

Camp *Information*



Date: June 25th-30th, 2023

Where: 423 Hurricane Church Road
Marion, KY 42064

Cost: \$200.00/person

**PLEASE
←
JOIN US!**

This cost applies to campers and adults, and includes all meals, lodging, recreation, and a camp T-shirt, etc. There will be refunds given according to the date you cancel. If you cancel before May 31st you will receive a 50% refund. After May 31st, there will be NO refund; however, you may send a camper in place of the one previously paid.

WHAT IS NEEDED: Completed application, medical release form and a copy of the front and back of the camper's health insurance card.

If you have any questions please do not hesitate to call Faith Missionary Baptist Church at 270.821.7709.

RETURN ALL FORMS TO:

ATTN: Faith-N-Action Youth Camp
102 Pleasant View Road
Madisonville, KY 42431
270.821.7709 or 270.836.9110

Camp *Expectations*



June 25th-30th
423 Hurricane Church Rd,
Marion, KY

KEEP THIS PAGE

CAMP RULES:

1. Campers are responsible for their own things. Campers are to be responsible for getting ready and being on time for all meetings.
2. During group sessions, all campers are to sit still in their seats in a respectful manner. (There will be time to go to the bathroom during breaks).
3. Each camper is to shower at least ONCE a day.
4. Each camper is to sit with his or her team at all sessions.
5. No revealing tops or short shorts. Shorts must be at least finger tips long. No distasteful monograms or other extreme dress are acceptable at any time.
6. We are representing Faith Missionary Baptist Church. NO profanity or un-Christian behavior will be tolerated.
7. There will be no tobacco of any form tolerated by adults or teens, this includes e-cigs.
8. There will be no drugs, other than prescription medication, tolerated by adults or teens.
9. There will be no public display of affection (PDA) of any kind by adults or teens.
10. All workers will use the NKJV Bible for all memory work so as to insure unity among the campers studying God's Word.
11. Campers may wear nice jeans, dress shorts, capris, dresses or slacks to services. Dresses should be appropriate length, and should not have spaghetti straps or open backs without a cover worn.
12. All swimwear should be decent and proper in appearance. All campers are to wear colored t-shirts over swimsuits.
13. All campers are to abide by the rules, conduct themselves in a positive manner and give 100% participation. If a camper refuses to do so, he or she will be taken home.
14. There will be a mail box for campers to use to write to one another during the week.

CAMP FACILITIES:

Air conditioned cabins with bunk beds and bathrooms, indoor dining hall, outdoor covered worship area. Water activities will be planned during the week, which may include traveling to local pool.

WHAT TO BRING:

Sleeping bag/bedding, towels/wash clothes, pillow, personal items, sport clothes for activities, nice slacks or jeans, or skirts for evening services. Bible, flashlight, pen, paper/note pad, flip flops, tennis shoes, swimsuit and colored t-shirt to swim in, bug spray, sunscreen, beach towel for swimming.

WHAT NOT TO BRING:

Cell phones, iPads/tablets, CD players, video games, Air Pods/ear buds, firecrackers, other types of noisemakers, halter tops, bikinis, short shorts/skirts, magazines, sling shots, any form of tobacco, e-cigs/Juuls, laptops/Mac-books, any form of drugs except prescriptions, and any type of clothing that has vulgar or suggestive wording.

Camper Application



Name: _____ Age: _____

DOB: _____ Grade just completed: _____ Male: _____ Female: _____

Shirt Size (Mens): S M L XL XXL XXXL

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Phone #: _____

Of these two choices, which would you consider your strongest area? (Check one.)

Physical Strength _____ Biblical Knowledge _____

Are you a church member? Yes No

If so, where? _____

Do you take any medications? If so, please list. _____

Please explain any medical conditions we should know including seizures.

Please list any allergies including food allergies:

I do hereby promise that the above statements are true. I understand that upon turning in my application and camp fee, I am signed up for camp and my money is NON-REFUNDABLE after May 31st. I further understand that once I am at camp, I must stay until it is over and 100% participation is expected.

Camper Signature: _____ Date: _____

My child has my permission to attend Faith-N-Action Youth Camp under the watch care of Faith Missionary Baptist Church. My child will be obedient to the rules set forth for this camp. I will not hold the church, pastor, or youth workers responsible for any accident my child may incur while at camp. I further agree to allow my child to be treated in case of injury or illness by a responsible physician and/or medical person. I also give permission for my child's name, photograph, video recording and statements to be used by Faith Missionary Baptist Church for promotional, publicity and social media purposes.

Parent/Guardian Signature: _____ Date: _____

**PLEASE NOTE – THIS APPLICATION, CAMP FEE, AND MEDICAL RELEASE FORM MUST BE
TURNED IN WITH PAYMENT!**

Camper *Medical Release*



I, _____, the parent/legal guardian of _____, acknowledge that I have been informed that my child will participate in church camp activities during the week of June 25th-30th, 2023 at 423 Hurricane Church Road, Marion, KY.

I understand that the church will attempt to reach me in case of a medical emergency involving my child. If the church cannot reach me, then I give them permission to seek medical assistance for my child. I also give my permission to the doctor to provide medical services he/she may deem necessary for my child. I will be responsible for any medical expenses that may incur. I will inform the church if there are any physical conditions that would hinder my child in taking part in the activities.

Please list any physical/medical conditions:

Youth Name: _____

Address: _____

Emergency Contact Name & Phone Number: _____

Physician's Name & Phone Number: _____

Current Medications: _____

Insurance Company and Policy Number: _____

I will not hold Faith Missionary Baptist Church, pastor or camp leaders and workers responsible for any injuries or accidents that might occur at Faith-N-Action Youth Camp. Also, **I have provided a COPY of the FRONT and BACK of my child's health insurance card.**

Do you confirm that Faith-N-Action Youth Camp may rely on this signed consent form unless notified in writing of any changes? (Check one.) **Yes** **No**

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