**Cabin Leader in Training CIT Registration – 2024**

**North Grand River/Harrison Baptist Association Children’s Camp**

**Monday, July 8, 2024 – Friday, July 12, 2024**

Must have completed 10th grade

Cost is *$135.00*. A $10.00 snack shack card is included in the cost.

The deadline to **submit** registration forms **to your Associational Office** Monday, June 10, 2024.

Forms received after June 10, 2024 will not be accepted.

**You can do a background check on me; my full name is**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This form is for CITs only. You are a Cabin leader in training only once.**

**After that you are an assistant and please use the staff form.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_\_\_\_\_ Male [ ] Female [ ]

T-shirt size: (Adult sizes only) S\_\_\_ M\_\_\_ L\_\_\_XL add $3.00 for \_\_\_ XXL\_\_\_\_XXXL\_\_\_\_.

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church membership at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NGRBA\_\_\_\_\_HBA\_\_\_\_\_\_\_\_\_\_

Number of years as a Christian\_\_\_\_ Are you a baptized believer? \_\_\_\_

Are you active in a Southern Baptist Church \_\_\_\_\_\_\_ if so, where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you have brothers/sisters in camp? Yes\_\_ No\_\_.

Have you attended Grand Oaks? Yes\_\_ No\_\_\_ How many years? \_\_\_\_\_\_\_\_

How do you consider your health? Excellent \_\_\_ Good \_\_\_\_\_ Fair\_\_\_\_\_

Do you have any physical limitations that will affect your performance as a CIT? Yes\_\_\_\_ No \_\_\_\_\_

If yes, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want to be a CIT?

How do your parents feel about you being a CIT?

Have you had any witnessing training? Yes\_\_\_\_ No\_\_\_\_\_. If yes, which programs?

Please designate areas you would be willing to assist during camp. Indicate by # 1 being first and so on.

Recreation \_\_\_\_ Elective\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you feel are your strengths for this position?

Please write your personal testimony and What is Jesus doing in your life now? (Complete on a separate piece of paper)

**COMMITMENT: I have studied the Job description for a CIT (cabin leader in training) and agree to abide by these responsibilities. I understand that in order for me to be a CIT, I have to have completed the 10th grade. I also acknowledge that I may be required to attend CIT Training to be able to be a CIT at the HBA/NGRBA Children’s Camp:**

**CIT Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Information**

**Medical Information for camper is to be completed and signed by parent/guardian**

**Notice: All prescription medications will be dispensed according to directions on the label.**

**Doctors' written orders must accompany any change.**

**Please put all medication in a zip-lock bag with the camper's name on it.**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_ Male [ ] Female [ ]

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_/\_\_\_/\_\_\_\_

Name of Sponsoring Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (Camper & CIT only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dr. Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***.***

**Check and comment on all that apply**

**Make note of any health problems or medications you have**.

Do you have any physical limitations? Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies:**

\_\_\_\_\_\_Penicillin \_\_\_\_\_\_\_Bee/insect sting \_\_\_\_\_\_Other (List)

\_\_\_\_\_\_Sulfa/other drugs \_\_\_\_\_\_\_Poison Ivy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_Tetanus Shot \_\_\_\_\_\_\_Hay Fever \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has history of or under medical care for:**

**\_**\_\_\_\_\_\_Heart trouble \_\_\_\_\_\_tonsillitis \_\_\_\_\_\_skin disorder

\_\_\_\_\_\_\_Asthma \_\_\_\_\_\_epilepsy/seizures \_\_\_\_\_\_appendicitis

\_\_\_\_\_\_\_Bronchitis \_\_\_\_\_\_diabetes \_\_\_\_\_\_hernia

\_\_\_\_\_\_\_Nervous disorder \_\_\_\_\_\_athletes foot \_\_\_\_\_\_stomach ulcer

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subject to: \_**\_\_\_\_\_nosebleeds \_\_\_\_\_\_stomach/digestive disorders \_\_\_\_\_\_\_Home sickness \_\_\_\_\_\_convulsions \_\_\_\_\_\_\_Sleepwalking \_\_\_\_\_\_cramps \_\_\_\_\_\_headaches \_\_\_\_\_\_\_Bedwetting \_\_\_\_\_\_sore throat \_\_\_\_\_\_earaches \_\_\_\_\_\_\_Hyperactivity \_\_\_\_\_\_fainting \_\_\_\_\_\_toothaches \_\_\_\_\_\_\_Exhaustion \_\_\_\_\_\_swimmers ear \_\_\_\_\_\_cold/pneumonia

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check or list any activities camper should not participate in:**

\_\_\_\_\_\_\_Swimming \_\_\_\_\_\_strenuous games

\_\_\_\_\_\_\_No upper bunk \_\_\_\_\_\_other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication required while away from home: (*Meds will only be dispensed as per instructions on bottle unless accompanied by Doctor’s. written orders*. *Medications that are prescribed by a doctor must be in the original bottle with instructions.)***

Name of medicine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_used for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All medications are to be checked in with the camp nurse the first day of camp and administered per instruction on the bottle unless accompanied by Doctor’s written orders.

Are there any medications that should not be given? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Aspirin, cough drops, etc.)

Date of last tetanus shot: \_\_\_\_/\_\_\_/\_\_\_

Insurance information: Is the camper covered by family medical/hospital insurance? Yes [ ] No [ ].

If yes, please indicate carrier or plan name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS # of policy holder/insurance ID number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical release:** I/we have provided complete and accurate information about this camper/myself and understand that, in the event medical treatment is required, every effort will be made to contact me (us) or the other person named above. However, if I (we) cannot be reached I (we) give permission to the staff or sponsor to secure the medical services deemed necessary to provide for this camper’s well-being. I (we) also understand that the insurance provided by Grand Oaks Baptist assembly, Inc., is a limited supplemental policy covering only injury or accidents occurring during the event at Grand Oaks. Even then, it will be used only to supplement the family insurance.

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Camper’s parent or guardian**

**Relation**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_/\_\_\_/\_\_\_

Photo Release

I, (**parent/guardian**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grant the Grand Oaks Baptist Assembly, North Grand River Baptist Association, Harrison Baptist Association, and Sports Crusaders the absolute right to copyright, re-use, publish, and re-publish by any medium (including electronically) any photos of myself or my child or in which they may be included, that may be taken while participating in the HBA/NGR Church Camp activities

Medical Treatment Authorization

I, **(parent/guardian**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give permission to the physician selected by an adult leader in charge, to order injection, surgery, or any other medical treatment that may be deemed necessary to insure the well-being of the above named minor.

Medical Release

For consideration my child’s participation in activities of the Grand Oaks Baptist Assembly, North Grand River Baptist Association, Harrison Baptist Association, and Sport Crusaders, I release the Grand Oaks Baptist Assembly, North Grand River Baptist Association, Harrison Baptist Association, and Sports Crusaders, their members, officers, agents, employees, and workers from any liability for any injuries or illnesses (including COVID-19) which might occur to my child.

I further agree to indemnify North Grand River Baptist Association, Harrison Baptist Association, and Sports Crusaders, their members, officers, agents, employees, and workers from any expenses they might incur due to any injuries or illnesses (including COVID-19).  This release is effective for the year March 2024 - March 2025

**Parent Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Statement of Faith**

The purpose of this statement of faith is to set forth certain teachings which we believe. This statement is our set of values that help us understand who we are and God’s plan for us.

The Church: Everything the church does must first and foremost exalt the Lord (1 Corinthians 10:31). “Equipping” is one of the primary ways people become like Christ. This is accomplished as the church pours into the lives of others and those others reach out to more people (Ephesians 4:11-16).

The Scripture: Scripture is inspired by God. The 66 books of the Bible are true, authoritative, and fully sufficient for all matters of faith, belief, and life (1 Peter 1:2-4).

The Trinity: There is only one true God. He is the creator of Heaven and Earth and all things exist to glorify Him (Colossians 1:16-17). God exists in three distinct persons (the Trinity). God the Father, God the Son, God the Holy Spirit.

God the Father: As Father, God reigns with providential care over His universe, His creatures, and the flow of the stream of human history according to the purposes of His grace. “God is Father in truth to those who become children of God through faith in Jesus Christ” (Psalm 19:1-3; Isaiah 43:3, 15; 64:8).

God the Son: Jesus Christ is the eternal Son of God. In His incarnation, He was conceived of the Holy Spirit and born of the virgin, Mary. “He honored the divine law by His personal obedience, and in His death on the cross, He made provision for the redemption of man from sin” (John 1:1-18, 29).

God the Holy Spirit: The Holy Spirit is the Spirit of God. He exalts Christ and convicts of sin and unrighteousness. “He enlightens and empowers the believer and the Church in worship, evangelism, and service” (Acts 1:8; 2:1-4, 38).

All humanity (except Jesus Christ) is sinful by birth and actions. Each person is dead in their sins and incapable of saving themselves from God’s wrath (Ephesians 2:1-8).

The crucifixion of Christ was a real, historical event with prominent spiritual significance. The death of Christ on the cross is not a myth or legend, but historical fact. His death was not for His own sins, but for the sins of the world. Jesus died as a substitute for the sins of humanity (2 Corinthians 5:21).

The resurrection of Jesus occurred physically, truly, and scripturally. Jesus died on Friday, buried in a borrowed tomb, and physically arose from the grave on Sunday morning (1 Corinthians 15:4).

Jesus is alive today. Jesus ascended into Heaven and is now sitting at the right hand of the Father. All authority belongs to Jesus as King and Lord over all (Ephesians 1:20-23).

Salvation is a free gift, given by God through faith in the atoning work of Jesus alone. God changes people from being rebels into being His adopted sons and daughters. His salvation is the forgiveness of sin and imputed His righteousness to us (2 Corinthians 5:17).

There will be a physical resurrection of the dead at the end of time. Those who have placed their faith in Christ alone will be raised from the dead (1 Thessalonians 4:16).

God has ordained the family as the foundational institution of human society. Marriage is the unity of one man and one woman in covenant commitment for a lifetime. The husband and wife are of equal worth before God, since both are created in God’s image. The marriage relationship models the way God relates to His people. Children, from the moment of conception, are a blessing and heritage from the Lord. All persons are created in God’s own image and are made to glorify Him. God created man in His own image. In the image of God, He created them; male and female He created them (Genesis 1:27; 2:15-25, Isaiah 43:7, Ephesians 5:21-33).

Missional living is being a missionary where we live, work, and play. Jesus said, “For the Son of man has come to see and save that which is lost” (Luke 10:19). In light of that mission, Jesus has given us the same responsibility (John 20:21b).

Restoration begins with the understanding that we are all sinners. The church is a place of hope, healing, and new beginnings.

In signing this document, I show that I subscribe to the Statement of Faith as written above.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CIT Job Description**

Qualifications:

1. Must be a Christian and an active member of a Southern Baptist Church/HBA/NRGBA Church.

2. Must have completed the 10th grade or discretion of the Camp Director.

3. Express desire in helping staff with responsibilities.

4. Have some experience in camping.

5. Must be invited to attend as a CIT.

6. Invitation is extended with the knowledge of and recommendation by the pastor of the CIT.

7. Must be able to follow directions.

8. Must be able to take on responsibility in various parts of the camp life.

9. Must enjoy being at camp.

10. Must enjoy children.

11. Have a desire and an ability to help others to a saving knowledge of Jesus Christ.

12. Must follow all camp rules with no exceptions.

**Camp fee**: each CIT is responsible for their camp fee of $135.00, t-shirt included. Most churches will assist campers and counselors with this fee. Please see your pastor. If additional assistance is needed, please contact the camp director.

Return the completed application, medical form, and screening form to your sponsoring church prior to June 17, 2024.

**General Responsibilities of the CIT:**

1. To help the Cabin leaders as needed.

2. To attend all worship services.

3. To help in other areas as needed and asked.

**Specific Responsibilities:**

1. Attend staff meetings each day.

2. Be familiar with the staff handbook.

4. Become an assistant to the cabin leader.

5. Attend Youth camp, if at all possible, as a camper.

6. Be willing to set aside romantic and peer relationships and focus on ministry toward the children.

***For Pastor or Chairman of the Deacon Committee. Please take great care in recommending this person.***

**This person is an active member of this church**. I do not / do hesitate to recommend him/her as staff personnel at Grand Oaks. (Circle appropriate response.)

**Pastor/Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_**

Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NGRBA \_\_\_\_\_ HBA \_\_\_\_\_\_

Why would you recommend this person as a Cabin Leader in Training for your camp?

**Checklist for Camp**

**Packed to bring to camp Packed to take home**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bible, please have your name inside \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notebook and pen/pencil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hygiene Items (shampoo, soap, deodorant, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pants, Blue Jeans, Slacks, or Shorts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt, other shirts (bring several) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Underwear (several pairs) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shoes, Socks (several pr. socks) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jacket or Sweater \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appropriate Swimwear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bedding (sheets or sleeping bag) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pillow & Blanket \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bath Towels, wash cloths \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Camera, Bug Spray \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medications and directions for use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Medications that are prescribed by a doctor must be in the original prescription bottle with instructions.***

**Check In time – Monday 2:00 p.m. Check out time – Friday 10:00 a.m.**

**\*Campers should not arrive before 2:00.\***

**\*Check-in instructions**

**\*Church Representative who will be paying for camp – You will need to stay with your church group until each of your campers have checked in.**

**\*Campers – When you arrive at the ball court your cabin assignment will be posted. A lice check will need to be done prior to going to the cabin. If lice is found, the camper will be sent home.**

**All medications are to be delivered to the camp nurse upon registration*.***

Grand Oaks Baptist Assembly, 9463 Hwy 190, Chillicothe, MO 64601

Directors of Missions:

HBA John Mohler Office: 660 425-3889 Cell: 660 232-2174

NGRBA Keith Corrick Office: 660 359 3897 Cell: 240 298 3312