



Camp Frederick

2016 Camper Registration Form

Camper Last Name _____ Camper First Name _____

M ___ F ___ Age When at Camp _____ Birth Date ___/___/___ Grade Completed _____

Parent(s)/Guardian(s) Name: _____

Address: _____ City _____ State _____ Zip _____

Primary Phone (____) _____ Secondary Phone (____) _____

Other Phone (____) _____ Email _____

Home Church (If Applicable) _____ City _____

Special Needs/Concerns: _____

Program Name	Date	Fee
_____	_____	_____

Available discounts: (Discounts Not Applicable for Mini Camp or Day Camp.)

OFFICE USE ONLY:

RCD: _____ CK#: _____ DEP: _____

Only 2 discounts allowed per camper. **Discounts will be applied in office.**

Early Registration

Register by April 1 -\$10

CF Corp. member church

See church for discount

Sibling

\$15 applied to each additional child, first camper not applicable

Bring A Friend (Not a Discount)

If a **Past** Camper brings a **friend(s)** who has **never** been to Camp Frederick before both will receive a special bonus item not sold in our camp store.

Name of Friend: _____ *Required*

Financial Assistance is available. Please call for information (330) 227-3633

or visit our website www.campfrederickohio.com

\$100 non-refundable deposit is due with registration. Mini Camp and Day Camp Pay in full.

Discounts will be figured in office and applied to balance due.

Make check payable to Camp Frederick and mail to P.O. Box 258, Rogers, OH 44455

Amount enclosed: \$ _____

Camper Checkout

When the camp session is complete the following adult(s) are authorized to pick up my child (parents put your name down as well). Please inform all individuals they must have a photo ID ready to present to the staff upon pick up; this is for the safety of your child to insure only those allowed are picking up your child.

Name: _____ Phone: (____) ____ - _____

Name: _____ Phone: (____) ____ - _____

Name: _____ Phone: (____) ____ - _____

Refund Policy: Deposits are non-refundable. Refunds are available for the balance if registration is withdrawn 30 days prior to camp week. Within 30 days of camp week fees may be applied to a later date during the same summer. Refunds will not be issued to campers who leave before the week is complete.

Extenuating circumstances can be discussed with the director.

**CAMP FREDERICK MINOR
ADVENTURE ACTIVITY INDEMNITY RELEASE AND WAIVER**

I am the parent or legal guardian of (please print) _____, a minor. My child is about to engage in Adventure Activities while participating in a program with Camp Frederick. These activities include but are not limited to climbing tower, zip line, high and low ropes activities, archery, swimming, whitewater rafting, canoeing, caving, or other camp programming (herein referred to as "activities"). My child and I hereby acknowledge that some activities will take place away from Camp Frederick and hereby give permission for travel by whichever means the camp decides. My child and I hereby acknowledge that my child will be participating in physical and recreational activities that may involve a significant risk of bodily injury, including death or damage to property of himself/ herself or others. These risks include, but are not limited to, ***climbing, falls, equipment failure, bad decision-making, and holds that have become loose or damaged by other climbers.*** I agree to be prepared for all environmental risks that may arise, but are not limited to, ***rough terrain, hot and/or cold exposed climates, unpredictable conditions (rock falls, lightning, rain, slippery rocks, etc.) unpredictable contact with wildlife and contact with poisonous plants and animals.***

I realize that it is not possible to list specifically each and every risk. However, knowing the material risks and appreciating, knowing and reasonably anticipating that injuries and even death are possible, for my child, his/her heirs, representatives, administrators, executors and other agents, I hereby give my consent for my child to participate in the activities.

In exchange for and in consideration of Camp Frederick permitting my child to participate in the activities, I agree for myself, and my child, his/her representatives, executors, administrators, agents and assigns to hold harmless and indemnify Camp Frederick, its trustees, officers, agents and employees from any and all liability, actions, causes of action, negligence, debts, claims or demands of any kind and nature whatsoever (including attorneys' fees and costs) by any person which may arise by or in connection with my child's conduct while participating in the activities.

I understand that while participating in the activities, my child must follow the instructions and directions provided by Camp personnel and that he/she must abide by the policies of Camp Frederick. My child's failure to follow instructions or directions may result in his/her immediate expulsion from the activities and/or Camp. I understand and agree that I will be responsible for any costs, fees or other expenses related to my child's expulsion and return home.

I understand that my child cannot consume, use or be under the influence of alcohol or consciousness-altering drugs, whether obtained or taken legally or not, while participating in the activities and that my child's failure to abide by this rule will result in his/her immediate expulsion from the activities and/or Camp. I understand and agree that I will be responsible for any costs, fees or other expenses related to my child's expulsion and return home.

My child is physically fit and I know of no medical or health reason why he/she should not participate in the activities that take place with Camp Frederick.

Promotional Materials Release

I give permission for any pictures and personal quotes by my child to be used in promotional materials by Camp Frederick including but not limited to newsletters, brochures, website and other promotional materials.

Parents, guardians and group leaders take note!

I understand that if this form is not filled out, Camp Frederick can refuse to allow the minor to participate in the Program.

I hereby certify that I am voluntarily signing this release, and intend to be legally bound by the terms of this document. I have read all of its provisions, and fully understand its significance.

Participant's Name: _____

Signature of parent, if participant is under 18: _____

Date: _____



2016 Camper Health Form

Camp Frederick

PO Box 258, 6996 Millrock Road,

Rogers, OH 44455

Email: info@campfrederickohio.com

Phone: 330-227-3633

FAX: 330-227-9005

Camp Frederick requires the following information to ensure the health and safety of every camper and staff member. Our accrediting organization also requires us to obtain a statement from the parent/guardian attesting that immunizations required for school are up to date and include the actual date (month/year) of last tetanus shot. If the camper arrives at camp without immunization information, a statement must be obtained prior to 5 p.m. of the following day, or the camper will be sent home. If you have any questions or concerns, please feel free to call the camp

Camper's Name:		Date of Birth:	Age:	Grade Completed:	Gender:
Program Name:			Dates:		
Has camper previously been to camp?		YES	NO		
Has camper ever been homesick?		YES	NO		
Parent/Guardian:					
Home Phone:		Cell Phone:		Work Phone:	Pager:
Address (Street, Apt. Number, etc.)				City, State, Zip:	
Emergency Contact and Phone Number:					
Health Insurance:			ID Number:		Group Number:
Parent with Primary Insurance: Attach copy of card.					
Primary Physician:				Office Phone Number:	
ANY ALLERGIES (Medications, Environmental): YES NO					
ALLERGY		REACTION		ALLERGY	
ANY FOOD ALLERGIES: YES NO					
Is camper a vegetarian?		YES	NO	Is the camper Gluten Free?	
				YES NO	

2 Camper's Name: _____

IMMUNIZATION RECORD

I the parent/guardian of the child named on this health history form attest that all immunizations required for school are up to date and that I have included the actual date (month/year) of last tetanus shot. *

Tetanus Shot/Booster _____ Date: _____

Parent Signature: _____ Date: _____

*If immunization is against religious or cultural beliefs please ask office for a release form.

Any history of surgery, injury, hospitalizations, or chronic conditions? YES NO

Has camper had chicken pox? YES NO

Is camper currently receiving any treatment for physical, emotional, learning or psychological needs?

YES NO

Any special restrictions or other needs while at camp? YES NO

If camper is female has she started to menstruate? YES NO

If yes, does she have any problems during menstruation? YES NO

If NO, has she been taught about menstruation? YES NO

Please circle if the camper wears or has any of the following:

Glasses Contacts Braces Retainer

MEDICATION INFORMATION

Please circle if camper needs to carry or have immediate access to: Rescue Inhaler EpiPen

Is camper on medication (prescribed and over the counter) which will need to be administered while at camp? * YES NO

If yes, please complete the medication dosage and schedule information on page 4 of this form.

PLEASE NOTE: All medications must be brought to camp in the original container, clearly labeled with the camper's name and prescription information.

*If you wish to have camper self administer Rescue Inhaler and/or EpiPen while at camp please see office for release form.

I certify that the above information is complete and accurate in regards to my child's health information

Signature Parent/ Guardian: _____ Date: _____

Parent/Guardian Authorizations for Camp Medications

The following over-the-counter medications will be available for treating minor complaints. The dosage is determined according to the age of the child and the dosage instructions listed on the medication packaging. Please indicate by circling YES or NO whether you permit these medications to be used for the conditions indicated.

YOU WILL BE CONTACTED IMMEDIATELY IF ILLNESS DEVELOPS OR EMERGENCY TREATMENT IS REQUIRED

		Medications	Condition
YES	NO	Acetaminophen/Tylenol	Minor Pain, Headache, Fever
YES	NO	Ibuprofen/Advil/Motrin	Pain/Inflammation
YES	NO	Sore Throat Lozenges	Sore Throat
YES	NO	Antihistamine/Benadryl	Allergy Symptoms
YES	NO	Kaopectate	Diarrhea
YES	NO	Mylanta/Tums	Indigestion
YES	NO	Antibiotic ointment	Abrasions/Cuts
YES	NO	Solarcaine	Sunburn/Minor Burns
YES	NO	Caladryl/Calamine Lotion	Poison Ivy
YES	NO	Hydrocortisone Cream	Poison Ivy, Insect Bites, Rashes
YES	NO	Sting-Eze	Insect bites, stings
YES	NO	Sunscreen/Sunblock	Prevent sunburn
YES	NO	Off or other Insect Repellent	Protection from ticks and mosquitoes
YES	NO	2% Miconazole Spray or Tolnaftate/Tinactin Spray	Athlete's Feet
YES	NO	Acetaminophine/Tylenol Cold Formula	Cold Symptoms
YES	NO	Milk of Magnesia	Constipation
YES	NO	Guaifenesine DM/Robitussin DM	Cough
YES	NO	Swim-Ear	Earache, Swimmer's Ear

Is there any other medication or treatment you feel should be available for treating the camper? Please be more specific: _____

Permission to Give Medication:

I hereby give permission for the camper to receive the medications I have approved under the supervision of the designated Camp Staff person.

Signature of Parent/Guardian: _____ **Date:** _____

Authorization for Treatment:

I give permission to the healthcare personnel selected by the camp director to provide routine healthcare, administer medication, order routine tests and treatment, and arrange necessary transportation on behalf of the camper. I give permission to release records for insurance purposes. This form may be copied for trips out of camp. If I cannot be reached in an emergency, I give permission for the physician selected by the camp director to secure and provide treatment, including hospitalization, if necessary, for the camper.

Signature of Parent/Guardian: _____ **Date:** _____

4 Camper's Name: _____

Camper Medication Form

This form will be utilized by the camp health director to arrange for the safe, accurate administration of prescribed and over the counter medications to the camper. Place all medications in a clear plastic bag clearly marked with the camper's full name. All medications must be in their original containers and clearly labeled with prescribing/administration instructions.

Will the camper need medications on Sunday evening? YES NO

SCHEDULED MEDICATIONS:

Please complete the following medication record. Under Frequency, circle how many times the camper is to have the medication each day. Under Schedule, circle the times when camper is scheduled to receive the medication. If the schedule varies significantly from the one listed, write the appropriate times in the space.

Medication	Dosage	Frequency Per Day	Schedule	Diagnosis/Reason
		1x 2x 3x 4x	8 am Noon 5 pm 9 pm	
		1x 2x 3x 4x	8 am Noon 5 pm 9 pm	
		1x 2x 3x 4x	8 am Noon 5 pm 9 pm	
		1x 2x 3x 4x	8 am Noon 5 pm 9 pm	

AS NEEDED ONLY MEDICATIONS:

Medication	Dosage	Frequency Per Day if Needed	Reason

Permission to Give Medication:

I hereby give my permission to the designated Camp Frederick staff to administer the medications/treatments to the camper as I have indicated.

Signature of Parent/Guardian: _____

Date: _____

OFFICE USE ONLY

Date of Health Screening: _____ Health Screener: _____

Reviewed with Counselor: YES NO Counselor's Signature: _____



OFFICE USE ONLY

COUNSELOR:

CABIN:

GETTING TO KNOW YOU: CAMPER INFORMATION FORM

MAIL TO: Camp Frederick
Box 258
Rogers, OH 44455

or FAX TO: 330-227-9005

Dear Camper:

We are really excited about meeting you! We would like to know a little about you before you arrive at camp. Please take a few minutes and complete this form and let your counselor know why you are coming to camp. Thank you for sharing and we look forward to sharing our camp with you!

Name _____ Gender _____

Camp Dates _____ Program _____

1. Here are a few things I would like to do at camp:

2. A couple of things I'd like you to know about me are:

3. When I have spare time at home, I like to:

This is my _____ year at Camp Frederick.

Dear Parent or Guardian:

Please help us give your camper the best possible camp experience by providing us with some additional information. Please answer the questions on page 2.

Parents:

1. Has your child ever been away from home? If yes, how long?
2. What type of hobbies does your child enjoy?
3. I hope my son/daughter experiences or learns this while at camp:
4. Is there any other information which might be important for us to know (bed-wetting, homesickness, fears etc.)?
5. Will your child's brother or sister also be at camp this week? If yes, which program will they be attending?

THANK YOU SO MUCH FOR YOUR ASSISTANCE!

Wilderness Voyageurs, Inc.

P.O. Box 97

Ohioypyle, PA 15470

PARENT/GUARDIAN PERMISSION FORM

(This form is to be used for minors only)

I hereby grant permission for my child _____ to participate in Whitewater Rafting, Boating Instruction, Mountain Biking, Rock Climbing/Repelling and related wilderness travel at Wilderness Voyageurs, Inc. on (date) _____ and I hereby agree as follows: I fully understand and acknowledge that: (a) risks and dangers exist in my child's use Whitewater Rafting, Boating Instruction, Mountain Biking, Rock Climbing/Repelling and related wilderness travel equipment and my child's participation in Whitewater Rafting, Boating Instruction, Mountain Biking, Rock Climbing/Repelling and related wilderness travel activities. (b) my child's participation in such activities and/or use of such equipment may result in injury or illness or death or damage to personal property, (c) these risks and dangers may be caused by other participants, or by accidents, or by the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, selection of trail or river route, water level, weather conditions, risks of falling out of a raft, kayak, or canoe, and such other risks, hazards and danger that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment, and (d) I hereby accept and assume these risks and dangers.

I have been advised that my child must wear an approved personal floatation device at all times while on the water. I affirm that my child will not be under the influence of alcohol or controlled substance, and will not carry, use, or consume these substances before or during her/his scheduled activities. Any claims or dispute arising from my child's participation in Wilderness Voyageurs' activities or use of Wilderness Voyageurs' equipment shall be venued in the Fayette County Supreme Court of the Commonwealth of Pennsylvania.

My child is in good health and is at or above the minimum age stated in Wilderness Voyageurs' advertising for each activity in which he/she will participate. I understand that strenuous physical exertion may be required and my child has no known physical disabilities or health problems which will present any risk to his/her participation in the activities.

I permit the use of any photos, slides, films, or sketches of him/her taken during the day's activities for publicity, advertising, promotion, or other commercial purpose. The above agreement shall be binding on my heirs, successors, assigns, administrators, and executors.

I HAVE READ THE ABOVE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN WILDERNESS VOYAGEURS' WHITEWATER RAFTING, BOATING INSTRUCTION, MOUNTAIN BIKING, ROCK CLIMBING/REPELLING AND RELATED WILDERNESS TRAVEL AT WILDERNESS VOYAGEURS, INC, AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THERE WITH.

Mother's Name: (Print) _____ Signature: _____

Father's Name: (Print) _____ Signature: _____

Street and Apt. Address: _____

City: _____ State: _____ Zip: _____

Child's Name: _____ Age: _____ Trip Date: _____

Child's Signature **(REQUIRED)**: _____

Signature of Parent or Guardian **(REQUIRED)** _____

LAUREL CAVERNS LOWER CAVING RELEASE FORM

(Everything on all pages must be read. A signature is required on this form.)
This form is to be presented in its entirety at check-in.

Be sure to carefully read each numbered “point to know.”

1. Laurel Caverns has 28 programs, only six of which require release forms.

- lower caving (ages 12 & up) • upper caving (ages 9 & up) • climbing and rappelling
- Adventure Sports and Cave Explorer badges (ages 9 & up) • Webelo Cave Explorer Pin
- This form only applies to the LOWER CAVING program or a program with Lower Caving.**

2. Lower Caving has requirements for group rates, registration, and times available.

Open registration caving is available at 10:00 A.M. and 2:00 P.M. on every Saturday and Sunday Laurel Caverns is open. Reservations are not required for the open registration trips. Groups of six or more may enter at either 10:00 A.M. or 2:00 P.M. on any day Laurel Caverns is open with prepayment and ten days advance arrangements. Please visit our website at www.laurelcaverns.com or call us at 724-438-3003 for further information.

3. Our cave has four zones: (1) the easy and well-lit portions of the traditional guided tour, (2) the maze of unlit but safe crawl passages off the guided tour, (3) the untouched, unlit, huge rooms below the guided tour path, and (4) the mile of untouched, unlit, forty-foot high corridors that go to the bottom of the mountain.

4. Lower Caving involves zones (1), (3), & (4) and is strenuous.

Laurel Caverns is the only developed cave in the northeast United States to offer exploring. It is Pennsylvania’s largest, with three miles of passages having over 2.5 million cubic feet of volume. Laurel Caverns has a total elevation drop of 464’, the deepest in the Commonwealth. Most of the cave is left in a natural state and it is its large, deeper, passages that necessitate this form. Be prepared for steep slopes, slippery mud, streams and hard sharp rocks. None of the lower caving passages is lighted and no conveniences exist in this section of the cave. It is just as it was a thousand years ago. As a rule of thumb, if your health prevents you from the ability to climb the steps of a multi-story building you should not engage in this program.

5. Participants must have reached their 12th birthday, no exceptions.

6. All participants must read and sign this form. Laurel Caverns cannot be responsible for illiteracy, lapses in comprehension, or an inability to read English.

7. Participants who appear under chemical influence or are resistant to rules as described in paragraph 10 will not be allowed to enter.

8. Lower caving is dangerous.

We cannot make the cave safe for those of you going into its undeveloped areas. To do this would mean complete commercialization and the idea of the exploring trip is to let you see the cave in its natural state. Accidents have occurred involving broken bones and the removal of an injured person is extremely difficult, taking as long as twelve hours. In that we cannot research each one of you we must rely on your word that you have sufficient background and physical ability to handle yourself in the cave. Please be aware that participants go into an underground area completely in its natural state and that in many places the footing is slippery, uneven, and treacherous.

9. Participants not properly prepared will not be admitted.

10. Proper preparation involves SIX things. (🕒 very important)

- 1. Participants must be wearing shoes with good tread and good ankle support (hiking boots are recommended).**
- 2. Participants should wear long pants and a long sleeved shirt.**
- 3. Participants must bring their own lights. Two sources of lights which will each last two hours are required. Keychain lights are not acceptable sources of light.**
- 4. Knapsacks will be searched. Picnic food, spray cans, weapons, and the like are prohibited.**
- 5. Hard hats are required and Laurel Caverns will supply hard hats at no extra charge, for anyone not having his or her own hard hat.**
- 6. This is a real caving trip involving some crawling. Bring a change of clothing!**

11. Your Exploring Director has the sole task of showing you the best route through the cave's maze and making sure you do not get lost. He or she can neither provide discipline nor medical advice.

12. It is humanly impossible for your Exploring Director to watch every movement and every step of every caving participant.

It is humanly impossible for the Laurel Caverns staff to know the physical abilities of each participant. Responsibility for such things as the tread of shoes, loose clothing, poor ankle support, medical history, physical ability, medical vulnerabilities, the brightness of lights, the fit of hard hats, discipline failures, the rocks and drops before each participant, and all other things which fall under the immediate purview of a participant must be, and in all fairness can only be, the responsibility of each participant.

13. Injuries are inevitable in caving and some have occurred in Laurel Caverns involving broken bones.

Something as simple as a twisted ankle may require a long tortuous removal process involving up to twelve hours of immobilization in a rigid basket, thirty or more rescue personnel, an ambulance ride and hospital stay at the participant's expense, X-rays and

observation at the participant's expense, and finally, exposure to unbelievably hyped media attention on your "dramatic cave rescue."

14. Parental signature is required for participants ages 12 through 17.

Laurel Caverns has no power to research any participant's family situation. A signature by one parent or guardian will be treated as consent by the other parent or guardian, if any. By signing for a participant, a parent or guardian is representing that the participant is at least 12 years old. IF ONE PARENT or guardian signs this release and the second parent or guardian objects to the participant's involvement in this activity, or is unaware of the contents of this form, the first parent or guardian must not give approval for the participant.

I (we) affirm that I (we) have carefully read and understand ALL FOURTEEN of the above paragraphs of this form. I (we) understand ALL FOURTEEN of the paragraphs of this form. I (we) understand that this activity involves risks of injury and I (we) voluntarily accept and assume all such risks. I (we) will not hold Laurel Caverns, its owners, or its agents, responsible for any injuries, accidents or problems arising out of any of the matters described in the fourteen paragraphs of this form.

Participant: _____

Yes, has at least reached 12th birthday

Parent: _____

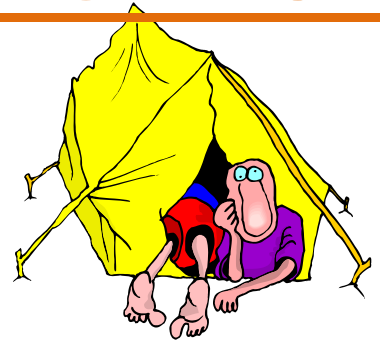
Date: _____

Please print both names: _____

WHAT-TO-BRING CHECKLIST

All Campers

- Bible
- Sleeping bag or bedroll and/or blankets and sheets
- Pillow
- One piece swimsuit or tankini
- Sunscreen
- Insect Repellent
- One towel for the pool and a second towel for showers
- At least 1 pair underwear and socks for each day of camp. Extras are highly recommended.
- Pajamas or other comfortable clothing for sleep
- Heavy weight and light weight shirts
- 3 to 4 pairs of jeans and/or shorts. Nylon pants/shorts are good for canoeing.
- 1-2 pairs of comfortable shoes for activities around camp (must have a back to them no flip flops)
- Creek Stomping/water shoes (old sneakers, sandals with heel strap, etc., **flip-flops DO NOT COUNT**)
- Warm jacket, sweatshirt, raincoat or poncho (rain doesn't stop us!)
- Personal items: Towel, washcloth, soap, toothbrush & paste, plastic cup, shampoo/conditioner deodorant, flip-flops for the shower (**CANNOT** wear during regular camp activities) etc.
- Water bottle (we need to stay hydrated)
- Flashlight and extra batteries
- Laundry bag (for dirty clothes)
- Optional: Camera, sunglasses, hat, boots, pencil, and tablet
- Medications in original container if applicable.
- Cantina Money (\$10 suggested)
- White T-Shirt for tie-dying



Ultimate Challenge Camp

- Sturdy Boots for caving (Laurel Caverns requires boots)



All medications, including over the counter medications, must be given to designated staff member. All medications must be in their original containers.

DO NOT BRING: Pets, knives or any weapons, fireworks, computer games, iPods, radios, cell phones, personal sports equipment (unless permission is given by camp director), halter tops, pop, candy, gum or snack foods.

FIREWORKS, ALCOHOL, ILLEGAL DRUGS, AND TOBACCO PRODUCTS ARE PROHIBITED

CAMP FREDERICK IS NOT LIABLE FOR ANY LOST OR BROKEN ITEMS

Tips for Preventing Homesickness

Sending your child to camp for the first time (or the fifth) can be nerve-racking! You're worried about them being away from home for so long and about them being homesick. Fortunately there are a few things you can do before arriving to help.

- Remember homesickness is normal! Most people have experienced homesickness at one time or another. Dealing with homesickness can help develop great coping skills.
- Be positive! Tell your child how excited you are for them, expect them to succeed not to fail. If you're negative and anxious they'll pick up on that and become negative and anxious.
- Don't promise to bail them out if they "don't like it". One night of homesickness won't ruin the whole week at camp. They'll learn and grow a lot from this experience.
- Practice being away from home prior to coming to camp. Have sleepovers at a friends or relatives house to get used to being away.
- Role play some experiences they may have at camp like using a flashlight to get to the bathroom.
- Get them involved in preparing for camp. Help pick out camping supplies they need and packing their bags.
- Don't bribe your child, this sends the wrong message.
- Pack a personal item from home like their favorite teddy.
- We highly discourage calls from home. They are having fun and are distracted during the day, talking to someone at home can bring those feelings of homesickness to the forefront causing them to be even more homesick than they were before. If you wish to know how your child is doing the staff will happily talk with you.
- Don't plan any major changes at home while your child is away. Part of the anxiety of homesickness comes from the guilt of leaving family behind and the fear of things changing without them.
- Come visit the camp before hand so they have a level of comfort with their new surroundings. Call the office and we'll set up a tour.

Remember it's only 5 nights away from home your child can do it and so can you.