

ADVENTURE CAMP FOR CHRIST



Welcome to Adventure Camp for Christ this is our fourth year. We keep growing each year so thank you for that; and thanks to all the campers and parents/commanders for their positive comments and feedback. We want this time at camp to help the youth grow in their walk with our Lord and Savior Jesus Christ. We do this through daily devotions, team game competitions, Bible teaching, scripture memorization, Chapel service, and through the staff and counselors living out what they teach. We also like to have lots of fun.

Free time activities are: Swimming pool, tether ball, basketball, miniature golf, ping pong, volleyball, paintball, climbing wall, zip line, ropes course, indoor climbing wall and bb guns or just having fun hanging out.

Dates: June 27th - July 3rd

Cost: \$250.00 per youth

\$ 100.00 with registration sent in anytime before May 1st and remaining \$ 150.00 by June 5th 2010

Make Checks payable to: Adventure Camp for Christ

Requirements: Awana Youth who are going into 5th grade in the fall of 2010 through Graduating 12th graders that have completed one book during the current club year. Book must be completed before camp starts.

Any questions or concerns please contact us.

Contact Info: www.adventurecampforchrist.org

Contact Person: Mark Gaver

Phone #: (910) 875-8494

Cell #: (910) 988-7095

E-mail: walkinfaith@embarqmail.com

Dear Parents of Campers:

At Adventure Camp for Christ, we know how important a person's spiritual walk with the Lord is. Our hope and prayer is that all children and youth will come to know, love and serve the Lord Jesus Christ.

We also care about the safety and protection of your youth. One of our goals is to protect children and youth from anything that is inappropriate or harmful. To do this we need your help. Please talk to your youth about things that are inappropriate for them. Here are some examples:

- Hazing or initiations
- Adults asking them for favors
- Adults or youth pressing them to do things that are wrong
- Anyone showing them inappropriate pictures

We encourage you to talk to your son or daughter and encourage them to talk to you about their camp experience. Also, let your son or daughter know they can feel free to talk with a camp counselor or the camp director should there be something they are not comfortable with at camp.

The Camp Dress Code will be sent out in the acceptance package.

Volunteers for camps are chosen and screened very carefully. Our goal is that all volunteers will have a positive spiritual impact on youth attending camp.

Should you have any concerns regarding anything that occurred at camp, you may contact the Camp Director. The contact information is at the end of this letter.

We desire camp to be a positive experience for all youth, a time of spiritual growth that they look back on with fond memories. We covet your prayers as we work to bring spiritual enrichment to the young people that are entrusted to us at camp.

Blessings to you!

Adventure Camp for Christ Staff

- Camp Director- Mark Gaver
- Camp Game Director- Robert Shrauger
- Camp Officer- Mark Cary
- Camp Officer- Elsa Gaver
- Camp Officer- Frank Barfield

ADVENTURE CAMP FOR CHRIST
Parental Consent and Release of Liability
Please Print and Provide All Information Requested

IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

Name of Camper _____ Camper's Date of Birth _____

Camp Location _____ Springs of Life Camp Grounds Patrick Springs VA _____

Dates Camper Will Attend Camp _____ 27 June – 3 July 2010 _____

I understand and agree that participation in the Adventure Camp for Christ ("Camp") is a privilege to which my minor child named above ("Camper") is not otherwise entitled. In consideration for that privilege, I am signing this Parental Consent and Release of Liability.

Consent to Attend Camp

I hereby give permission for Camper to attend and participate in the Camp.

Release of Liability

Prior to Camper's participation in Camp activities, I acknowledge that involvement of Camper in the Camp may involve risk of property damage and of personal injury, illness or even death of Camper, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions. In addition, I understand that there may be other risks inherent in Camp activities of which I may not be presently aware.

By signing this Parental Consent and Release of Liability, I warrant that Camper is fully capable of safely participating in all Camp activities, and I expressly assume all risks of Camper's participation, whether such risks are known or unknown to me at this time. I further generally release Adventure Camp for Christ ("ACFC") and its directors, officers, employees, volunteers, and agents, and other campers at the Camp, from any and all claims that I or Camper may have against any of them as a result of property damage or personal injury, illness or death of Camper as a result of participation in Camp activities, whether on or off Camp grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that may not foresee or be aware of at this time. This Release of Liability is given on behalf of myself, Camper, and the heirs, family, estate, administrators, executors, personal representatives and assigns of me and Camper.

Consent to Medical Treatment

If Camper experiences an injury or illness, or has other medical needs, I authorize the Camp's employees, volunteers, and agents to make such arrangements for Camper's health and safety, including but not limited to first aid, emergency medical care, ambulance or other transportation to a hospital, medical office, or clinic, testing and examination, and hospital care, and other medical care and treatment (including dental care) as they feel are appropriate in the circumstances. I further agree that I am fully responsible to pay all charges and expenses relating to such care, transportation and treatment and I hereby fully release ACFC and its directors, officers, employees, volunteers and agents from any claims, including claims for medical charges, prescription costs and other expense, I might have as a result of such care, transportation and treatment. My signature below also serves to indicate my willingness for my Health Insurance Company (please provide details in the **Medical Information** section) to be billed for any and all medical fees services should they be needed. I agree that I will pay all charges and expenses not covered by insurance.

Other Releases and Acknowledgements

I understand that, while Camper is participating in Camp activities, photographs, film, audio recordings and videotape of Camper may be taken for use in brochures, videos, releases to the press, web pages, and various ACFC publications and other work product. I do hereby irrevocably grant ACFC permission to record, display and/or reproduce my child's name (first name only), likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known.

I understand that ACFC does not provide transportation to or from the Camp program and do hereby take responsibility for either providing or arranging for transportation of Camper, and for ensuring that Camper will arrive and depart by the scheduled dates and times.

I will ensure Camper only brings clothing that adheres to the Camp Dress Code or similar policy included as part of this package or to be sent in the acceptance package. If Camper fails to abide by established rules, standards of conduct and/or Camp Dress Code, Adventure Camp for Christ staff reserve the right to send Camper home. If it becomes necessary to send Camper home, I hereby agree to provide transportation or to make travel arrangements for Camper and to assume the cost of these expenses.

Medical Information

Medical Insurance Co. _____ Policy Number _____
(Please attach a copy, front and back, of your insurance card)

Address _____

Phone (_____) _____ Insured's Name _____

Doctor's Name _____ Phone (_____) _____

Date of last tetanus _____ Date of last physical _____

List any medical/food allergies or behavioral problems (sleep walking, bed wetting, depression, etc.) of **Camper**
(please write "None" if applicable): Line1 _____

Line2 _____

Line3 _____

Will Camper be under any medication "while at camp? Yes ___ No ___ If yes, please provide details: Line 1 _____

Line 2 _____

***All medications are to be in original containers with prescription attached and given to the camp nurse.**

The camp nurse has our (my) permission to provide Camper with non-prescription medicines as deemed necessary. Yes ___ No ___
Please list any over the counter medicines that should **not** be given to **Camper**. Line1 _____

Line2 _____

Does **Camper** have any physical condition or limitations that would restrict participation in any camp activities? Yes ___ No ___
If yes, please provide details: Line1 _____

Line2 _____

I represent and warrant that I am a parent or legal guardian of the Camper named above and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of the Camper. By signing below, I acknowledge that this document has been read and understood by me, and also represent that all information provided is accurate. Each legally responsible parent / guardian is required to sign below.

1st Parent or Guardian signature

2nd Parent or Guardian signature

Name Printed

Name Printed

Date Signed

Date Signed

Daytime Phone

Daytime Phone

Evening Phone

Other Phone

Witness

Date

Adventure Camp for Christ

June 27th - July 3rd 2010 (Rising 5th-Graduate)

Please use a pen and print clearly

CAMPER INFORMATION

Applicant's Full Name: _____ Date of Birth: _____ Age: _____

Name or nickname you prefer to be called (if different from above): _____ Male Female (circle one)

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: (____) _____ Family E-mail Address: _____

(Circle one) Grade next fall: 5 6 7 8 9 10 11 12 Graduate Adult Shirt Size: S M L XL XXL

If you have ONE roommate preference in your age/grade level, please give their full name _____

Every attempt will be made to honor your request.

SPONSOR INFORMATION

Camper is sponsored by: Church Parent Clubber Other

Sponsor's Name _____ Address _____

City _____ State _____ ZIP _____

The cost of camp is \$250 (An \$100 deposit is due with application and \$150 camp fee is due by June 1st 2010)

TO BE FILLED IN BY THE APPLICANT'S AWANA COMMANDER OR DIRECTOR

Church: _____

Commander/Director Address: _____

City: _____ State: _____ Zip: _____

I confirm that this Applicant has met camp eligibility requirements and recommend her/him for Camp. I further confirm that the Applicant and the Applicant's family have completed this Application and have provided all necessary signatures and information, and that I have not signed on behalf of the Applicant or parents/guardians unless the Applicant is my child.

Signature (required for acceptance)

IF LEFT BLANK THE APPLICATION WILL NOT BE ACCEPTED & WILL BE RETURNED

(____) _____

Title (Commander or Director) Phone number (of signatory) E-mail address (of signatory)

REMEMBER TO REGISTER EARLY

Please send camper application and deposit to:

Mark Gaver 220 Woodberry Circle, Raeford, NC 28376.

We recommend that you keep a copy for your records.

.....

Date received _____ Deposit paid _____ Date camp fee received _____