

Camp SURRENDER

July 7-11, 2024

2 TIMOTHY 2:21 IF A
MAN THEREFORE
PURGE HIMSELF FROM
THESE, HE SHALL BE A
VESSEL UNTO
HONOUR,
SANCTIFIED, AND
MEET FOR THE
MASTER'S USE, AND
PREPARED UNTO
EVERY GOOD WORK.

In order to have victory,
you need to SURRENDER

For grades 6-12 / COST: \$80.00 per camper

We are excited for another great time at youth camp! Please use the checklist below to help your camper pack and prepare for camp. Also, please pay attention to the necessary items and dress code.

Departure and Pickup Information

*****Important Information Below*****

- Please arrive with your camper at Timberlake Baptist Church by 5:00 p.m. on Sunday, July 7th to register them and collect any needed payments or information prior to our departure.
- We will be leaving the church at about 6:30 p.m. after a brief sendoff service at the church.
- We will return to Timberlake Baptist Church at approximately 5:30 p.m. on Thursday, July 11th.
- Please make sure that a person authorized to pickup your camper is here to take your camper safely home.



Please fill out the registration form (*the last page, front and back, attached to this sheet*) and return it to Ken Vipperman no later than **July 1st** to ensure we have a spot reserved for your camper.

We look forward to having your camper attend Youth Camp with us this year!

Camp Checklist

Necessary Items:

- Bible – book form only, *no electronic or mobile app*
- At least 6 complete changes of clothes (*including undergarments*)
- 2 or more pairs of sneakers
- Toothpaste and toothbrush, deodorant
- Soap, shampoo and towels
- Pillow, sleeping bag, sheets, blanket, pajamas
- All prescribed medications or over the counter medications (*please list on registration form*)
- Bathing suits and beach towels

Prohibited Items – prohibited items found in camper’s possession will be returned to camper’s parent/guardian at the end of camp. If the item is severe or illegal, the parent/guardian will be notified immediately. **The camper will be sent home immediately if they are found with any illegal substance.**

- All electronic devices ***including cell phones*** *.
- Jewelry
- Alcohol, cigarettes, electronic cigarettes, vaporized devices, illegal substances, or prescription medications that are not prescribed for your camper (*these items will not be returned to the camper*).
- Fireworks or other flammables and sources of ignition
- Weapons of any kind
- All other items that can be used or manipulated in a way that could negatively impact the camp

Optional Items:

- Flip flops for pool and shower use only.
- Money for canteen purchases (\$15–20 recommended)
- Bug/tick spray, sunscreen

Dress Code – *the dress code is intended to keep the campers safe while participating in camp activities and to maintain modesty.*

- All shirts must have sleeves. No inappropriate logos or statements on clothing.
- No revealing clothing, including any clothing that is too tight or too short.
- **Sneakers must be worn at all times while at the camp. Flip-flops/crocs can be worn ONLY in the bunks at bedtime or in the pool area.**
- All female swimwear must be 1 piece or use a shirt on top of 2-piece swimsuit.
- All males must have a shirt on except while in the pool. Once out of the pool, a shirt must be put on as soon as practical to do so.
- Hats are allowed but cannot pins or hooks attached and no inappropriate logos or statements.
- Hats are **NOT ALLOWED** in Chapel.

* *Cell phones and their use while at camp are a distraction that damages the overall camp atmosphere and the events. Please complete the attached cell-phone waiver, acknowledging they are a prohibited item for campers.*

Youth Camp Registration Form - Camper Information

Camper Name: _____ Date of Birth: _____

Grade: _____ Gender: | M | F | Who invited you to Camp? _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Emergency Contact: _____ Relationship to camper: _____

Emergency Phone: _____

Alternate Emergency Contact: _____ Relationship to camper: _____

Alternate Emergency Phone: _____

Does Camper normally attend Church? Yes No If yes, where? _____

Persons authorized to pick up camper:

Is anyone restricted from picking up or having contact with camper? Yes No If "Yes", name below:

Medical Information:

Has the camper been diagnosed with ANY of the following? Please check **ALL** that apply and detail as necessary.

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Head Lice *** | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Gastrointestinal Disorder | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Meningitis |
| <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> M.R.S.A | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Asthma | |
| <input type="checkbox"/> Other (<i>describe below</i>) | | | |
- _____

***** Due to current Health Code Regulations, an examination for the presence of head lice must be performed prior to allowing any camper or adult to participate in youth camp. Please make sure that ALL campers and counselors are free of head lice and nits. Any person that has the presence of lice or nits cannot be allowed at the camp. Refunds of camp payments will be given in these cases. Temperature checks may be performed also to limit the spread of any illnesses.**

Will the camper be bringing any prescription or over the counter drugs with them?

Yes No (*please list below*)

Medication	Dosage	Time & Frequency	Treating Condition

How will the drugs be administered? By Camper By Camp Staff

Is the camper permitted to:

Engage in sports? <input type="checkbox"/> Yes <input type="checkbox"/> No Swim? <input type="checkbox"/> Yes <input type="checkbox"/> No Swim in 6ft end of pool? <input type="checkbox"/> Yes <input type="checkbox"/> No Participate in low impact / outdoor activities? <input type="checkbox"/> Yes <input type="checkbox"/> No

ATTENTION: Please sign the back of the form to complete the application. ALL unsigned applications will not be accepted.

Program Participation, Medication Permission & Medical Consent/Release

I, the parent or guardian of the camper named on this form, give my permission to authorized personnel at Indian Cave Youth Camp/Timberlake Baptist Church to distribute over-the-counter remedies or medications for the camper’s needs such as: headache, fever, minor pain, minor allergic reactions, upset stomach, minor injuries; and, to dispense prescription and over-the-counter medication designated and provided by the parent/guardian or family physician.

I, having the authority to consent for the camper’s health care, do hereby delegate my authority to consent to said camper’s care to Indian Cave Youth Camp/Timberlake Baptist Church. I grant permission for the authorized personnel at Indian Cave Youth Camp/Timberlake Baptist Church to request and authorize any and all examinations, medical treatments, and or procedures to or for the benefit of the camper as may be deemed advisable or appropriate by any physician licensed to practice medicine. I understand, however, that every effort will be made to contact me in case of such emergency, and, if possible, before any such medical treatment is administered. Furthermore, I understand that completion of this form with my signature grants permission for the named camper to participate in Indian Cave Youth Camp/Timberlake Baptist Church programs. I also understand that camp insurance coverage is **secondary coverage**, and I am responsible for any medical cost that may occur on behalf of the camper. I release Indian Cave Youth Camp/Timberlake Baptist Church staff, faculty, officers, and management from any liability and shall not hold them responsible for any lost, stolen or misplaced personal property. Indian Cave Youth Camp/Timberlake Baptist Church is hereby granted to use video, audio, and photographic materials of named camper, taken while participating in or attending a camp program, to promote and market Indian Cave Youth Camp/Timberlake Baptist Church and its ministry.

PRINT PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE DATE

Acknowledgement of Risk, Waiver of Liability, Right to Confiscate

The use of any electronic/cellular device is strictly prohibited for the entire duration of Youth Camp. By signature hereunder, it is understood that any electronic/cellular device in the possession of a camper and seen by any counselor will be confiscated immediately and returned to the parent/guardian at the end of Youth Camp.

IN CONSIDERATION OF the risk of damage to any electronic/cellular device while participating in Youth Camp; and

IN CONSIDERATION OF my desire to participate in Youth Camp and being given the right to participate in same; and

I HEREBY understand any electronic/cellular device seen during the duration of Youth Camp will be confiscated immediately and not returned until the end of Youth Camp; and

I HEREBY, for myself (*which shall also include parent/guardian if Releasor is under the age of 18,*) knowingly and voluntarily enter into this Acknowledgement of Risk Waiver of Liability, Right to Confiscate, and hereby waive any and all rights, claims, or causes of action of any kind arising out of obtaining an electronic/cellular device while participating in Youth Camp; and

I HEREBY release and forever discharge Timberlake Baptist Church, located at 356 Lindhurst Drive, Danville, VA 24540, their affiliates, members, volunteers, and staff from any and all physical damage claims to my electronic/cellular devices as a result of my participation in Youth Camp.

I am voluntarily participating in Youth Camp entirely at my own risk of physical damage to any and all electronic/cellular devices. I am aware of the risks associated with bringing an electronic/cellular device to Youth Camp and understand that having such a device is prohibited during the duration of Youth Camp and could cause confiscation of said device.

This Acknowledgement of Risk and Waiver of Liability shall remain in effect for the duration of my participation in Youth Camp.

I understand all associated risks with bringing a cellphone to Youth Camp and that if seen, it will be confiscated.

Participant Name: _____

Participant Signature: _____

Date Signed: _____

I HEREBY CERTIFY that I am the parent/guardian of the above-named camper and do hereby understand all associated risks and consequences of electronic/cellular devices brought to Youth Camp.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date Signed: _____