

2019 YOUTH CAMP PACKET



Date: May 27-31

Location: Sparks, Oklahoma

Cost: \$175 total

- This includes camp, lodging, and all meals at camp. Additional money will need to be sent with your student to cover one meal to camp, one meal on the way home from camp, and any concessions or souvenirs (t-shirts, etc) to be purchased at camp.
- Please make checks payable to Claremore Assembly of God and write "Youth Camp" in the memo line.
- All students going with us to camp will also receive this year's REFRESH t-shirt to wear on the Monday we go to camp

Registration:

- Registration form and \$40 nonrefundable deposit are due by Wednesday, April 10th
 - All spots are on a first-come basis. Your form and deposit serve to hold your spot, so please get these in ASAP. We have a set number of spots reserved, once those are filled, we may be able to add additional registrations but that is not guaranteed.
- The additional \$135 is due by Wednesday, May 1st
- Students who did not attend the Refresh Spring Retreat will also need to fill out a 2019 Consent Form (available separate from this packet)
- Discounts are offered for families with multiple children going to camp – please contact Pastor Jon, Jen or Liz P. as soon as possible if this includes you
- Scholarships are available for those who need assistance – please contact Pastor Jon, Jen, or Liz P. as soon as possible to be considered
- All checks can be made out to Claremore Assembly of God

In this packet, you will find: Important Information, Rules & Guidelines, What to Bring, and What Not to Bring. There is also an Individual Camper Registration Form for your student to turn back into Pastor Jon, Jen, Liz P., or the Church Office.

Important Information

- Students are **not** permitted to have cell phones at camp. If there is an emergency and you need to contact your student, please call Pastor Jon at (417) 872-7754, Liz P. at (918) 402-5242, or the campground office at 918-866-2407.
- **Please note that any medications your child needs to take must be turned in to the camp nurse. All medications must be in their original, labeled container.**
- Camp requires we take a copy of each student's insurance card in case of emergency. We can easily make a copy here in the church office or you may hand it in with your registration. If you have gone to camp with us previously and your insurance has not changed, your insurance card is still on file and not needed this year.
- If you would like to send a letter to your child while he/she is at camp, you may send it to the following address. Please keep in mind that you should mail it early enough for it to arrive while your child is at camp. You also have the option to hand letters in to Pastor Jon, Jen, or Liz P. and we can take them with us and submit them to the camp office for you.

Sparks Camping Facility
Student's Name
PO BOX 160
Sparks, OK 74869

Rules & Guidelines

- Willful destruction of camp or personal property will not be tolerated.
- No one is allowed to leave camp without permission from the camp executive staff. Minors will not be allowed to leave the camp with anyone except the parent or legal guardian whose signature appears on the registration form.
- Campers must remain on the camp property at all times unless on a group outing.
- **NO PERSONAL, ELECTRONIC DEVICES ARE ALLOWED AT CAMP!**
- No guests are allowed at camp at any time.
- Camp is not a place for public displays of affection.
- All clothes must cover shoulders, backs, sides, and stomach at all times. No tight clothing will be allowed (See "What to Bring" for more details on the criteria for what clothing to bring).
- All campers agree that any media captured (photos, videos, audio) is the property of OYM and can be used for future promotion.
- There will be no pranking of any kind within our group!

What to Bring

- Bible, Notebook, Pen
- Clothing – Modest shorts and t-shirts are allowed (Boys – make sure your shirts are NOT cut down the sides if they are sleeveless!). We play hard and get sweaty, dirty, and muddy so come prepared for this. Campers must wear shoes *at all times*. You will want a pair you don't care about that will get dirty, athletic shoes for the games, shoes for the services, and possibly shower shoes (flip flops).
 - Girls – ALL clothing must cover back, stomach, shoulders, and sides at all times. No tanks or spaghetti straps and all sleeveless shirts must go to the outside of the shoulder. No tight clothing will be allowed. Shorts must be mid-thigh (generally, an inch past your finger tip when your hands are relaxed to your sides). REMEMBER – it is mid-thigh for shorts but it must be knee-length for skirts and dresses if you decide to wear them during the services (you may wear pants to service if you want).
- Pajamas
- Swimming suit/Swim trunks (there is a lake for swimming, paddle boating, and the blob!) – make sure swimming suits are modest and appropriate. Girls – must have a one-piece swimming suit or wear a dark colored shirt and shorts over your two-piece.
- Bedding (Pillow, Sleeping Bag, sheets, etc)
- Toiletries (Shampoo, Soap, Toothbrush and paste, DEODORANT, etc)
- Personal Hygiene items
- Washcloth & 2 towels – one for bathing and one for swimming
- Money – you will need money for TWO meals – one on the way to camp and one on the way home. Also, bring any extra money you may want for souvenirs and concessions. We recommend at least \$50 though you may want more.
- Any medications you take. These must be turned in ahead of time to the camp nurse. All medications must be in their original, labeled container.
- Garbage bag for wet and dirty clothes
- Sunscreen, aloe vera gel if you burn easily, bug spray, camera
- A positive attitude ready to have the BEST WEEK OF SUMMER!

What Not to Bring

- Electronics – Do **NOT** bring your cell phone, ipod, gaming systems, or any other electronics for entertainment purposes. These cannot be brought at all. You will survive and have a greater camp experience without these things. Take a deep breath and leave these things at home. All adults will have cell phones for emergencies. The camp will allow you to call home for emergencies, and all parents will have numbers to reach you at if there is an emergency at home. Don't try to sneak it in. Your friends have big mouths and I know they will tell on you!
- Any items used for pranking. Pranking will not be tolerated at camp.
- Any outside food or drink other than water bottles.
- Tobacco products, illegal substances, alcohol, weapons (including knives), and skateboards – Don't bring these!
- A bad attitude. ☹ If you bring this, we will refer to you as Grumpy Gills. You don't want that.

2019 Youth Waiver

PARENTAL CONSENT FORM

Parents and legal guardians of minors are asked to complete this form and return it to the Student Ministries Pastor at Claremore Assembly of God. The information requested is designed to assist Claremore Assembly in providing for the safety of minors during church-sponsored activities.

General Information (please print)

Child's Name:
Date of Birth:

Father/Guardian's Name _____ Mother/Guardian's Name _____

Child's Address _____

Home Phone No. _____ Work Phone No. _____

Cell Phone No. _____ May we send you text messages? Yes No

Parent/Guardian E-mail Address _____

Family Doctor _____ Dr. Phone No. _____

Insurance Company Covering Child _____ Policy Number _____

T-Shirt Size _____

Consent and Certification

We, the undersigned, being the parents or legal guardians of the child named above (the "child"), do hereby consent to the participation of our child in the activities of the 2019 year, including trips, activities, services, and any other events customarily associated with a youth program. Further, we certify that our child is physically able to participate in such events.

We do not authorize our child to participate in any of the following activities:

Medical Questionnaire

- Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes ___ No ___ (if yes, please explain)

- Does your child require a special diet? Yes ___ No ___ (if yes, please explain)

- Is your child allergic to any type of medication? Yes ___ No ___ (if yes, please explain)

- Does your child have (or has ever had) any of the following: (circle, and explain below)

Seizure disorders | Asthma | Heart murmur | Diabetes | Hay Fever | Kidney disease

- Does your child have any allergies other than medical (including food)? Yes ___ No ___ (if yes, please explain)

- Does your child have any physical condition or illness which would prevent him/her from participating in normal, rigorous activity? Yes ___ No ___ (if yes, please explain)

Medical Treatment Authorization

We understand that we will be notified in the case of a medical emergency involving our child. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event our child is injured or becomes ill. We authorize any one or more of the following persons to make emergency medical care decisions on behalf of our child, if required by law or a health care provider:

Any Claremore Assembly of God Staff Member or Official Volunteer Team Member

We understand that Claremore Assembly of God, or any of its agents, employees, or volunteers, will not be responsible for medical expenses incurred on the basis of this authorization.

We agree to notify Claremore Assembly of God in the event of any health changes which would restrict our child's participation in any activities. We also understand that Claremore Assembly of God representatives reserve the right to restrict our child from any activity that they do not feel is within the physical capabilities of our child.

(Signatures of Parents/Guardians)

(Date)

EVENT: _____

Medical Form

This form is required for all attendees.

*****This form is two-sided*** ***Please fill out in INK*****

Office Use Only	
MEDS	
HOLDS	

Church City: _____ Church Name: _____

Attendee Name: (First, Middle Initial, Last) _____

Address: _____ City, State, Zip: _____

Gender: (Circle One) Male Female	Date of Birth: (mm/dd/yyyy)	Age:	If student, 2018-2019 Grade:
--	-----------------------------	------	------------------------------

Emergency Contact Information

First Contact Name: _____ Relationship: _____

Cell Phone: _____ Additional Contact Number: _____

Second Contact Name: _____ Relationship: _____

Cell Phone: _____ Additional Contact Number: _____

Medical Information

Medical Insurance Provider: _____

Policy Number: _____ Group Number: _____

Physician's Name: _____ Phone: _____

List all allergies/medical conditions and any special considerations of which we should be aware:

May the attendee listed above be given over-the-counter, non-prescription medications or applications, not to exceed recommended dosage for stomach discomfort, burns, cuts, insect bites, rash, scrapes, or other minor ailments? (Circle One) Yes No

Both sides of this form must be completed & signed!

Attendee Name: _____ Church & City: _____

- ALL MEDICATION MUST BE IN THEIR ORIGINAL CONTAINERS WITH A CURRENT/CORRECT LABEL.
- Please only send the amount needed for the length of the event.
- Pills sent in plastic baggies or weekly dose containers will not be given.
- Expired medication will not be given.
- All inhalers, nasal sprays, and epi-pens must be in the original box with the prescription label.
(If the box is not available, ask the pharmacy to print a label.)
- All medication, vitamins, supplements, and oils must be stored in the First Aid Station.
- All medication, vitamins, supplements, and oils must be administered by the First Aid Staff in the First Aid Station.

NO MEDICATION, VITAMINS, SUPPLEMENTS, OR OILS WILL BE ADMINISTERED TO MINORS UNLESS LISTED ON THIS SIGNED FORM.

Name of Medication	Dosage	Time To Be Given	How Taken

Comments for First Aid Staff: (Please attach another piece of paper, if more room is needed to list meds or comments.)

MEDICAL RELEASE STATEMENT and EVENT POLICIES & PROCEDURES AGREEMENT

For Attendees Under the Age of 18:

I, the parent/legal guardian of _____ (attendee), authorize the event first aid personnel to administer the medications listed above. I hereby authorize event personnel to obtain medical care or dental care, if necessary. My signature authorizes emergency treatment in the event of illness/injury when I am not immediately available. I understand, if necessary, the attendee will be taken to a nearby medical facility and will be attended by a physician on call. I further understand that I will be responsible for any medical expenses incurred, and that my medical insurance will be the primary insurance with Oklahoma District Council's insurance being secondary. I also hereby authorize this document to be released to first responders and emergency personnel. I understand that any person with a fever, rash, pink eye, head lice, or other signs of illness will be sent home. I further understand that the parent/legal guardian will be responsible for their child's transportation in the event of an illness or injury. I also agree with and support the enforcement of the event's Policies and Procedures.

Signature of Parent/Legal Guardian _____ Date _____

For Attendees Over the Age of 18:

I, _____ (attendee), authorize the event first aid personnel to administer the medications listed above. I hereby authorize event personnel to obtain medical care or dental care, if necessary. My signature authorizes emergency treatment in the event of illness/injury if I am unconscious or unable to consent to treatment. I understand, if necessary, I will be taken to a nearby medical facility and will be attended by a physician on call. I further understand that I will be responsible for any medical expenses incurred, and that my medical insurance will be the primary insurance with Oklahoma District Council's insurance being secondary. I also hereby authorize this document to be released to first responders and emergency personnel. I understand that any person with a fever, rash, pink eye, head lice, or other signs of illness will be sent home. I further understand that I am responsible for my own transportation in the event of an illness or injury. I also agree with and support the enforcement of the event's Policies and Procedures.

Signature of Attendee _____ Date _____