

2023 Next Level Kids Kamp

<https://nextlevelkidzkamp.com>

Date	Thursday, July 13th – Monday, July 17th
Grades	3rd – 6th Grade
Location	Latham Springs Camp & Retreat Center 134 Private Rd. 223 Aquilla, TX 76622
Cost	Early Registration - \$210 By May 1st Registration - \$235 after May 1st

COST OF CAMP INCLUDES:

Four nights lodging in an air-conditioned cabin
A cool camp T-shirt
11 yummy meals
Interesting Bible Studies
Personal prayer & devotional times
Awesome worship and singing
Organized games and sports
Zip line & giant swing
Bazooka Ball is available for \$3 per session

What to Bring

Bedding – All bunk beds have mattresses only and each camper will need to bring twin sheets and a blanket or bedroll and a pillow.

A Bible and several pens (we'll provide the notebook). A watch would be helpful too.

Toiletries including: toothbrush, toothpaste, deodorant, comb/brush, soap, shampoo, wash cloth, towels, etc.

Clothes for recreation (3 days), an appropriate swimsuit (girls – if 2 piece, must cover mid-section), cover-up for swimsuit (no cut-offs), shoes to wear to and from pool, shorts, etc. Bring a plastic bag for nasty clothes. Skirts and shorts worn to worship must be “finger-tip length.”

Money for the nightly mission offering (we sponsor 2 children through Compassion International), money for the snack shack/gift shop, Bazooka ball (optional).

Flashlight, sunscreen and bug spray – Please make sure your camper knows the how, when and why of their proper application.

Medications – Make sure your child's medical forms are complete and **medications are in the original container(s) in a Ziploc bag marked with the child's name, Church, & Next Level Kids Camp. Make sure you sign the Medical Release Form.** Medications will be turned in **during registration** and administered by the camp nurse.

If your child/youth has allergy or other special nutritional needs, please ask your church leader for Pg.5 – “**Food Allergies & Special Dietary Needs Form**” to send to the Food Service Director at Latham Springs at least two weeks before camp. Also, please follow up with the Food Service Director at frankie@lathamsprings.com.

Note: It is important to label everything you bring that you want returned home. At the end of camp we always have a pile of unclaimed items with no name on them so we can't return them.

Do Not Bring

Tobacco, alcohol and non-prescription drugs (or clothes that advertise them.

Immodest clothing (short shorts, see-through shirts, clothing that shows the stomach, etc.)

Items used primarily for practical jokes (shaving cream, water balloons, fart spray, etc.)

Radios, TV's, Game Boys, CD players, computers, laptops, microwave ovens, cell phones, iPods, mp3 players or other media devices.

Leaving Camp

Remember that the continuity of the camp experience is used by God to touch campers' hearts. Taking a camper out for even a brief period can reduce the spiritual effectiveness of camp.

Please minimize absences.

- 1) Procedure for administrative release of a camper – Permission to leave the camp must be secured through the camp director or dean.
- 2) The camper's church leader/sponsor/parent/guardian must sign out upon departure and sign back in upon return (Appendix 15) located in camp office during office hours and with CHO in Nurses Station after office hours.
- 3) A copy of the adult's driver's license will be attached to the Release Form.
- 4) Children cannot be released to anyone that is not listed on the Camper's Registration Form for approved adults to pick up child.

Scripture Memory

Campers are encouraged to memorize scripture during the week of camp. We will provide daily scripture in the camp notebook. *We will have a celebration on Thursday evening for campers who memorize all the verses.*

Communication Information

You're more than welcome to mail your child a letter or package. “Mail call” is each day and they love to hear their name called.

Send all mail to your child: *Child's name, Church name
c/o Next Level Kids Camp, Latham Springs Camp & Retreat Center
134 Private Rd. 223
Aquilla, TX 76622*

254-694-3689 x 306 Camp Health Officer/Nurse

254-694-3689 Office Hours: 8am – 5 pm
254-707-1710 after Hours On-Call

To email campers or view photos of the week, visit www.lathamsprings.com. Also check out the info on Bunk 1

Camp Insurance Information

All illnesses/injuries must be referred to the Camp Health Officer (CHO) for treatment. Campers are financially responsible for all accidents/illnesses. Camp has insurance for accidents up to \$2,500 after camper's insurance has paid. **LSCRC insurance policy is only a secondary accident policy.**



KEEP IN TOUCH WITH BUNK1!

Stay in touch with your camper at **Latham Springs Camp & Retreat Center** with Bunk Notes. Your message will be delivered to the camp within 24 hours. No need to wait for snail mail – Bunk1 makes it easy to communicate with your child. Follow Bunk1 on [Facebook](#) and [Twitter](#) for the latest updates and deals!

GET STARTED TODAY!

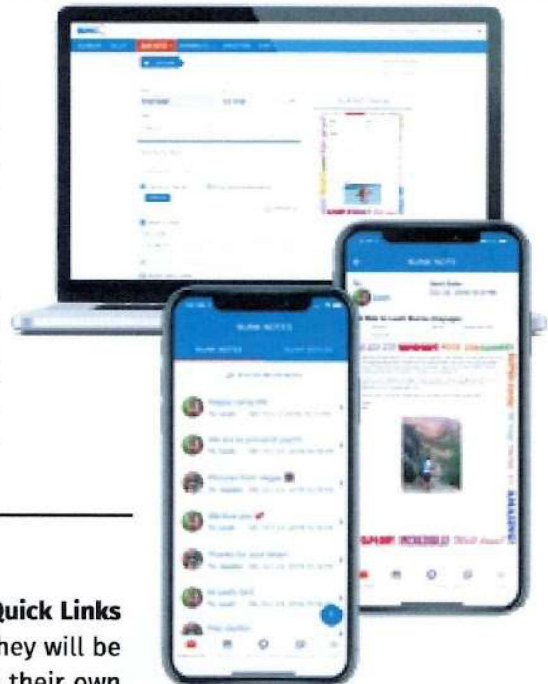
- Go to www.Bunk1.com
 - **RETURNING PARENTS** will login using their email address and password.
 - **NEW PARENTS** will click “[New Here? Get Started](#)” button and complete the basic form.
 - The Invitation Code for **Latham Springs** is: **20LATHAM327**

You will be prompted to select a bundle for access to your Parent Portal. Bundles include credits for you to send Bunk Notes and enhance your notes with borders, photos, sports scores, and puzzles.

SENDING BUNK NOTES

Send Bunk Notes day or night! Your camp receives a pdf at **8am** and **4pm EST** each day containing all Bunk Notes received in the last 24 hours. Camp prints each Bunk Note and delivers them to your camper with the regular mail. You can purchase more credits anytime in the Bunk Notes menu.

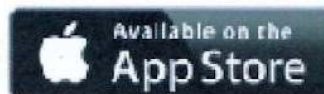
Share with family members: Purchase **Bunk Notes Express** and receive a unique email address to send your Bunk Note directly from an email account. All family members can send notes to the address and have them delivered to your camper as Bunk Notes. A credit is deducted from your account for each note and you must have credits on your account to use this feature.



FREQUENTLY ASKED QUESTIONS:

Can other relatives use these services? Absolutely! In your **Quick Links** you'll select **Invite Family Members**, enter their details and they will be sent an email. **PLEASE NOTE** this will prompt them to set up their own account. It does not provide them access to your account OR your Bunk Note Credits.

Questions or Problems? The Bunk1 team is available to support you 7 days a week during peak season. They guarantee a response within 24 hours and it's usually much quicker than that. Please call Bunk1 at 212-974-9112 or email support@bunk1.com.



Name of Church: <u>Grace Baptist Church Grandview</u>	T-shirt size _____
Name of Camp Session: <u>Next Level Kidz Camp</u> Date of Camp: <u>July 13 - July 17</u>	

Camper Registration/Medical & Risk Release Form

Latham Springs Camp & Retreat Center

(Under 21 years of age)

Camper's Name _____	Address _____	City _____	ST _____	Zip _____
Birthdate ____/____/____	By the time I get to camp, I will have completed _____ grade!		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Are you a Christian? _____ Church member? _____ Church: _____				
Parent's/Legal Guardian's Name: _____				
Relation _____				
Home Phone (____) _____		Work Phone (____) _____		Email _____
Dr.'s Name: _____		Ph. #: _____		
IMMUNIZATIONS: Date of last Tetanus shot (if known) _____ Allergic to a Tetanus booster? _____ Immunizations up to date? _____				

Health History-List any recent illnesses, injuries, any allergies, and/or hospitalizations relevant to a physician in case of an emergency (attach extra sheet if necessary) _____

Age _____ Height _____ Weight _____ Allergies: _____

If your child has food allergies or special nutritional needs, please complete **FOOD ALLERGY & SPECIAL DIETARY NEED** form and fax to 254.694.4174, then contact the Food Service Director, Frankie Levings, 254.694.3689) at least two weeks prior to camp dates.

***ALL MEDICATIONS**, whether prescription or over-the-counter, **MUST** be in the original container with the camper's name and the current dosage (Required by the Texas Department of State Health Services). All medications must be placed in a large Ziploc bag with your child's name and church name and **MUST** be given to the **Camp Nurse during Registration**. If your child/youth requires an asthma inhaler or antidote for insect bite or allergies (prescribed by doctor) have them bring at least two (2) to camp. The medication must be registered with Camp Nurse. One (1) will be kept and closely guarded by camper and one (1) given to the Camp Nurse. Similar special cases must be discussed with Camp Nurse. If the need arises, I give my permission for my child/youth to be inspected for head lice/eggs. I understand any such check would be conducted sensitively. I understand Latham Springs' Notice of Privacy Practices uses and disclose health information about my child/youth to the group leader, director, his designee, the child's sponsor and medical staff, when in its sole discretion, believes such communication to be in the best interest of my child for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that he/she receives. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

I hereby authorize the Latham Springs Camp & Retreat Center staff, Camp Nurse or Group Leadership to make emergency medical decisions for my child/youth and I understand that my insurance coverage will be primary coverage.

Insurance provider _____ **Policy #** _____ **IE#** _____

If parent cannot be reached in an emergency, please contact:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name of Medication	Dosage	Frequency / Time(s)	Comments
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	

I give my permission for the Camp Health Officer to give over the counter medications as needed and as directed on the medication label.

Except for (I.E. Allergic to):

PLEASE SIGN (Parent or Guardian of Camper or Participant under 18) _____ Camper or Participant 18 or older _____

Camper Pick up Policy: Remember that the continuity of the camp experience is used by the Holy Spirit to touch campers' hearts. Taking a camper out for even a brief period can reduce the spiritual effectiveness of camp. Please minimize absences.

Written permission *must* be provided to the camp before a child will be allowed to leave with any person other than listed below.

Authorized Person's Name (please write legibly)	Relationship to Camper	Phone Number(s)

List here any activities you or your parents do not want you to participate in. Parents, be sure to notify sponsors of this request.

**** Parent & Camper Must Sign on This Page ****

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

Definitions:

“CAMP” means LATHAM SPRINGS BAPTIST CAMP, INC. or LATHAM SPRINGS CAMP & RETREAT CENTER, INC., a Texas nonprofit corporation, its Member Churches, Directors, Officers, Employees, Agents, Volunteers, or Associates.

“Applicant” means campers and all participants in CAMP activities, and the parent, legal guardian or conservator of any campers and all participants in CAMP activities, **who verifies by this signature that he or she has the legal right to sign on behalf of camper or participant less than 18 years of age (Minor)**, and Applicant’s heirs, executors and administrators, successors and assigns, and members of Applicant’s family, including any minors accompanying Applicant.

“Risks and Dangers” include, but are not limited to, the negligence or intentional acts of other people, including other campers, drowning or other water injury, falls or injury from heights (ground to 50 feet), accident or illness in remote places without medical facilities, the forces of nature, and travel by air, boat, automobile, or other conveyance, elements of nature, including temperature extremes, inclement weather, poisonous plants, biting or stinging insects, animals, rough outdoor terrain, and possibly high altitude, including the possibility of asthmatic or allergic attack.

CONSIDERATION:

Applicant is a camper at CAMP, or potential participant in CAMP Activities. This agreement is made in consideration of CAMP leaders allowing Applicant to participate in such activities: **All Applicants must sign this agreement before being allowed to participate in CAMP activities.**

NOTICE:

Applicant acknowledges that these Activities involve inherent Risks and Dangers and that Applicant will be exposed to these Risks and Dangers. Applicant recognizes that these Risks and Dangers may cause personal injury or death, loss or damage to personal property, emotional distress, and psychological damage due to accidents or intentional acts which may occur during these activities. Applicant understands that transportation for medical treatment may take an hour.

APPLICANT’S HEALTH:

Applicant certifies Applicant is completely physically, mentally, psychologically, and emotionally healthy, and capable of participating in all Activities, except for those listed below. Applicant has specified in detail any reasonable accommodation necessary for any disability that Applicant may have and has supplied equipment, medicine, or medical supplies that Applicant may need. Applicant understands that participation in this CAMP program is entirely VOLUNTARY. Applicant is solely responsible for determining whether there is any reason that Applicant should not participate in any Activities, including possible contact with any substances that may cause asthma or allergic reactions.

RELEASE:

In consideration of, and as part payment for the right to participate in Activities and the services and food arranged by CAMP, Applicant: (1) fully releases CAMP from current or future liability from negligence, gross negligence, or intentional tort by any person, (2) assumes all Risks and Dangers, whether or not that risk is foreseeable, and (3) will indemnify and hold CAMP harmless from any and all claims, liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, for personal injury, property damage or loss, psychological injury or emotional distress, or medical expenses of any kind and attorney’s fees and costs of court filed by Applicant, or by other parties against CAMP, connected with Applicant’s program or participation in any activities at CAMP or arranged by the CAMP.

Applicant hereby agrees that Applicant will not sue CAMP for personal or property injury, and, if Applicant attempts to sue, Applicant will not collect any money. In addition, Applicant will indemnify CAMP for attorney’s fees and costs of court fees associated with any litigation against CAMP connected with Applicant’s program or participation in any activities at CAMP or arranged by the CAMP.

SAFETY:

Applicant will wear shoes and socks and bring and apply sunscreen as necessary. Applicants who are minors or with youth groups will not leave the CAMP grounds, authorized areas, or vehicles transporting Applicant at any time without permission, and Applicant agrees that CAMP is not responsible if Applicant violates this rule. Applicant agrees to follow all safety instructions and to use caution to protect Applicant, other camper, CAMP personnel, and others. Applicant understands that failure to obey safety rules will cause expulsion from CAMP.

Camper Statement: I agree to obey all rules (rules having to do with safety and Christian behavior) and regulations of Latham Springs Camp & Retreat Center, and will cooperate with leaders and fellow campers and with the camp staff at Latham Springs.

Family Authorization for camper: In consideration for your agreeing to accept the above-named individual as a camper, I/we hereby assume all risk in connection with participation in the above-named Christian camp. I/We authorize medical and surgical treatment for my child as may be needed in the judgment of the treating physician (physician chosen by Latham Springs management). I/We understand twenty-four-hour first aid care is available on the campgrounds, and I authorize transportation of my child at their discretion in case of emergency. I/We further understand that only limited secondary accident coverage (\$2,500 maximum) is provided. I further give permission and consent to Latham Springs Camp & Retreat Center for any photographs, videotapes and interviews to be taken during the camping session to be published and used to illustrate, report, promote and advertise the camp including on Internet Web Sites promoting or reporting on the camp. I hereby assign full copyright of these photographs to Latham Springs Camp & Retreat Center with the reproduction either wholly or in part.

BY MY SIGNATURE BELOW, I VERIFY THAT I HAVE READ AND UNDERSTAND EVERY PROVISION OF THIS AGREEMENT.

Name of Camper (Please Print): _____

SIGNATURE of Camper/Participant: _____ **Date of Signature** _____

SIGNATURE of PARENT, GUARDIAN or CONSERVATOR, _____ **Date of Signature** _____

Of minor CAMPER or PARTICIPANT (Under 18 years of age), Who Verifies by this Signature the legal right to sign on behalf of minor