (Thurs-Sat)  
Session 4: June 9-11 (Sun-Tues)

**Tekakwitha Games** (entering grades 8<sup>th</sup> - 9<sup>th</sup>)  
GAMES 1: June 12-15 (Wed-Sat)  
GAMES 2: June 16-19 (Sun-Wed)

**Catholic Adventure** (entering grades 4<sup>th</sup> -5<sup>th</sup>)  
Western: June 20-21 (Thurs-Fri)

**Family Camp** (7 families w/ 2 adults)  
June 30 - July 1 (Sun-Mon)

## 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.

## 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.



## 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.**

## DIRECTIONS TO CAMP

If coming on Interstate 80, take the York exit (Highway 81). Drive south on Highway 81 and continue past McCool Junction. Turn left on County Road 3 (approximately 1 mile south of McCool Junction). There will be a sign for Camp Kateri. Continue east on the gravel road; Camp's entrance is 1/4 mile further on the south side of the road.

## PACKING LIST

### WHAT TO BRING

- Shorts (must be at least fingertip length when hands are at your side)
- Shirts (must have sleeves; all images and writing should be camp appropriate) *breathable encouraged*
- Sweatshirt/light jacket for evenings
- Jeans/pants for evenings
- One-piece bathing suit/swimming trunks (Ladies will need to bring shorts to wear over swim suit)
- Sunglasses and/or hat
- Toiletries (shampoo, conditioner, soap, toothbrush, toothpaste, deodorant, etc.)
- Twin-size sheets/blanket/pillow OR sleeping bag/pillow
- Towels
- Bug repellent & Sunscreen
- Medications in original containers (must be checked in)
- Headlamp or Flashlight
- Reusable water bottle
- Bible
- Rosary
- Shoes & Socks
  - One pair closed-toe tennis shoes
  - One pair closed-toe WATER shoes (can be old tennis shoes)
  - One pair shower shoes (can be flip flops)
- 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.

## WHAT NOT TO BRING

- 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 Camp Kateri Tekakwitha the Catholic Diocese of Lincoln, any Religious Order within the Catholic Diocese of Lincoln, and any Third-Party Media Outlet approved by the Diocesan Ministry, 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 "Diocesan Ministry Works"), 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).**

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

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

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

CHILD'S NAME	CHILD'S GRADE

**OR**

I, the undersigned Parent/Guardian, **DO NOT CONSENT** to the above Media Consent and Release.

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

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

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



Camp Kateri Tekakwitha

# Camper Medication Information

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

Camper's Name: \_\_\_\_\_

Cabin \_\_\_\_\_

Medication	Dosage	Please Circle When To Dispense			
		Breakfast	Lunch	Supper	Evening
<i>Example: Advair</i>	<i>2 Puffs / Twice a Day</i>	<u>Breakfast</u>	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

Special Dietary Restrictions/Allergies/Other Information:

---



---



---

I grant permission to administer the following medications to my child as the camp deems necessary (please checkmark):

\_\_\_ Acetaminophen (Tylenol) 160 mg/325mg

\_\_\_ Benadryl 12.5 mg/25mg

\_\_\_ Ibuprofen 100 mg/200mg

\_\_\_ Zyrtec 10 mg

**IMPORTANT—THIS BOX MUST BE COMPLETED AND SIGNED BY PARENT FOR ATTENDANCE**

I have provided the above medical information about my child and give permission to dispense these medications to my child as I have directed.

Signature of Parent/Guardian: \_\_\_\_\_

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