



Camp Truth May 27th thru June 1st 2018

Registration begins April 15th. Prices for this year's camp are as follows:

Active Members of Faith Baptist Church for the last consecutive three months:

\$175.00 for first child

add additional 2nd child for \$125

add additional 3rd child for \$75

add additional 4th child for \$25

Non Active/ Non Members

\$175.00 for first child

add additional 2nd child for \$150

add additional 3rd child for \$125

add additional 4th child for \$100

Upon registration, a \$50.00 deposit is required. Early registration ends May 7th.

After May 7th, there will be an additional \$25 charge per child up until registration closes on May 15th.

CAMP TRUTH

2018 CAMPER APPLICATION and CONSENT FORM

INSTRUCTIONS: (Please Print) Fill out one form per child. Camp Truth (Faith Baptist Church) is unable to accept any child without a completed application and medical treatment authorization. Your child must go through the "health check" at registration before being accepted to camp.

Camper's Name: _____ Sex: ____ Female _ Male
T-shirt size: YS (6-8) YM (10-12) YL (14-16) Adult Size _____
Birthdate: _____ Rising School Grade: _____ Tetanus Booster: _____

Parent or Legal Guardian

Parent or Legal Guardian Name: _____

Address

(Number)

(Street)

(P.O. Box)

(City)

(State)

(Zip Code)

Telephone Number(s) (____) _____ (____) _____
(____) _____ (____) _____

Health History of Camper

Personal Health or Accident Insurance Carrier _____

Camper's Doctors Name: _____ Phone # () _____

Any condition presently under treatment by Physician _____

Any medications presently in use ____ Yes ____ No if yes, please list below.

Any history of Diabetes? ____ Yes ____ No

Any injury or medical condition limiting physical activity? ____ Yes ____ No

If Yes, explain _____

Does camper know how to swim? ____ Yes ____ No

List **Any** Restrictions (food, activity, etc.): _____

Allergies to Drugs, Foods, or Insects: _____

Any Pertinent Medical History: _____

Special Needs or Request: _____

If not a member of Faith Baptist Church, please list Home Church: _____

Authorization to Consent to Treatment of a Minor

(I)(We), the undersigned, parent(s) of _____, a minor, do consent on his/her behalf to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable by, and is to be rendered under the general or specific supervision of, any physician and surgeon licensed by the State Board of Medical Examiners on the medical staff at the West Georgia Medical Center in LaGrange whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis or hospital care being required, but is given to provide specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable in the event of an emergency.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization shall remain in effect while this child is in attendance at camp, Camp Truth (Faith Baptist Church), LaGrange, Georgia.

In signing this application, I hereby certify that the above information is correct.

Authorization

Father's Signature: _____

Mother's Signature: _____

Legal Guardian: _____ Witness: _____

MEDICATION SCHEDULE AND DOSAGE:

Please give any further information you deem necessary:



Parental Information and Consent Document

The following information is designed to inform you of the guidelines concerning our camp. We strive to offer the most productive, safe and exciting week that your child could possibly experience.

Please help us in the following areas...

- 1) **Communication**: Should and concern arise on your part concerning your child, please contact Dale Prather directly at 706-523-1141.
 - Leaders will not be available for text or calls during the week, as they are "Hands On" at all times with several children in their care.
 - Please do not allow your child to bring a cell phone or electronic device, as these will be a major distraction and will be put away until the close of camp.
 - Please be confident that "No news" is "Good news", and should a concern arise on our part, you will be contacted immediately.
- 2) **Discipline**: Please inform your child of the following actions that we will take should the need arise.
 - Defiance, fighting, bullying, back talk and foul language will not be tolerated. Any child participating in one of these behaviors is subject to be sent home for the week.
 - Moderate infractions will result in the child being sent home for a minimum of 12 hours. Upon return, he/she and you the parent will agree that upon one more incident, the child will be sent home for the rest of the week and not allowed to return.
 - Common disciplinary issues will result in loss of privilege, and often this corrects the issue quickly.
- 3) **Visitation**: Visitation is not allowed any time during camp. It has been our experience that visits from parents cause the child to become homesick and difficult to calm down once the parent or family member leaves.
 - For the SAFETY and SECURITY of your children, the camp will be closed (gated) to all visitors unless there is an emergency. **NO EXCEPTIONS.**
 - Should there be an emergency or a special need to visit your child, you can contact Dale Prather at 706-523-1141.
- 4) **Sponsorships**: Sponsorships are available for lower income families who cannot afford camp for their child/children.
 - Available for Faith Baptist Church members only.
 - Still require a \$25 registration fee per child payable by the parent.
- 5) **Camper Qualifications**:
 - Available to members and non-members of Faith Baptist Church.
 - Available to rising 1st grade through rising 6th grade children.

6) **Medical Care:**

- There will be a professional medical person on site at all times during camp. This includes all activities and field trips.
- A professional medical person will administer your child's prescriptions daily as prescribed by their doctor.
- Should your child sustain an injury, we will contact you immediately and inform you of the circumstances.

7) **For Your Child's Protection:**

- At no time will your child ever be alone with an adult or teen.
- All visits to restrooms and showers will be done with the camper w/camper buddy system and leaders will never enter the bathroom or shower house alone with any camper.
- No child will be allowed to sleep in any leaders bunk for any reason.
- All cabins will have two leaders at all times and the assistant leader will be with the Assigned leader at all times.
- All Cabin leaders are currently involved with our children at Faith Baptist and have cleared background checks.

- 8) **Homesick Child:** Homesickness is usually mild and quickly overcome by campers, but should a serious case arise in which the cabin leader cannot correct, you will be contacted by phone and allowed to use your own judgment as to how to best calm your child.
- Should you come get your child for the night, you may bring them back the following morning before breakfast.
 - If homesickness occurs again in which the child has to leave, they will not be allowed to return to camp.



"Call unto me, and I will answer thee, and shew thee great and mighty things, which thou knowest not. "
Jeremiah 33:3

PHOTOGRAPHY CONSENT AND RELEASE FORM
CAMP TRUTH

I, the undersigned parent or guardian, hereby consent to my child, _____,
who
is _____ years of age, to be photographed while participating in activities of Camp Truth with
Faith Baptist Church, LaGrange, GA.

I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN
THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and
understand.

Parent or Guardian

Parent or Guardian

Date

Date

Donald Yancey, Pastor
(706) 884-3100 - www.faithlagrange.com
552 Hammett Road - LaGrange, GA 30241



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Jeremiah 33:3

CONSENT AND RELEASE FORM

I, the undersigned parent or guardian, hereby consent to my child,

_____, who is _____ years of age, to participate in the activities connected with

the **Camp Truth** from **May 27th-June 1st** sponsored by **FAITH BAPTIST CHURCH**. I certify that my child is able to participate in this activity. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached within a reasonable period of time, I hereby authorize the adult sponsor, **Dale Prather** to make emergency medical decisions for my child.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold **Faith Baptist Church** and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Parent or Guardian

Parent or Guardian

Date

Date

Telephone numbers where I may be reached in an emergency:

Donald Yancey, Pastor
(706) 884-3100 - www.faithlagrange.com
552 Hammett Road - LaGrange, GA 30241



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answer thee, and shew thee
great and mighty things, which
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TERMS & CONDITIONS FORM
CAMP TRUTH

I, the undersigned parent or guardian, hereby consent that I have read and understood all items listed in the ‘Parental Information and Consent Document’ and agree to the terms and conditions therein.

I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Parent or Guardian

Parent or Guardian

Date

Date

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