

Family Camp 2024

Camp Information

JUNE 12–JUNE 15



family
CAMP



BIBLE BAPTIST CHURCH

ALVA, OKLAHOMA

Family Camp 2024 Schedule

❖ *Wednesday, June 12*

1:30 PM	Church Van will leave for camp. If you come on your own, do not arrive before 3:30 PM
3:30 PM	Arrival and unloading
6:30-7:30 PM	Supper and Clean-up
7:30-8:30 PM	Church Time
9:00-10:30 PM	Smores and Bonfire
10:30 PM	In Cabins and Lights out by 11:00 PM

❖ *Thursday, June 13*

7:00 AM	Coffee Time
8:00-9:00 AM	Breakfast and Clean-Up
9:00-11:30 AM	Free Time
10:00 AM	Youth Class
Noon-1:00 PM	Lunch and Clean-Up
1:30 to 5:00	Family Free Time Swimming Fishing (Must have a proper license) Hiking
2:30 PM	Leave for Bowling 1:30 PM
6:30-7:30 PM	Supper and Clean-up
7:30-8:30 PM	Church Time
9:00-10:30 PM	Smores and Bonfire Outdoor Movie
10:30 PM	In Cabins and Lights out by 11:00 PM

❖ *Friday, June 14*

7:00 AM	Coffee Time
8:00-9:00 AM	Breakfast and Clean-Up
9:00-11:30 AM	Free Time
10:00 AM	Youth Class
Noon-1:00 PM	Lunch and Clean-Up
1:30 to 5:00	Family Free Time Swimming Fishing (Must have a proper license) Hiking
2:30 PM	Swimming Trip to Crystal Beach
6:30-7:30 PM	Supper and Clean-up
7:30-8:30 PM	Church Time
9:00-10:30 PM	Smores and Bonfire
10:30 PM	In Cabins and Lights out by 11:00 PM

❖ *Saturday, June 15*

7:00 AM	Coffee Time
8:00-9:00 AM	Breakfast and Clean-Up
9:00 AM	Devotional Time
9:30 AM	Pack, Clean, & Leave

Arrive at the church and unload the van and trailer.

Money:

Price of Camp: \$100.00 per family, \$50 per individual.

Fees cover lodging, meals, swimming fees, and bowling fees.

If you plan to fish, you must have a license. Bring your own gear.

Turn in all forms with your fees.

❖ What to bring:

Enough clothes for three days

No tank tops, mid-drifts

Knee length loose fitting shorts are permissible

Pants for church services

No sandals or thongs shoes during activities, games, and hiking.

Sunscreen and hat

Shoes

Toiletries

Towels

Twin bed fittings, or sleeping bag, and pillow

Bible & Pen or Pencil

Insect repellent

Flashlight

Fishing gear, if needed

Lawn chairs

❖ Rules:

Parents are responsible for their children's behavior. No child is to go to any activity without a parent.

Pitch in and help with meals and clean up.

You can leave the park with your family during your free time. Let Pastor know if you plan to do so.

Cell phones are fine. Parents, please limit your child's screen time for these three days. This is a time to get out of those things and focus on the Lord.

Pastor will need to know if you are carrying a concealed weapon. All weapons must be locked if not carrying them.

All must be in the cabins by 10:30.

Have fun!

Permission and Agreement Form

❖ **Family:**

Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____

❖ **Agreement:**

I am the parent or legal guardian of these campers, and I give permission for those named above to attend church camp with Bible Baptist Church on June 12-15, 2024.

I consent to my family's participation in all camp activities. Further, I personally assume, on my family, all risk in connection with said activities for any harm, injury, or damages that may befall my family as a result of my family's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my family to proceed with the activities.

I understand that it is my obligation to inform the church of any and all health considerations or medical conditions that would restrict my family's participation in any and all activities while at camp.

In cases of emergency, I further consent to the examination or treatment of my family by a physician duly licensed to practice medicine in the United States of America or any health care professional duly licensed to provide health care services in the United States of America for medical care and services deemed necessary by the doctor, its agents, servants, and employees. I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred due to using this consent.

I understand that it is our responsibility to pay for any damage to property belonging to the church or camp.

I understand that I will be responsible at all times for my family while at camp.

Parent or Legal Guardian Signature

Date

Medical Record Form

❖ *Family:*

Name : _____	Age : _____
Name : _____	Age : _____
Name : _____	Age : _____
Name : _____	Age : _____
Name : _____	Age : _____
Name : _____	Age : _____
Name : _____	Age : _____

1 Are you allergic to any type of medication? No ___ Yes ___ (explain)

2 Do you require a special diet? No ___ Yes ___ (explain)

3 Do you have any allergies other than medical? No ___ Yes ___ (explain),

4 Do you have (or have ever had) any of the following: (circle and explain on the back).

Seizure disorders

Asthma

Diabetes

Heart Murmur

HIV / AIDS

Hay Fever

Kidney Disease

Hepatitis

Other problems

Any communicable diseases _____

5 Do you have any physical handicap or illness that would prevent you from participating in normal to rigorous activity? No ___ Yes ___ (explain) _____

6 Do you have any physical disease or medical problem that might endanger you or anyone else while at camp? No ___ Yes ___ (explain) _____

Parents, handle and administer all your children's medicine. Please keep them secure.