

# Southwest Oregon Baptist Association Camps

## FIR POINT BIBLE CONFERENCE GROUNDS

PHONE (541) 863-5591

CAMP:       YOUTH CAMP      AUGUST 14-18, 2017      \$135.00     Male     Female  
 CHILDREN'S CAMP    AUGUST 21-25, 2017    \$135.00     Male     Female  
 Counselor (\$50)     Non-Camper (\$50)     Children Mission's Offering \$\_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE COMPLETED \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

YOUR CHURCH \_\_\_\_\_ PASTOR \_\_\_\_\_ PHONE \_\_\_\_\_

ARE PARENTS CHURCH MEMBERS?     MOTHER     FATHER

HAS YOUR CHILD EVER ATTENDED CAMP BEFORE?     YES     NO    CHRISTIAN     YES     NO

WILL YOU ALLOW YOUR CHILD TO SWIM IN THE CAMP POOL?     YES     NO

DOES YOUR CHILD HAVE ANY PHYSICAL LIMITATIONS THAT MIGHT PREVENT HIS/HER PARTICI-PATION IN RECREATIONAL ACTIVITIES?     YES     NO    IF YES, PLEASE EXPLAIN ON BACK.

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR PERSONALITY TRAITS? \_\_\_\_\_

MY CAMPER HAS PERMISSION TO HAVE PHOTOS TAKEN FOR PUBLIC RELATIONS (CAMP PROMOTION)     YES     NO

ARE THERE RESTRICTED VISITORS TO YOUR CHILD AT CAMP?     YES     NO

IF YES PLEASE LIST THE NAMES ON THE BACK OF THE FORM. RESTRAINING ORDER?     YES     NO

WHO MAY PICK UP YOUR CHILD (EITHER AFTER CAMP OR AT CAMP)? \_\_\_\_\_

IN THE EVENT THE CAMPER IS RELEASED DUE TO DISCIPLINARY ACTIONS, I AGREE TO HAVE ARRANGEMENTS MADE TO TRANSPORT THE CAMPER HOME WITHIN THREE HOURS OF BEING NOTIFIED. I FURTHER AGREE TO BE RESPONSIBLE FOR ANY INCURRED EXPENSES (I.E. TRANSPORTATION EXPENSES). I AGREE THAT MY CHILD WILL PARTICIAPTE IN ALL ACTIVITES OF THE CAMP UNLESS PHYSICALLY OR MENTALLY UNABLE TO PARTICIPATE AS NOTED ON THIS FORM. I HAVE RECEIVED A COPY OF THE ITEMS THAT MY CHILD SHOULD BRING TO CAMP (PAGE THREE OF THIS FORM).

SIGNATURE OF PARENT OR GUARDIAN **X** \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

NAME OF PERSON TO CONTACT SHOULD WE BE UNABLE TO REACH YOU IN CASE OF EMERGENCY: \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

SOUTH WEST OREGON BAPTIST CAMP IS DULY AUTHORIZED MINISTRY OF THE SOUTHWEST OREGON BAPTIST ASSOCIATION.

FEE RECEIVED	\$	DATE RECEIVED		Kitchen Worker <input type="checkbox"/>	Non-Camper (Child) <input type="checkbox"/>
CANTEEN	\$	SIGNATURES CHECKED		Counselor <input type="checkbox"/>	Other (Nurse, Etc.) <input type="checkbox"/>
MISSION OFFERING	\$	RELEASE OK		Other Notes:	
TOTAL	\$	MEDICAL HISTORY			

SPONSORING CHURCH: \_\_\_\_\_

**(Please Do not print on the back of this form)**

MEDICAL/PERMISSION AND RELEASE FORM

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE COMPLETED \_\_\_\_\_
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_
CHURCH \_\_\_\_\_ PASTOR \_\_\_\_\_ PHONE \_\_\_\_\_
FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_
FAMILY INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_
OTHER: \_\_\_\_\_

PAST ILLNESSES & MEDICAL HISTORY

- Asthma Sinusitis Bronchitis Kidney trouble Diabetes ADHD
Heart trouble Dizziness Stomach upset Hay fever Other

(List Other) \_\_\_\_\_

ALLERGIES: Food \_\_\_\_\_

Penicillin or other drug (name) \_\_\_\_\_

Insect stings/bites \_\_\_\_\_ EPI PEN?

Poison sumac, oak, or ivy \_\_\_\_\_

Previous operations or serious illnesses \_\_\_\_\_

Any current medications (list): \_\_\_\_\_

Special diet (name): \_\_\_\_\_

Childhood diseases:  Chicken pox  Measles  Mumps  Whooping Cough

Other (list): \_\_\_\_\_

NOTE: If your child is on medication, please have him/her leave it with our CAMP NURSE with a detailed note of dosage schedule. ONLY THE CAMP NURSE MAY ADMINISTER ANY OR ALL MEDICATIONS DURING CAMP AS REQUIRED BY OREGON STATE LAW! PLEASE WRITE ANY SPECIAL INSTRUCTIONS FOR THE CAMP NURSE ON THE BACK OF THIS FORM.

PERMISSION FOR TREATMENT

My permission is granted for the Camp Director, Assistant Director, or other staff person in charge to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors, Southwest Oregon Baptist Association and the \_\_\_\_\_ Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in camp.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

State of \_\_\_\_\_ County of \_\_\_\_\_.

Signature X \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Witnessed by Signature)X \_\_\_\_\_

Address \_\_\_\_\_

SPONSORING CHURCH:

Please Only Print on this side, leave back blank For Medical Information

# WHAT SHOULD I BRING TO CAMP?

Plan to bring the following items with you:

- Bible, notebook, pen or pencil
- Personal articles such as toothbrush, shampoo, deodorant, towels, washcloths, soap, etc.
- Appropriate clothing. You are coming to a great Christian camp. Your clothing should reflect a Christian example. Shorts are acceptable for Bible study, recreation, fellowships, and worship. If worn to worship, shorts should be modest, clean, and neat. Skirts and dresses are acceptable in worship. Jeans are always acceptable. Backless or halter dresses and are not acceptable at any time. Modest one-piece swim suits are allowed. No bikini, French cut, or even one-piece resembling two-piece suits can be worn. Immodest shorts or tops, distasteful artwork or messages or other extreme clothing are not acceptable. Pajamas or other sleeping attire is inappropriate for daytime wear outside of the cabins. Underwear-type clothing must be covered at all times. Keep in mind it may be cold at night. Camp leadership reserves the right to approve clothing.
- Comfortable shoes for hiking and playing outdoors.
- Bedding or sleeping bag (bring your own pillow)
- A flashlight (two cell preferred)
- During children's camp all canteen fees are included in the camp fee. Your child will be restricted to \$1.25 in purchases from the canteen. Please don't send your child to camp with a supply of candy! We encourage campers to eat meals provided, if there are special dietary needs please note on the form.
- A good attitude and willingness to share your life with other people.
- Any recreational equipment for football, baseball, volleyball, basketball, etc. Note: Many sport items will be provided!

## **DO NOT BRING: (THESE ITEMS ARE IN VIOLATION OF CAMP POLICY)**

- Cigarettes, E-Cigarettes (or any ENDS device) or chewing tobacco.
- Alcoholic beverages.
- Radios or playing cards
- Firearms or fireworks.
- Improper reading material.
- Water balloons and / or water guns.
- Any other items that are forbidden by law.
- The camp will not assume responsibility for missing or damaged Cell phones. If you bring a cell phone please be aware if you use it in an inappropriate manner you will be asked to surrender it at the camp director's discretion.

## **VISITORS AT CAMP:**

All visitors at camp must sign in at the camp office and receive an identification badge. Visitor's who plan on staying for a meal will be responsible for the fees upon signing in. All visitors must leave the camp prior to the campfire, or dusk. Visitor's must check out through the office and surrender their identification badge. The camp reserves the right to restrict visitors to camper's parents or guardian. All visitors agree to abide by the same rules of the camp. For prolonged visits there may be a day camper fee, please inquire at the office.

We also encourage parents to notify the camp on the form of any restraining orders that may prohibit visits to their child by a family member or any other party.

**WE STRONGLY RECOMMEND THAT ALL PERSONAL BELONGINGS BE MARKED WITH NAME AND PHONE NUMBER. WE CAN NOT BE RESPONSIBLE FOR LOST PERSONAL BELONGINGS, EVERY EFFORT WILL BE MADE TO RETURN LOST ITEMS TO THEIR OWNERS!**

## Behavior Contract- Fir Point Bible Camp 2016

### *Be safe.*

- a. I will follow all camp rules., including curfews.
- b. I will not go into the woods alone or off the paths.
- c. If I am injured in any way/stung- I will report it to an adult/nurse.
- d. I will not use my phone/camera in the restroom facilities.
- e. I will use the restroom designated for the gender I was born.

### *Encourage others.*

- a. I will not be a litter-bug!
- b. I will choose to not gossip but will speak kindly!
- c. I will attend worship-participating instead of being a distraction.

### *Show respect.*

- a. I will only sit and sleep 1 to a bunk (ONLY a parent & child may use the double bunks.)
- b. I will not touch another person's belongings in any cabin.
- c. I will not enter a cabin of the opposite sex unless instructed by someone in authority.
- d. I will dress appropriately-**NO** clothing mentioning alcohol, tobacco, marijuana, vapor cigarettes or illegal activity or vulgarity. My clothing will cover my undergarments.
- e. I will keep my hands to myself-no fighting, kissing, touching of others!
- f. I will be on time to all activities.
- g. In worship/teaching opportunities I will listen & participate-not be a distraction.

### *Take responsibility.*

- a. I am now choosing to enjoy camp--all campers are to attend all activities.
- b. I will drink lots of water/juice etc. take care of myself!!!!
- c. I will eat! We will be walking ALOT this week, my body needs food!
- d. God is here and wants me to experience Him.

*If I am enough of a distraction to the purpose of camp, I will be sent home.*

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

Church I am attending with: \_\_\_\_\_