# BOONE'S CREEK BAPTIST ASSOCIATION CAMP

1306 Trapp-Goff's Corner Rd. Winchester, KY 40391 Please call 859-744-0037 or e-mail boonescreekbaptistcamp@gmail.com You may also visit our website at www.boonescreekbaptistcamp.com

# **2023 SUMMER CAMP DATES**

Co-Ed Week - June 12-16 (ages 13-17) Co-Ed Week - June 19-23 (ages 8-17) Co-Ed Week- June 26-30 (ages 8-12)

Directions from Winchester: Highway 89 South 11 miles. Turn left on Highway 974 at old Trapp Elementary School. The camp is 1.3 miles on the left.

### Week Attending:

- \_\_\_\_ Co-ed week 1 June 12-16 (ages 13-17)
- **\_\_\_\_** Co-ed week 2 June 19-23 (ages 8-17)
- \_\_\_\_ Co-ed week 3 June 26-30 (ages 8-12)

Camp Fee: \$150-Non-Association

Camp Fee: \$120.00 for 36 churches in the Boone's Creek Baptist Association (Fee includes t-shirt, snacks, and a craft)

**PRE-REGISTRATION is mandatory.** We will NOT be allowing walk-in registration.

#### Scholarships are available for low-income families

Please include \$10.00 deposit when mailing application. Call the office for more information.

Pre-Registration is Due at the Associational office No later than Monday June 5, 2023 Campers Name: Gender: M / F Grade entering: \_\_\_\_\_ Age: \_\_\_\_\_

Zip

DOB: \_\_\_\_/\_\_\_/

Address

City

State

Parent/Guardian Name

Phone #1: (\_\_\_\_) \_\_\_ - \_\_\_\_

Phone #2: (\_\_\_\_) \_\_\_ - \_\_\_\_

Emergency Contact Name if parent unavailable

Phone: (\_\_\_\_) \_\_\_ - \_\_\_\_

Name of home church

Pastor/Contact Person

Phone: (\_\_\_\_) \_\_\_ - \_\_\_\_

Who will be bring your child to camp:

Phone: (\_\_\_\_) \_\_\_ - \_\_\_\_

Who will be picking your child up:

Phone: (\_\_\_\_) \_\_\_ - \_\_\_\_

#### **Camper T-Shirt Size: (circle one)**

Youth: small medium large x-large

Adult: small medium large x-large xx-large

Permission to take your child's picture as part of the camp activities and to promote the camp on social media, Facebook, and Instagram

Yes\_\_\_No\_\_\_

Campers should arrive on Monday from 12:00 pm to 2:00 pm.

(Dinner is the first meal served around 5:00 pm. Please eat before arriving at Camp.)

### DEPARTURE IS FRIDAY 12:00 – 2:00 PM. (Children must be picked up by 2:00 pm.)

We advise that each group sending 5 or more campers have an adult (18 years or older) volunteer to stay with them. These volunteers must be mature, active members of their church.

Volunteers who wish to come with their church must submit to a background check. Volunteers may attend at no cost. Volunteers will be asked to supervise other campers as well as their own. Volunteers may be used wherever the <u>camp director needs them to work</u>.

### What to bring?

- ★ Bedding (sleeping bag, pillow, sheets)
- $\star$  Towels, washcloths
- ★ Toiletries (toothbrush, soap, shampoo, hairbrush, etc.)
- ★ Rain gear
- ★ Sleepwear
- ★ Bible, notebook, pen/pencil
- ★ Camera and flashlight (if desired)
- ★ Clothes that are always modest. All Campers both <u>Male and Females</u>: Shorts need to be longer than fingertips when arm is extended down the side of the leg. No tank tops or any tops where undergarments can be seen. No shirts with sides cut out.
- \* For Co-ed swimming: All Campers both Male and Females:

must always wear swim shirts and swim shorts both in and out of the pool. Girls: swim shirts, that can't be seen through, and shorts should always be worn over one-piece swimsuits. One swim shirt will be provided to campers upon arrival.

★ Shirts, socks, shorts, tennis shoes (NO SANDALS or FLIP FLOPS except in from pool area)

### **Please leave these at home:**

Cell Phones, Valuables, handheld games, tobacco products, money, skateboards, roller blades, clothing with inappropriate/offensive language or pictures. Snack foods and/or candy are not allowed because they draw pests and insects into the cabins.

#### IF ANY OF THE ABOVE ITEMS ARE BROUGHT TO CAMP, THEY WILL BE STORED AND RETURNED AT THE END OF THE WEEK.

Boone's Creek Camp/Association is not responsible for lost items. Items left at camp will be collected and stored in the associational office until <u>August 31</u>.

# **General Camper Rules**

- CDC guidelines for personal space will be . followed.
- Modest dress is always required! This means no . exposed skin in the stomach or upper chest areas and no short shorts.
- Luggage and bags will be inspected as part of • the check-in process.
- Camp has a no-nit policy, heads will be checked • for lice prior to admission
- Campers are permitted to leave the property . during designated Friday Pick Up or due to an emergency. Campers must be signed out by a responsible adult whose name is to be given at drop off. ID will be checked.
- Please do not visit during the camp week! • Only campers and Background Checked camp personnel will be allowed on site during camp.
- For the safety and efficiency, a drive thru drop • off and pick up of the campers will be marked. We ask that parents not exit vehicles except to unload/load luggage at designated check point.
- Please do not ask your child to call home. Phone calls are permitted in emergency situations only. If you need to check on camper during the week, please call main office.
- Parent/Guardians will be contacted if a camper ٠ is injured, becomes ill or homesick.
- Discipline will be decided on a case-by-case • basis by the Camp Director and/or the Director of Missions.
- These rules are not inclusive. They may be • revised as needed.
- We absolutely will not tolerate .
  - 1. Violence towards another camper,
  - 2. Theft.
  - 3. Foul/unacceptable language,
  - 4. **Disrespect** to leaders,
  - 5. Drug use
  - 6. Inappropriate sexual behavior of any kind including Public Displays of Affection (PDA).

Parents/Guardians will be notified if a camper engages in any of these activities.

# **MEDICAL RELEASE FORM**

To be filled out by Parent/Guardian. The signature must be notarized.

#### ALL MEDICATION MUST BE CHECKED IN ON **REGISTRATION DAY. MEDICATION WILL** NOT BE ADMINISTERED WITHOUT PROPER FORMS COMPLETED BY PARENT/GUARDIAN. **HEALTH INFORMATION**

Date of last tetanus shot:

Food/Drug allergies:

My child can be given Tylenol or Ibuprofen (circle one if you approve)

Primary Care Physician

Phone: (\_\_\_) \_\_\_ - \_\_\_\_

Recreational limitations

Health Insurance Company

Named Insured

ID #

Group #

### PLEASE ENCLOSE A COPY OF YOUR HEALTH **INSURANCE CARD WITH THE APPLICATION.**

IN CASE OF AN ACCIDENT OR EMERGENCY **BOONE'S CREEK BAPTIST ASSOCIATION CAMP WILL NOT SERVE AS THE PRIMARY INSURANCE CARRIER!** 

Parents or Guardians of the child must sign the medical treatment authorization w/notarization of the signature before the child can be admitted to camp. NO EXCEPTIONS

To Whom it May Concern: I,

The Parent/legal guardian

grant Boone's Creek Baptist Association/Camp and/or its agents to authorize emergency care for my child should any medical problem arise. I understand that the treating facility will make all reasonable attempts to notify me at the time of treatment, but that said treatment should proceed as needed, notwithstanding my notification. Also, I authorize Boone's Creek Personnel to transport my child to receive medical attention if needed.

PLEASE NOTE: If I can be reached at any time during this period or if I am present at the time of treatment, my judgment may supersede this instrument. I understand that my personal insurance will be the primary insurer to pay for medical treatment for this child/minor. The insurance of Boone's Creek Baptist Camp will be the secondary insurance.

This instrument shall be in force from

to \_\_\_\_\_ (dates attending camp)

I accept the conditions set forth in this application and on this medical form.

Signed: \_\_\_\_\_

Relationship:	Date:
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NOTARY PUBLIC Signature:

Sworn and subscribed before me this day of

My commission expires:

of\_\_\_\_\_