

Summer Camp is for students who have completed 3rd thru 6th grades.

### CAMP DATES

Sunday, July 14 to Friday, July 19

### COST

Your cost is \$100 (However camperships are available to pay part or all of the cost - every student who wants to attend camp can go. If you need assistance just let us know on the registration form - no questions asked)

\*The full cost of camp is \$300 per student however donations have paid \$200 for each camper.

### REGISTRATIONS ACCEPTED

April 24th to July 1st

FEE DUE: July 1st

PARENTS MEETING: Sunday, July 7 @ 4:30 pm

### INCLUDED IN CAMP FEE

- A Week of Fun Filled Activities!
- All the Food you Want!
- Snacks!
- Camp T-Shirt & Picture!

### CONTACT INFORMATION

If you need to get in touch with us during camp you can call/text the following numbers:

Rick 660-373-9995

Jennifer 660-868-0348

If you cannot reach Rick or Jennifer, call Camp Eagle Rock at 417-271-3900

### CAMP ADDRESS

28879 FR 1162, Eagle Rock, MO 65641

*Parents: If you have an emergency at home that your student needs to know about please either call Rick or Jennifer and we will get the phone to your student.*

*In case of an emergency at camp, you will be notified as soon as campers are safe and the emergency is under control. Campers will be given instructions on what to do in case of an emergency.*

### PACKING LIST

- Enough shirts/shorts/pants for a week
- At least one pair of jeans or long pants
- Long-sleeved shirt
- Enough socks and underwear for a week
- PJs
- Swimming Suit/Trunks
- Closed-toe shoes
- Sandals/Slides for showers
- Jacket/Raincoat/Poncho
- Sleeping Bag or Bedding  
(we will have bunk beds with a mattress)
- Pillow
- Soap/Shampoo/Comb
- Toothbrush/Toothpaste
- Deodorant
- 2 Towels (for showers & swimming)
- Flashlight (with extra batteries)
- Insect Repellent
- Sunscreen
- Hat or Cap
- Bible
- Pen/Notepad
- Pocket Knife (Optional-blade no longer than 6")
- Sunglasses (Optional)
- Medication (With Dosage Instructions. If Needed)

### Phone Policy

Phones are allowed, however they will be kept in a locked box and students may access them at 12:35 pm after lunch to call or text home.

(Since we have a large number of campers, please pack items in as few bags as possible. A footlocker containing all your items would be perfect.)

(All medication will be given to the Camp Nurse, Ashley Huffman. It will be locked up and dispensed by the Nurse. Over-the-counter medication will not be given except as instructed by a parent. Campers that require an inhaler or EpiPen can keep it with them, or give it to their Cabin Leader).

# SUMMER CAMP

JULY 14 - 19

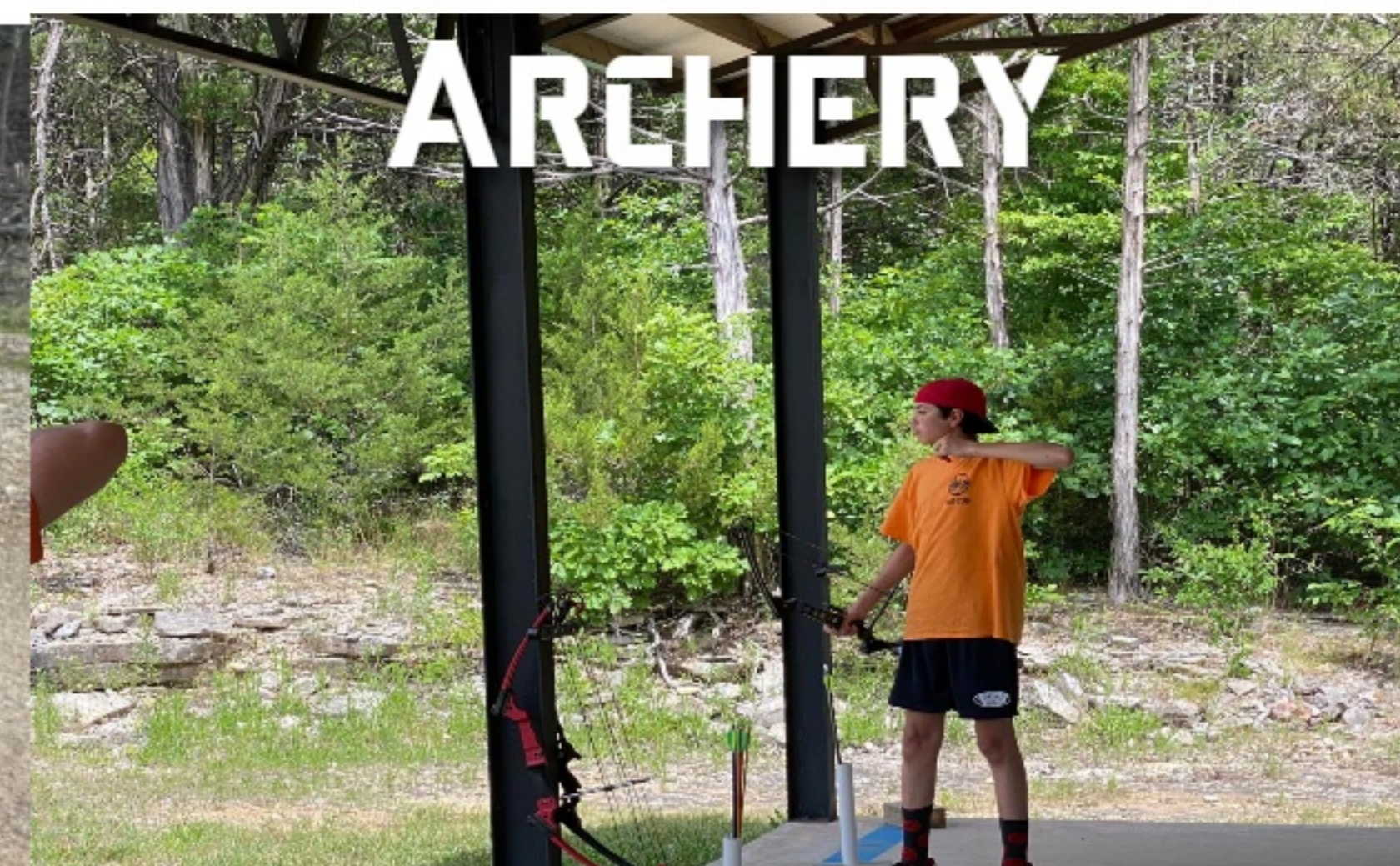
FOR ALL KIDS  
3RD - 6TH GRADES!





**IMPORTANT!! BE AT THE CHURCH BY 1 PM ON SUNDAY TO LOAD. THE BUSES WILL LEAVE AT 1:30 PM WITH OR WITHOUT YOU!**

# ACTIVITIES...



**AND MUCH MORE!**

# FREE TIME...



# A DAY IN THE LIFE OF A CAMPER...

- 7:30 am Wake Up
- 8 am Breakfast
- 8:30 am Morning Devotion
- 9 am 1st Activity Period
- 10 am 2nd Activity Period
- 11 am 3rd Activity Period
- 12:15 pm Lunch
- 12:34 pm Phone Time
- 12:45 pm Afternoon Devotion
- 1:15 pm Free Period
- 2:15 pm 4th Activity Period
- 3:15 pm 5th Activity Period
- 4:15 pm Swimming/Free Period
- 7 pm Supper
- 7:30 pm Chapel
- 8 pm Campfire
- 9 pm Evening Activity
- 10 pm Devotion & Cracker Barrel
- 10:30 pm Campers to Cabins
- 11 pm Lights Out

**WATCH FACEBOOK FOR PICTURES EVERY DAY FROM CAMP:**

**TROOPMO202 AND FBCBETHANYMO**



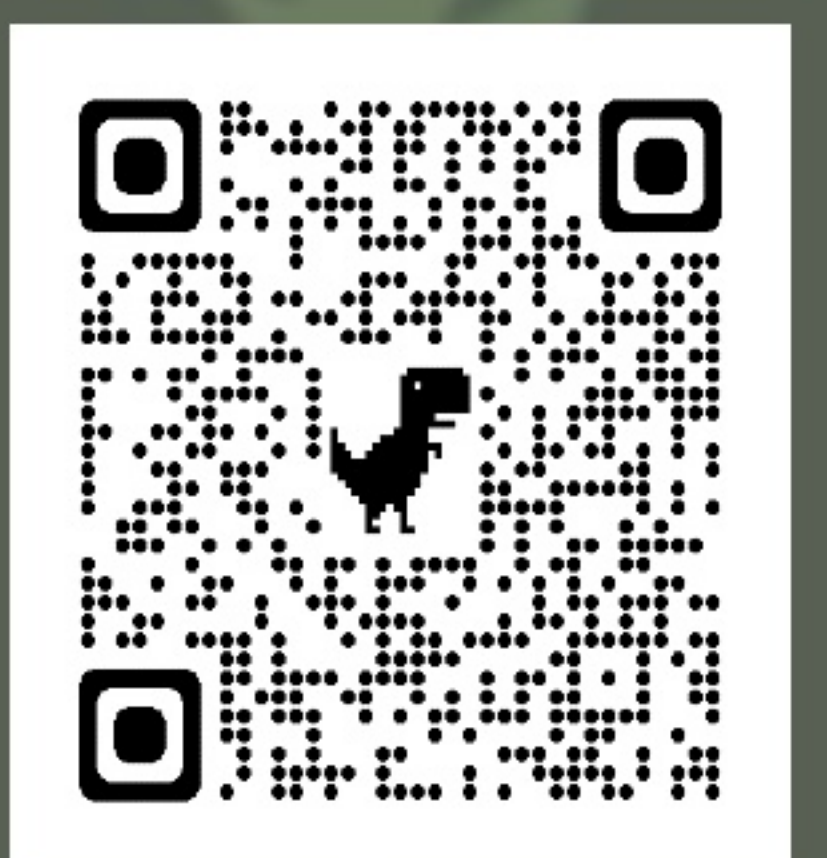
# MEALS



# LODGING



REGISTER ON THE ENCLOSED FORM OR ONLINE AT [TROOPMO202.COM](http://TROOPMO202.COM)







## Summer Camp 2024 Registration & Activity Permission Form Camp Eagle Rock (July 14-19)



Participant Name

Date of Birth

Age

Parent/Guardian

Parent/Guardian Phone #

Alternate Emergency Contact Name

Alternate Emergency Contact Phone #

Address

Restrictions

None

Use other side if needed

Medications

None

Use other side if needed

Participant Shirt Size

Signature

I understand that my child's participation in Kingdom Kids (FBC Bethany)/Trail Life activities involves the risk of potential personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. I have had the opportunity to obtain such information about those activities from the leadership, venue activity coordinators, or other sources. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct, and have explained that to my child.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to my child. Protected Health Information/Confidential Health Information (PH/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, treatment provided for purposes of medical evaluation of my child, follow-up and communication with me, and/or determination of my child's ability to continue in the program activities. With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims against First Baptist Church of Bethany, MO; Trail Life USA, the Charter Organization, the Troop leadership, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with Trail Life USA and/or any program or activity for personal injury, death, or loss that may arise. I have listed below any restrictions imposed on my child's participation in connection with programs or activities and have advised my child to comply with those restrictions.

Date

**Put additional information for Camp Staff on the back of this form.**