

ADULT CHAPERONE INFORMATION

Dear Adult Chaperone,

Thank you for loving children enough to volunteer to go to camp with the children from your church. We believe it will have eternal consequences. Adult Chaperone must be Christians of good report and character. Churches must assure that this is so.

A child's Adult Chaperone has great influence over the Christian camping experience. Each Adult Chaperone should be able to share with a child how to become a Christian and to talk with a child concerning his/her relationship to Christ. Adult Chaperones are expected to provide an outstanding example for the children in their actions and in their participation. Adult Chaperone are expected to help control the horseplay, not start it.

Adult Chaperone Screening Form

Every Adult Chaperone is required to complete the Child/Youth Worker Screening Form. Only your pastor will see the completed form. When the form is completed, it is to be given to the pastor of the church that is certifying the Adult Chaperone. The pastor will keep the completed form at the church. The pastor must sign the Church Endorsement on the Adult Chaperone Registration form to verify that he has completed the screening process/form. No Adult Chaperone will be allowed to stay in camp without a signed church/pastor endorsement. It is YOUR RESPONSIBILITY to make sure your Child/Youth Worker Screening Form is turned in and that your Adult Chaperone Registration Form is signed by your pastor.

Number of Adult Chaperone

Churches must provide one Adult Chaperone for each 8 campers of the same gender for grades for grades 3-6 and Youth grades 7-12. (e.g. 9 boys and 1 girl calls for 2 male Adult Sponsors and 1 female Adult Chaperone). For 1-2 Grade Camp churches are to provide one Adult Chaperone for each 5 campers of the same gender. Churches may make arrangements with other attending churches to share Adult Chaperones if a church is unable to send the appropriate number of Chaperones.

Cabin Assignments

The Camp Director will make all cabin assignments for campers and Adult Chaperone. Each camper will be assigned according to church. All the girls from your church will stay together and all the boys will stay together, however boys and girls will never be staying in the same cabin. Further, there may be multiple church groups staying in the same cabins.

Medication

Adult Chaperone are responsible for keeping and administering medications for both themselves and their campers. DO NOT keep these medications in your cabin. Please keep them locked in your car.

What to Bring

Sleeping bag or bed roll, pillow, flashlight, casual clothes, warm coat, long pants (it gets COLD at camp), swim suit, towels, soap, toothbrush, Bible, pencil, note paper and other personal items needed for a week at camp.

What NOT to Bring

Radios, CD players, pocketknives, matches and lighters, fireworks of any kind (all fireworks are illegal in this area). Do not bring water guns or water balloons. Do not bring electronic games. Campers may not bring phones and Counselors are discouraged from using them in front of the kids. There is no cell phone service. Camp is not responsible for lost or stolen items.

Baptist District Camp has a NO SMOKING POLICY. Do not bring tobacco products of any kind to camp. Do not bring matches or lighters. This policy includes campers, staff, and Adult Chaperone - everyone.

FIRST BAPTIST CHURCH SUMMER CAMP
ADULT SPONSOR REGISTRATION FORM

This sheet is due at registration upon your arrival at camp. We can't wait to see you!
PLEASE PRINT

CAMP: (check one) CHILDREN'S CAMP YOUTH CAMP OTHER

LAST NAME: _____ FIRST NAME: _____

NICK-NAME (If first name is not used): _____

SEX: FEMALE MALE

T-SHIRT SIZE (Circle One) ADULT: S M L XL XXL XXXL

MAILING ADDRESS: _____

CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

CHURCH MEMBER? YES NO

IF YES, NAME OF CHURCH _____

REGISTERING WITH CHURCH OF _____
(city)

IN CASE OF EMERGENCY, PLEASE NOTIFY

NAME _____

PHONE _____

CHURCH ENDORSEMENT

This section must be completed and signed by Senior Pastor of the church you are registering with.

1. The Adult Sponsor candidate has completed a "Child/Youth Worker Screening Form" and the form is on file. Without this form on file, with the church the Adult Sponsor is registering with, worker will not be allowed to serve at Baptist District Camp Board camps.) YES NO

2. Adult Sponsor candidate is a mature Christian of good report and character and is an active church member whom this church endorses to be a responsible Adult Sponsor for camps. YES NO

PASTOR SIGNATURE

CHURCH/CITY

HEALTH SCREENING FORM

NAME _____

AGE: _____ DATE OF BIRTH: _____ SEX: Male Female

TODAY'S DATE _____ CAMP DATES _____

CHURCH/CITY: _____

IF YOU OBSERVE ANY ILLNESS, COMMUNICABLE (INFECTIOUS) DISEASE, OR INJURY AS LISTED BELOW IN THE THREE BOXES, PLEASE CIRCLE EVERY AND ANY THAT APPLY TO YOU AND DESCRIBE THE ITEM THAT WAS CIRCLED ON THE LINES PROVIDED BELOW.

<p>ILLNESS (in the last 48 hours)</p> <p>MAY INCLUDE: NAUSEA, VOMITING, DIARRHEA, FEVER, SORE THROAT, RASH, OPEN SORES, PINK EYE, COUGH NOT RELATED TO ASTHMA</p>	<p>COMMUNICABLE DISEASE</p> <p>EXAMPLES: MEASLES, MUMPS, RUBELLA, POLIO, HEPATITIS, TETANUS, DIPHTHERIA, MENINGITIS PERTUSSIS, INFLUENZA, TUBERCULOSIS ACTIVE (ON MEDICATION) OR INACTIVE (NEGATIVE CHEST X-RAY)</p>	<p>INJURY EXAMPLES: CASTED FRACTURES, RECENT HEAD INJURIES, AND/OR LACERATIONS THAT HAVE STITCHES OR STAPLES MUST BE CLEARED BY DOCTOR</p>
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If any items are circled in either column A or B please have the individual refrain from coming to camp.

*ALL ABOVE INFORMATION WILL BE KEPT CONFIDENTIAL AND ONLY SHARED WITH THE APPROPRIATE CAMP STAFF OR YOUR CHURCH COUNSELOR, IN ORDER TO PROVIDE ADEQUATE HEALTH CARE FOR YOUR CHILD WHILE AT CAMP. THANK YOU.

SIGNATURE OF HEALTHSCREENER:

Date

MEDICAL CARE AUTHORIZATION AND RELEASE FORM

First Baptist Church of Patterson

Each person attending the camp must complete this form.

PLEASE PRINT

Name: _____

Date of Birth _____ Sex: M / F

Address: _____ City _____ ZIP _____

Parent or Guardian's Name: _____

Phone _____

Name of Church (Please include city) _____

IN CASE OF EMERGENCY, PLEASE

Notify: _____

Day Phone # _____ Night Phone # _____

MEDICAL CARE AUTHORIZATION FORM

I hereby give permission for my son/daughter/self (if over 18 years of age) to receive emergency medical attention from a licensed physician in the event of illness or injury.

(Initial here)

CAMPER'S FAMILY INSURANCE INFORMATION

Camper insurance begins where individual's health and accident insurance policy terminates. It is only valid when other insurance has been extended to its limits. Routine illness is not covered by Camp Accident Insurance. If you have no medical insurance, please write "None."

Name of Insured on Policy covering camper: _____

Name of Insurance Company: _____ Plan/Policy No. _____

CAMPER'S MEDICAL INFORMATION

Any know Allergies or drug reactions? _____

Date of last Tetanus Shot: _____

Permission to administer over-the-counter medications: May your child be given: (Answer Yes or No to each).

Pepto Bismol: Yes or No

Neosporin: Yes or No

Ibuprofen: Yes or No

Tylenol: Yes or No

Please list all medications brought to camp. Also include the times of administration.

Drug Name Times to administer

1. _____

2. _____

If more space needed, please check box and continue on lines below or back of form.

? Are there any physical or medical conditions or restrictions? If so, please check box and explain on back of form.

RELEASE AND ASSUMPTION OF RISK

I am aware that during mountain camping, hiking, camp activities in which my child/myself (if over 18) will participate, certain risks and dangers occur, including, but not limited to, the hazards of traveling in mountain terrain, the forces of nature and accidents and illness. In consideration of the right to participate in activities and services arranged for my child/myself (if over 18) by First Baptist Church of Patterson, I assume for my son/daughter/self all risk and hold First Baptist Church of Patterson and all persons associated, in any way with these entities, including agents, officers, employees, directors, successors, managers and members, harmless from any and all liability, action, cause of action, debts, claims, demands of every kind and nature whatsoever which may arise from or in connection with his/her/my participation in the camp program. These terms shall serve as a complete release of said entities or persons and a complete assumption on my part of all risks and liabilities for my child/myself (if over 18).

(Initial here)

PHOTO RELEASE:

I give my permission for my/my child's photograph or likeness to be used in a camp video and promotional materials.

(Initial here)

SIGNATURE of parent/legal guardian/applicant (if over age 18)

Date:

WITNESS: Pastor or Church Official*

Date:

*Signature of parent MUST be witnessed by a church official of church listed on first page.

