

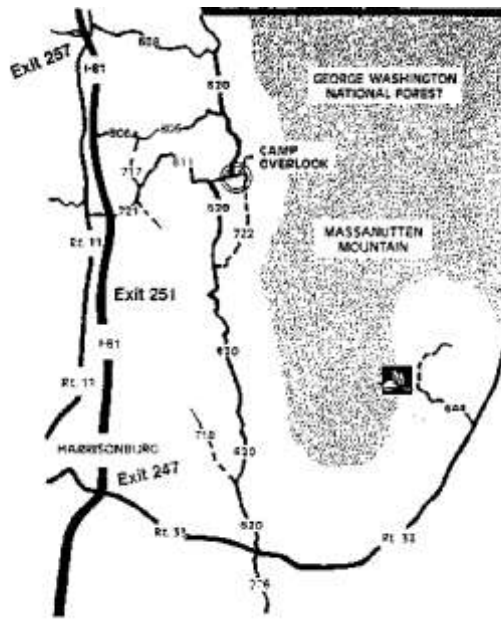


Community/Faith Experiences for Developmentally disabled will...

- *provide new setting for growth
- *awaken within each person a sense of wonder and an awareness of God's power in creation
- *create an environment in an out-of doors setting where each camper will experience the Christian love of interested, caring, and experienced counselors
- *provide experiences away from home to develop self-reliance and

As always, swimming, crafts, games, and songs will be part of the joy.

Fellowship with friends on Agape Hill, live in cabins and feast in the Dining Hall.



From Washington/Baltimore:

I-95 Beltway & I-66 west to I-81, south. Take Exit 257, Left on Mayland Rd 370 ft, Right on Rt 11, N Valley Pike 2.1 mi, Left on Martz Rd 3.4 mi, Right on Mountain Valley Road 1.8 mi, Left on Armentrout Path, Left on Airey Ln follow signs to North gate.

From Richmond/Tidewater:

I-64 west. to I-81 north, to Exit 251, Follow Harrisonburg Instructions.

From Harrisonburg:

I-81 north. to Exit 251, Right on Rt 11 N, North Valley Pike 3.3 mi, Right on Fellowship Rd 1.1 mi, **Left on Indian Trail Rd 0.4 mi, Right on Fridley's Gap Rd 2.5 mi**, continue straight on Mountain Valley Rd .03 mi , Right on Armentrout Path. Left on Airey Ln follow signs to North gate.

Overlook Retreat and Camp Ministries
 3014 Camp Overlook Lane
 Keezletown, VA 22832
 (540) 269-2267
 CampOverlook@gmail.com
 www.campoverlook.org

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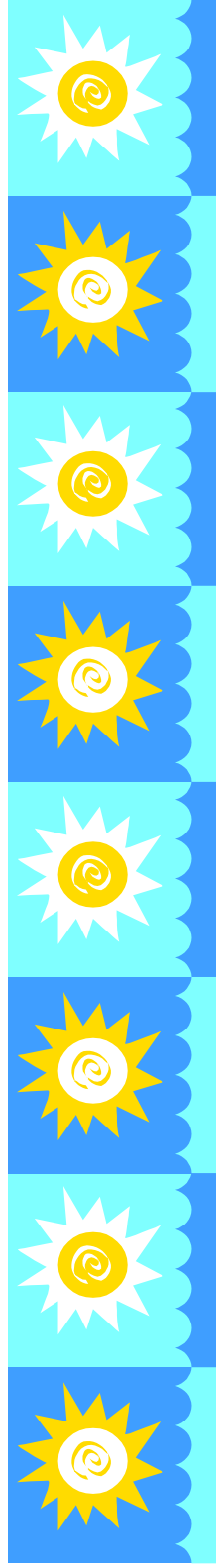
**Friends Together
Camp**

**Meeting GOD
at
Overlook Retreat and
Camp Ministries**

An experience for the
developmentally disabled

June 6-8, 2020 (M-W)
10:00 am – 10:00 am
\$100.00

Friends Together



Please understand the staff for Friends Together are dedicated volunteers who are serving this special population out of love and Christian commitment. Though some have some experience working with the developmentally disabled, none have any formal training and most have only a few hours of orientation. Camper's need to be ambulatory enough to move around within the cabin and be able to get into a van or golf cart for longer distances. We are not able to accept campers restricted to a wheelchair due to our graveled and hilly paths. Campers must be able to communicate their basic needs.

We are very limited in our ability to respond to special diet needs as we have only a couple of cooks for a large number of people. Be sure to provide any diet concerns below for the 3 days and complete each of the other questions as well.

Please complete this portion of the Registration Application and the Health Form and return them to our office with full payment. We have a maximum of 50 floor level beds. If your camper is able to access and sleep on a top level bunk, it will open a space for another camper.

Our deadline for accepting registrations is May 22nd! Registrations will be processed on a first come-first serve basis. Be sure to get your paperwork in early to reserve you spot! Should your application not be accepted you will receive a full refund. Make checks payable to "Overlook" and include with registration.

***** A REGISTERED NURSE will be on site *****

Friends Together			
Name of Camper _____	Male _____	Female _____	Birth Date ____/____/____
Person to Whom communications should be sent: _____			
Name _____	Phone (____) _____		_____
Email _____	_____		
Address _____	State _____	Zip _____	_____
1. Can camper articulate basic needs and wants?			
2. Indicate any physical restrictions or activities in which camper may be limited:			
3. Does camper require a special diet? Please explain in detail:			
4. How does camper generally relate to others?			
Authorizations			
I understand my camper will be participating in many physical activities (including, but not limited to those listed in the program descriptions) and the potential for accidents exists, and give permission for my camper to participate fully and to engage in all camp activities unless otherwise noted in the RESTRICTIONS section of this form. I indemnify and hold harmless Camp Overlook, Inc., the United Methodist Church, and its staff and officers from any and all liability, claims, damage, injury, or illness sustained by my camper. Should it become necessary for my camper to return home because of illness or other reason, I will abide by the Camp's decision and arrange for transportation. I understand there are no refunds for partial camp attendance or early departure. I permit camp photos, video and audio of activities or interviews may include my camper to be used in camp promotion without liability or remuneration.			
Parent or legal guardian: _____	Printed name: _____		Date: _____
Signature _____	_____		

You will receive a Health form with the confirmation materials