

SONDAYS YOUTH CAMP: JULY 11-16



Speaker:
David Marvin



Worship:
Art Wellborn &
Band

**Completed 6th-12th Grade
Mt. Lebanon Camp
Cedar Hill, Texas
Cost: \$265**

A \$30 deposit is due as soon as possible and then the balance of \$235 is due on Sunday, June 27 at the parent/youth meeting! This includes food, A/C, lodging, 2 T-shirts, recreation, speakers, worship & transportation.

OTHER IMPORTANT INFORMATION YOU NEED TO KNOW ABOUT

Some Things To Bring: Bible, pen, nice clothes for “Friend Night” on Thursday, pillow, bedding or sleeping bag, towels, toiletry items, modest swimwear (no 2 pieces), some old clothes and very modest clothing {no short shorts, skirts or “revealing” shirts}. Modest shorts and shirts are acceptable at Worship. Please pack in 1 large suitcase & 1 carry-on. Remember, you won’t be able to bring your cell phone or other electronic devices.

The Tentative Schedule: 8am Breakfast; 8:45 am Church Small Groups; 10:15am Church Competitions (Crazy Games with Team Challenges); 11:45am Lunch; 1:30 -2:30pm Celebration; 2:45-5pm Recreation Brackets with the option to play 3 on 3 Basketball, 4 on 4 Volleyball (Coed or men/women), Ultimate Frisbee, or you can enjoy time at the Zip Line, Alpine Tower, Swimming in 2 Pools with a diving board & huge slide, GaGa Ball, and Human Foosball; 5:00pm Dinner; 7pm Praise & Worship; 9pm Break; 9:45pm Church Share Time in Lodge and then Lights Out around midnight.

Important Dates to Remember: A Parent/Student Camp Meeting will be on Sunday, June 27 at Noon in the Sanctuary. All money/forms due at this time. NOTE: We will pack for Camp on Sunday, July 11 at 1:15pm in the parking lot near the church foyer. We will travel in one chartered bus & possibly some cars. We return on Friday, July 16 about 11:45am. There is NO parent meeting after camp. **Note: Full and Partial scholarships are available to those who really need it and want to attend camp.

Please return the “Signed” FBC Youth Camp Rules & Guidelines 2021, FBC Camp Registration Form, 2021 FBC Medical Release Form & the Mt. Lebanon Camper Registration Form 2021. THERE IS NO MT. LEBANON ONLINE REGISTRATION THIS YEAR. Note: A copy of the FBC Youth Camp Rules and Guidelines is on the back of this form for you to keep. You can also print necessary forms online and return them to John. For more information call John at 469-287-5765 church, 972-978-6741 cell or email john@fbcthecolony.org. “Building believers who reach others for Christ.”

FBC Youth Camp Rules & Guidelines

****Keep For Your Records.**

MEALS: Everyone is expected to get up & be at all meals and is expected to eat!

ATTENDANCE: Your attendance is required at all events! No Exceptions! No one is to be in the Lodge without and adult sponsor of the same sex present. If you don't play a sport you must cheer & spread enthusiasm!!!!

RESPECT: All youth must respect the Adults, Sponsors & youth while traveling and while at Camp. No abuse of personality or property will be tolerated. No whining, complaining, foul language put downs, or crude behavior will be tolerated. All music listened to will be Christian or "Positive" music approved & brought by the Youth Pastor. The bus and other vehicles will stay on Christian stations or "Positive"/Christian CD's including the music in the Lodge unless The Youth Pastor gives approval. No one is allowed to use the computer, sound system or musical instruments without permission.

DRESS CODE:

- **School appropriate clothing. NO TANK TOPS FOR GIRLS OR GUYS ARE ACCEPTABLE.** If a tank top dress is worn then you must not show your bra or any type of bra. Shorts of modest length are permitted at all times. NO short shorts so try to get close to the mid – thigh or finger tips. We don't want to see anything when you bend over, this includes guys too. Be Christ-like in this area also. No tops that show your belly or tell us that you are an "inny" or "outy". Be very selective with this. Please have modesty (If you raise your arms and you see skin then don't wear it. No tight shorts or short skirts.
- A swimsuit (with shorts for girls) may be worn during church recreation.
- Please be Christ-like in choosing your swimwear, (modest one-piece swimsuits for girls and no tankinis).
- Don't bring clothes/hats that advertise any alcohol, sex, drugs, or other questionable logos. Also, no gang related articles or clothing.

OTHER RULES & GUIDELINES:

1. Lights out at around Midnight to 12:30am every night. Do not be outside the lodge after midnight.
2. No camper or counselor is permitted to leave the camp at anytime without permission from your Youth Minister.
3. **No cell phones, iPhones, etc.**
4. NO skateboards, roller blades, guns, knives, or weapons of any kind, fireworks, matches, lighters, pagers, iPods, mp3's, CD players, electronic games, laser pointers, as well as water balloons, shaving cream (except for shaving), etc. Don't bring your own CD's or music.
5. NO alcohol, drugs or tobacco products of any kind should be brought or used at camp by any camper or counselor
6. Only Christian magazines or books approved by The Youth Pastor will be acceptable.
7. No PDA (kissing, hanging on one another or sitting in others laps)
8. No guys are to get in bed with another guy or girls with girls. There is to be no homosexual/lesbian type joking at anytime especially in the showers, etc.
9. No riding in or on any vehicles, including Golf Carts! Golf Carts are for adult sponsors and Youth Ministers Only, unless for Medical Reasons or to go to the Nurse for medication with an adult sponsor.
10. Respect the lodge and the belongings in the rooms. If you break something you will pay for it.
11. All rules and guidelines are to be obeyed at all times and at all places.
12. Understand that if the rules and requirements are not met then action will be taken. The parent/guardian will be contacted immediately. If your son or daughter is caught with a weapon, drugs or alcohol or in any sexual immorality then arrangements will need to be made by the parent to send them home. Other discipline issues will be dealt with by The Youth Pastor and if needed further consequences will be taken.
13. Every effort is made to have adult supervision at all times. However, should there be a time when adults are not present behavior is still expected to meet all established requirements. If these are not met then be assured some action of consequence will be taken.
14. Sometimes events happen that the adult or Youth Pastor is not made aware of until sometime later or even after the event. At that time appropriate consequences will be determined by the parents and staff of the church.

******I have read and agree to all the rules & requirements for attending Youth Camp.**

******Keep this copy for your records.**

SonDay Youth Camp Registration

Sunday, July 11-Friday, July 16, 2021

Name: _____ Date: _____

Address: _____ City: _____

Zip: _____ Age: _____ Grade (2020/21): _____ Male: _____ Female: _____

Participant Email: _____ Birthdate: _____
Month/Day/Year

Participant Cell Phone: _____ Text Yes: _____ No: _____

Parent Email: _____ Parent Cell: _____

Allergies/special needs: _____

Adult T-Shirt Size (100% Cotton) S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____

No one who has any of the following new or worsening signs or symptoms of possible COVID-19 will be allowed to participate if any of these symptoms are exhibited 3 days before camp.

- Cough
- Shortness of breath or difficulty breathing
- Chills

- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Felling fevers or a measured temperature greater than or equal to 100.0 degrees Fahrenheit

I, the participant, will obey all the FBC Rules/Guidelines and SonDays Camp Rules/Schedule. I will obey & respect the adults & other leaders of this youth camp. If I don't, I will accept the consequences of my actions which could result in being sent home at my own expense.

Participant Signature

Parent/Guardian Signature

*****Yes, I know that the total cost of camp is \$265. Note: this year the price also includes the Sunday night meal, friend night gift and 10 soft drinks for the week.**

*****Yes, I know that a \$30 non-refundable deposit reserves my place at camp and then a balance of \$235 is due at the parent/youth camp meeting on Sunday, June 27 at Noon.**

*****Yes, I understand that I will not be able to bring my cell phone.**

*****Yes, I understand there are no fundraisers for this camp.**

*****Yes, I and a parent will attend the Parent/Youth Camp Meeting: Noon, Sunday, June 27.**

******I have read and agree to all the FBC & Camp Rules and Guidelines.**

****Please return this page to Pastor John.**

MT. LEBANON ENCAMPMENT
PO Box 427 - Cedar Hill, Texas 75106-0427
972-291-7156 (Phone) 972-291-4958 (Fax)
www.mtlebanoncamp.com

2021 CAMPER REGISTRATION & HEALTH FORM

Name: _____ Date of Camp: **July 11-16, 2021** Sex: (M/F) _____

Birth Date: _____ Age: _____ Grade Completed by End of School Year **2021**

Street Address: _____ City _____ Zip _____

Name of Church Camper Is Attending Camp With: **FBC The Colony** City **The Colony**

Parent /Legal Guardian: _____ Relationship: _____

Phone Number: Daytime _____ Evening _____ Cell _____

Parent /Legal Guardian Email: _____
 Emergency Contact Information Other Than Parent/ Legal Guardian:

Name: _____ Cell _____ Relationship _____

PARENT/ LEGAL GUARDIAN'S STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY

1. ACKNOWLEDGMENT OF INHERENT RISKS

I certify that I am aware of the inherent risks associated with outdoor camp activities, as well as the inherent risks of being on camp property. Notwithstanding, I hereby give my child permission to participate in all camp activities. Further, in consideration for Mt. Lebanon agreeing to accept the above named child as a camper, I hereby personally assume all risks in connection with my child's attendance and participation in the events at Mt. Lebanon.

2. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

In the event that my child is injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/or dental services rendered to my child in response to said injury.

3. LIMITATIONS ON INSURANCE COVERAGE

I understand that my family/personal health and accident insurance will be the primary coverage.

4. RELEASE AND HOLD HARMLESS AGREEMENT

I agree to release and hold harmless the Dallas Baptist Association, Mt. Lebanon Encampment, its trustees, employees, agents, and representatives for any injury, harm, or other damage by any occurrence in connection with my child's participation in camp activities in any form or fashion. I further agree to release and hold harmless Dallas Baptist Association, Mt. Lebanon Encampment, its trustees, employees, agents, and representatives from any claim by me, or my family, estate, heirs or assigns out of my child's participation in activities at Mt. Lebanon.

5. PRE-AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize any medical and/ or surgical treatment, including but not limited to hospital care, to be rendered to my child, as needed in the judgment of the treating physician, who is chosen by the Camp Director or any employee working under him/her, as circumstances require. I further authorize the Mt. Lebanon health staff to render first-aid and to administer medications as prescribed and programmed on the *Dosage & Frequency Chart*, executed by the parent or guardian.

6. NON PRESCRIPTION MEDICATIONS

I give my permission to the camp's health supervisor, or other health center staff, to administer non-prescription, over-the-counter medications to my child based on symptoms (not a diagnosis). For example, but not limited to, Tylenol or ibuprofen, for mild fever or pain; Benadryl or Claritin, of allergy symptoms; Pepto-Bismol, for diarrhea; cortisone cream, for bug bites; calamine, for poison ivy; and so on.

7. ACKNOWLEDGMENT OF RESPONSIBILITY FOR DAMAGES

I agree that I am financially responsible for any damage to camp property caused by my child, including any acts of graffiti.

8. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS

The above named camper agrees to obey and observe all camp rules, and to fully cooperate with the adult leadership, camp staff, and other campers. I agree that, if in the judgment of the adult leadership and/ or camp staff, my child becomes a discipline problem, my child may be sent home, at my expense, and that I will forfeit all camp fees paid.

9. USE OF CHILD'S PHOTOGRAPH and ANY VIDEO FEATURING THE CHILD FOR PROMOTIONAL PURPOSES ON SOCIAL MEDIA

I agree and consent that my child's photograph may be used for promotional purposes or publicity material by Mt. Lebanon.

10. COVID-19 RELEASE AND HOLD HARMLESS AGREEMENT

I understand that while Mt. Lebanon Camp is taking reasonable measures to help prevent the spread of COVID-19 in any public space where people are present. I understand that it is my decision to allow the above named camper to participant in camp given the risks associated with a summer camp environment. After fully and carefully considering all the potential risks involved, I hereby assume the same and agree to release and hold-harmless the Dallas Baptist Association/Mt. Lebanon Camp and its trustees, employees, agents, and representatives from and against, all claims and liability resulting from exposure to disease causing organisms and contaminated objects, such as COVID-19, associated with attending and participating in camp at Mt. Lebanon.

I acknowledge that I am the parent or authorized guardian of the above named child. By my signature below, I acknowledge that I have read and understand the information set forth above, including the Release and Hold Harmless Agreement.

PARENT/ GUARDIAN'S SIGNATURE

DATE

Camper's Name: _____ Church **FBC The Colony**

INSURANCE INFORMATION (You may attach a photocopy of your current Health/Accident Insurance Card.)

Insured Member's Name: _____ Member ID _____

Health Insurance Provider: _____ Group ID _____

Health Insurance Provider Phone Number(s): _____

Primary Care Physician: _____ Phone: _____

GENERAL HEALTH INFORMATION (If necessary, attach additional copies of information which address camper health concerns.)

List any health concern/issue that would be relevant to an attending physician in the case of an emergency: _____

List any chronic or recurring illnesses or diseases: _____

List any food, medicine, or other significant allergies: _____

List any pre-existing injuries which occurred **BEFORE** attending camp: _____

Date of last tetanus shot (you can write "current"): _____ (Attach current shot record - Optional)

CAMPER MEDICAL POLICY AND INSTRUCTIONS

1. All medications must be properly labeled and kept in original containers. Check expiration dates. No expired medications will be given.
2. All prescription and non-prescription medications must be presented to camp health center personnel upon arrival at Mt. Lebanon.
3. All medications must be stored and dispensed from the camp health center (except EpiPens or emergency inhalers). Campers are not allowed to keep or self-administer any medication in accordance with Texas Department of State Health Services regulations.
4. Diabetics must bring a copy of their Diabetes Management Plan.
5. Non-prescription medications such as vitamin supplements or pain relievers will be given only according to the age and dosage restrictions and instructions listed on the package unless a doctor's order is provided.
6. EpiPens or emergency inhalers may be kept with the camper. (Please send an extra one to be kept in the health center) Health center personnel must be notified immediately when a camper uses an EpiPen. If asthma symptoms are not completely relieved the camper must be brought to the health center for evaluation.
7. List any medical problem, medical alert, allergy, or other relevant health concern/issue under **General Health Information**.
8. List all medications, dosage and indicate after breakfast, lunch, dinner or bedtime on the **Medication Dosage and Frequency Chart**.
9. Place all medications and a copy of Page 2 of this form in a heavy-duty, quart sized zip-lock bag with the camper's name and name of church written with a permanent black marker on the outside of the bag.

MEDICATION DOSAGE & FREQUENCY CHART

Place all medications and a copy of this page in a heavy-duty, quart sized zip-lock bag. Print the camper's name and name of church on the outside of the zip-lock bag using a permanent black marker. If necessary, make additional copies of the Dosage and Frequency Chart.

Medication	Dosage/Time	Monday	Tuesday	Wednesday	Thursday	Friday
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

2021 MEDICAL RELEASE & INFORMATION ACKNOWLEDGMENT**FIRST BAPTIST CHURCH THE COLONY****4800 SOUTH COLONY BLVD.****THE COLONY, TEXAS 75056****(972) 625-1322; FAX (972) 370-1405; www.fbcthecolony.org****NAME:** _____ **BIRTH DATE:** _____ **AGE:** _____**ADDRESS:** _____ **CITY:** _____**STATE:** _____ **ZIP:** _____ **STUDENT CELL #:** _____**I WILL WEAR MY SEAT BELT: YES:** _____ **CELL PHONE TEXTING: YES:** _____ **NO:** _____**ADULT TSHIRT SIZE: S:** _____ **M:** _____ **L:** _____ **XL:** _____ **2XL:** _____ **3XL:** _____**PARENT/GUARDIAN NAMES:** _____**PARENT HOME PHONE # :** _____ **WORK #:** _____**MOM'S CELL PHONE #:** _____ **TEXTING YES:** _____ **NO:** _____**MOM'S EMAIL:** _____**DAD'S CELL PHONE #:** _____ **TEXTING YES:** _____ **NO:** _____**DAD'S EMAIL:** _____**EMERGENCY CONTACT:** _____ **PHONE #:** _____**HEALTH INFORMATION: (Check appropriate information)****Asthma:** _____ **Sinusitis:** _____ **Bronchitis:** _____ **Kidney Trouble:** _____ **Heart Trouble:** _____**Diabetes:** _____ **Dizziness:** _____ **Stomach Upset:** _____ **Hay Fever:** _____ **Head Aches:** _____**Allergies: Food:** _____**Penicillin or other drug (name):** _____**Insect Stings/Bites:** _____**Poison sumac, oak, or ivy:** _____**Other:** _____**Any current medications you are taking (list):** _____**Physical disorders:** _____**Special diet: (Name):** _____**Immunizations (tetanus):** _____ **Previous operations or serious illnesses:** _____**DOCTOR:** _____ **PHONE #:** _____**INSURANCE COMPANY:** _____ **GROUP/ID:** _____**POLICY # (IF KNOWN):** _____ **PHONE #:** _____*****Please attach a copy of the insurance and/or prescription card if you have one.****PERMISSION FOR TREATMENT**

My permission is granted for the minister or sponsor 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 and employees of First Baptist Church The Colony from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while traveling and/or participating in any church function, activity or trip.

PARENT/GUARDIAN SIGNATURE: _____**SIGNED THIS DATE:** _____