

Dear Camper,

At last year's camps, many wonderful times were enjoyed by several campers and workers. We are looking forward to even more awesome times this year. At camp this year, we are going to have more fun and games, more interesting lessons about God, more new tasty foods, and many more surprises. You must come experience the excitement. The theme this year is:

## *Reaching Out to the Whole World*

Our Youth camps take place at Peace Valley Campgrounds in Minford, Ohio. Our Junior Camp for ages 9 to 12 will begin June 13<sup>th</sup> to June 18<sup>th</sup>; and the Teen Camp for ages 13 to 19 will begin June 20<sup>th</sup> to June 25<sup>th</sup>. Registration the day of each camp will be on Sunday, June 13<sup>th</sup> for Junior Camp and June 20<sup>th</sup> for Teen Camp from 1:30pm to 3:30pm. The camper fee for each week will be \$85.00 at that time. Camper fees include: room, meals, activities, and fun. If you would like to take advantage of advanced registration, the camper fee will be \$80.00 with a discount of \$5.00 for early registration. All advanced registration forms must be turned into Robert or Lydia Smith or postmarked no later than May 20<sup>th</sup> to receive the early registration fee of only \$80.00. Any form turned in or postmarked after this date will pay full admission price of \$85.00. It is important to register by May 20<sup>th</sup> deadline so that we will be able to order and prepare for the number of campers for classes, activities, and meals. With registering early, we can estimate the number of campers to possibly attend and reduce over ordering and keep expenses to a minimum. This is helpful in keeping camp fees lower than other area Christian Youth Camps.

All completed forms will need to be mailed to our Vice President or Executive Secretary with payment if possible. They will document payments of accounts. The Executive Secretary will be responsible for making cabin assignments. The address to mail forms and/or payments to:

**Robert and/or Lydia Smith  
193 S. Bend Road  
Firebrick, Ky 41174**

All campers will be assigned a cabin. Each cabin approximately holds 11 to 13 campers and a dean. You may request a roommate on the registration form. We will try to accommodate these requests; however, the cabin rosters will be based on a first come first serve basis. So, get your registration forms in early. On Friday morning after all activities, **all campers must be off the campgrounds** for the staff to prepare and clean the camp for its next use **by 11:30am**.

We are including a checklist of things to bring to camp. Also, we have included some instructions on things NOT to bring to camp. If these items are brought, they will be confiscated and held until camp is over. We want you to have a good, safe time and learn about God while fellowshiping with your peers. We hope to see you there. Thank you for being interested again this year about attending Youth Camp 2010.

Sincerely,

*Peace Valley Christian Baptist Youth Association*

# Camper Checklist

(This checklist is for your information. Please **DO NOT** return this with the forms. This is for your use only.)

## Clothing:

**\*\*No sleeveless, spaghetti strapped, strapless, belly/cutoff, or tank top clothing.\*\***

### Recreational clothing (Approximately 4 to 5 outfits):

*Girls*—May wear jeans or loose fitting spilt skirts, Capri pants, slacks

*Boys*—May wear jeans or shorts to the knee; however, pants must be kept pulled up to waist.

### Church Clothing (Approximately 4 to 5 outfits):

*Girls*—Must be a dress or skirt to the knee for evening services.

*Boys*—Must wear nice shirt and dress pants, dockers, or khaki pants for evening services.

### Old messy clothing (1 to 2 outfits):

These outfits should be old clothing and include an old pair of shoes for messy activities that will be fun.

### Banquet Clothing (1 outfit):

An extra nice outfit for an extra special evening.

**Bedding for your bed** (twin size) or sleeping bag. [We provide only the mattress.]

**Bible** (Place your name in it in case of it getting lost, misplaced, etc.)

**Personal Toiletries** (Shower Gel, soap, deodorant, toothpaste, toothbrush, sanitary napkins, make-up, shampoo, etc.)

**Flashlight** (Place your name on it.)

**Money for snack bar** (optional) (Upon arrival, we recommend that your child set up a snack account. Money not used by the end of camp is refunded to the child.)

**Linens**—*towels and wash clothes*

**Light jacket or sweater** for evening activities

**Insect Repellent** (ex. Avon Skin-So-Soft; Off; etc.)

**Pair of shoes** for hiking and/or walking

**Sunscreen/Sun Block**

**Fishing Pole and Tackle** (optional)

**Disposable Camera** (optional)

**Calling Card** (optional—If you live long distance and need to make frequent calls, you will need to get a calling card.)

**Medications** (If you take medications, give them to the supervising adults. All medications will be held in the kitchen area in a locked cabinet and be dispensed as instructed or needed.)

**\*\*Please keep hair care and electrical appliances to a minimum because plug-ins are limited.\*\***

## Things NOT to bring to camp!!!

*You are coming to camp to learn more about God and have fun. These things can only distract you and others around you. Many of these things cost a lot of money. Your parents and you work hard to buy them. We want you to have a good time and good experience. If you bring these things, we will not be responsible for their loss or the replace of these items. You have been told not to bring them to camp because of their cost.*

- ⊙ Radios, Tape Players, Walkmans, Personal CD Players, MP3 Players, iPods, etc.
- ⊙ Electronic games (PSP, Gameboy, Nintendo DS, etc.)
- ⊙ Cell Phones (If you must bring a cell phone, it needs to given to the dean of your cabin.)
- ⊙ Explosives, explosive devices, weapons, ammunition, etc. (fireworks, firecrackers, gun powder, etc.)
- ⊙ Bad attitudes

**\*\*Any camper and junior deans who must drive to camp for a job or personal appointments must park in a designated area. Campers will have access to their vehicles for only the purpose for which it is driven to camp. After the car has been parked and after each use, the keys to the vehicle must be given to the camp director. The camp director will hold the keys to these vehicles to reduce the chance of vandalism and safety concerning the cars. \*\***



**Consent to Administer Common Medication**

If my child should need one of these following medications, lotions, or ointments, I give consent for Ohio Valley Christian Baptist Youth Board Member and/or Camp Staff to administer the checked medications from the list below to my child,

Please check ALL items permitted to be administered to your child.

- Advil/Ibuprofen (for minor pain, fever, or menstrual cramps)
- Aloe Vera (burns and sunburns)
- Anbesol or equivalent (dental pain)
- Antibiotic creams/ointments (minor cuts/scrapes)
- Cough drops (for sore throats or cough)
- Diarrhea medication (Kaopectate or equivalent)
- Tylenol/Acetaminophen (for minor pain/ fever)
- Upset stomach (chewable antacid tablets)

Parent Signature

**Medical Release Statements:**

**Consent for Emergency Medical Attention/Treatment**

I, \_\_\_\_\_, affirm that I am the legal parent/guardian of (child's name) \_\_\_\_\_. In the event of a medical emergency situation at camp requiring medical attention/treatment, I give permission and consent for Ohio Valley Christian Baptist Youth Board Member and/or Camp Staff to seek and make emergency medical treatment and in my absence and the event cannot be contacted.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Name Printed

**\*\*If your child has allergies or takes medications, you MUST fill out and return the attached medication sheet. If your child does not have allergies or take medications, please disregard the attached sheet.\*\***

**Permission for Baptism and Media Opportunities**

Check one by each category.

**Baptism**

- I hereby give my permission for my child to be baptized; however, I wish to be contacted prior to baptism.
- I DO NOT give my permission for my child to be baptized.
- My child has already been baptized.

**Media Release**

- I hereby give my permission for my child's name and photographs to be used in promoting Peace Valley Youth Camp in presentations, on the website, in newspapers, or any other form of media.
- I hereby give my permission for my child's name and photographs to be used in promoting Peace Valley Youth Camp in above mentioned media except for the website. I DO NOT want my child's photograph used on the website.
- I DO NOT want my child's photograph to be used under ANY circumstances for the promotion of Peace Valley Youth Camp.

**READ:**

**Head Lice Policy**

As a public facility, we are required to enforce health regulations about head lice for public safety/health. In assisting us with complying with these regulations, please check your child's/children's head prior to coming to camp. Upon arrival of each child, a member of our staff will check heads for live lice and/or nits. If a child is found to have live lice, he/she will be sent home with a refund of fees and will not be allowed to return. If the child is found to have nits, he/she will be sent home and given 24 hours to clean up the nits and may return. However, the child must be nit free. If not nit free, camp fee will be refunded and the child will not be allowed to return to camp. We do not want you to feel this is any reflection on you or your child. We want each child to attend camp to learn more about God and have fun. However, we are trying to protect each child and comply with public health regulations.

By signing below, I have read, understand, and agree to the statements contained above.

Parent/Guardian Signature

Date

# Medical Information Form

Child's Name: \_\_\_\_\_

Child's Doctor Name: \_\_\_\_\_

Doctor's Phone Name: \_\_\_\_\_

List medical conditions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your child has allergies, list to what items (foods, animals, drugs, environmental, etc.) and the reaction to these items. (Make sure to list ALL drug allergies for emergency situations.)

Allergen	Reaction
<i>Durcef</i>	<i>Difficulty breathing. Swells with red hives and intense itching.</i>

\*\*If necessary, please write on a separate sheet of paper and attach.\*\*

Medication(s):

Medical Condition	Medication	Medication Strength	Dosage or Treatment	Time(s) Administered
<i>Allergies</i>	<i>Zyrtec</i>	<i>5mg/5mL syrup</i>	<i>1 ½ tsp</i>	<i>Once a day at bedtime</i>