

# 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](mailto:boonescreekbaptistcamp@gmail.com)

You may also visit our website at  
[www.boonescreekbaptistcamp.com](http://www.boonescreekbaptistcamp.com)

## 2021 SUMMER CAMP DATES

**Co-Ed Week - June 14-18**

(ages 7-17)

**Co-Ed Week – June 21-25**

(ages 7-17)

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.

**Camp Fee:** \$150-Non-Association

**Camp Fee:** \$120.00 for 36 churches in the Boone's Creek Baptist Association

**Day Camp: Fee NO DAY CAMP this year.**

(Fee includes t-shirt, snacks, and a craft (craft only during applicable weeks).

**Due to CDC guidelines on 60% Capacity,**

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

**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 By noon on June 3, 2021**

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

**Campers should arrive on Monday from 1:00 pm to 2:00 pm.**

**DEPARTURE IS FRIDAY 12:30 – 1:00 PM. (Children must be picked up by 1:00 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 camp director needs them to work.

### General Camper Rules

- Masks will be required for indoor activities.
- CDC guidelines for personal space will be followed.
- Modest dress is required at all times! 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
- When campers leave the property, they must be signed out by a responsible adult who's name is to be given at drop off. ID will be checked.
- Please do not visit during the camp week as this may cause homesickness.
- Please do not ask your child to call home. Phone calls are permitted in emergency situations only.
- Parent/Guardians will be contacted if a camper engages in theft, causes physical harm to another camper or uses foul/unacceptable language.
- 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.

### What to bring?

- ★ Bedding (sleeping bag, pillow, sheets)
- ★ Swimsuits (one-piece, modest)
- ★ Towels, washcloths
- ★ Rain gear
- ★ Sleepwear
- ★ Toiletries (toothbrush, soap, shampoo, hairbrush, etc.)
- ★ Shirts, socks, shorts, tennis shoes (NO SANDALS or FLIP FLOPS except to and from pool area)
- ★ Bible, notebook, pen/pencil
- ★ Camera and flashlight (if desired)
- ★ Masks (We will also provide masks.)

### Please leave these at home:

**Valuables, handheld games, snack foods, candy, tobacco products, money, skateboards, roller blades, clothing with inappropriate/offensive language or pictures.**

**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 August 31.**

### Phone Policy:

Cell phones are allowed but will be under supervision of camp staff. Parents/Guardians will be required to sign a waiver on the use of the phone by the camper. The Camp Director will decide usage times and usage areas.

### **Week Attending:**

\_\_\_ Co-ed week - June 14-18 (ages 7-17)

\_\_\_ Co-ed week – June 21-25 (ages 7-17)

Campers Name:

\_\_\_\_\_

Gender: M / F Grade entering: \_\_\_\_\_ Age: \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

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

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

Emergency Contact Name if parent unavailable \_\_\_\_\_

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

Name of home church \_\_\_\_\_

Pastor/Contact Person \_\_\_\_\_

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

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

Youth: small medium large x-large

Adult: small medium large x-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\_\_\_**

**MEDICAL RELEASE FORM**

**To be filled out my Parent/Guardian. The signature MUST be notarized. (Notary WILL NOT be available at registration.)**

**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.**

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**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**

of \_\_\_\_\_

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, not withstanding 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: \_\_\_\_\_

NOTARY PUBLIC Signature:

\_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of

\_\_\_\_\_

My commission expires: \_\_\_\_\_