

Milldale Baptist Summer Camps

11950 Milldale Rd • Zachary, LA 70791

225.654.8168 or 225.654.5065

milldalebaptistchurch@gmail.com

**MILLDALE YOUTH CAMP**

**JUNE 12 - JUNE 16, 2017**

**CHURCH REGISTRATION PACKET**

Milldale Baptist Summer Camps

11950 Milldale Rd • Zachary, LA 70791

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Hello, I am thrilled you will be joining us for Youth Camp this summer! It will be an amazing week filled with great preaching, teaching, and fun activities! We have a wonderful staff lined up, men and women who love God and His word.

Our mission here at Milldale is to train young people in God’s Word so they may know Jesus Christ and boldly share the good news of the gospel with others. The youth camp is developed with that mission in mind. The desire of the staff and those who serve at Milldale is to honor God in everything that takes place. We want to see our young people experience salvation and develop a personal fellowship and walk with our Savior while having fun and making new friends.

*And this is eternal life, that they know you the only true God, and Jesus Christ whom you have sent.* John 17:3

Enclosed you will find:

1. Camp Guidelines
2. Camper Registration Form
3. Parental Consent Form
4. Medical Release Form
5. Counselor Encouragement
6. Counselor Registration and Consent Form
7. Camper Checklist
8. Church Checklist
9. Check in Procedures
10. T-Shirt Form

Deadlines for returning forms:

* **May 22nd** T-Shirt Form
* **May 31st**  Camper Registration, Parental Consent Form, Medical Release Form for each camper; Counselor Registration and Consent Form for each Counselor

**MILLDALE YOUTH CAMP**

**JUNE 12 - JUNE 16, 2017**

**CAMP GUIDELINES**

1. All campers will display a respectful, kind, and compassionate Christian attitude toward all adults and campers.
2. All campers will participate in scheduled camp meetings and activities.
3. All campers will treat the buildings and grounds with respect by keeping it clean.
4. All campers will dress in a manner that is representative of who they are as Christians. Should anyone choose to draw attention to him/herself by dressing immodestly, he/she will be asked by his/her group leader or counselor to change clothes.

* Shorts must be at least fingertip length.
* Shirts must not expose the midriff; no low cut necklines; no spaghetti straps, tube tops, or halter tops
* For girls, only one-piece swimsuits are allowed; a mid-length, dark colored shirt must be worn over two-piece suits at all times. For boys, no speedos.
* Clothing must not promote human destruction or disrespect, drugs, alcohol, gang, occult, profanity, etc.

1. The use or possession of firearms, fireworks, alcohol, tobacco, and illicit drugs is prohibited.
2. Each camper will be under the direct supervision of a counselor supplied by his/her church. Each church must supply one counselor for every five campers. Each counselor must remain with his/her group at all times.
3. All campers and counselors will remain on campus at all times, unless approval received from Camp Director.
4. All campers will stay with his/her group during recreation time even if not participating.
5. All campers will remain in their respective dorms after lights out.
6. The boys’ dorms are off limits to the girls and the girls’ dorms are off limits to boys.
7. The pool lifeguard will be respected and obeyed at all times.
8. Cell phones are not allowed in worship or Bible study sessions. Otherwise, cell phone usage will be moderated by your group leader.
9. Food and drinks are not allowed in the worship center or meeting rooms.
10. If damages occur to camp property, disciplinary action will be taken and your church will be responsible for the cost of repairs.

**MILLDALE YOUTH CAMP**

**JUNE 12 - JUNE 16, 2017**

**CAMPER REGISTRATION FORM**

**CAMPER INFORMATION**

Camper’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Birth Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Work Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency Contact #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT OF PARENT OF GUARDIAN**

I hereby certify that the information given is correct. I give permission for my child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the Milldale Youth Camp.

**PARENT OR GUARDIAN SIGNATURE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MILLDALE YOUTH CAMP**

**JUNE 12 - JUNE 16, 2017**

**PARENTAL CONSENT FORM**

Camper’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENERAL STATEMENTS**

1. The camper is capable of participating in the camp experience physically, mentally, socially and emotionally. **Parent/Guardian Initials** \_\_\_\_\_\_\_\_

1. I give my permission for the camper to fully participate in camp programs, such as swimming, water games, outdoor recreation, jumpers, etc. (except as noted on the Medical Release Form). **Parent/Guardian Initials** \_\_\_\_\_\_\_\_\_
2. Milldale Baptist Church and its subsidiary organizations have permission to use all video, photographic, and audio materials produced during the camper’s participation in whatever form and for whatever purpose the ministry and its subsidiary organizations may desire. **Parent/Guardian Initials** \_\_\_\_\_\_\_\_
3. The camper will not be brought to camp if they are known to have any contagious conditions (i.e. pink eye, lice, etc.). **Parent/Guardian Initials** \_\_\_\_\_\_\_\_

**UNDERSTATEMENT OF RELEASE**

I, the undersigned, on behalf of the participant and myself, do hereby release and discharge Milldale Baptist Church, its officers, employees, officials, agents, members, and volunteers, jointly and severally, from any and all claims, demands, actions, judgments and executions, which may arise out of my child’s participation in the Milldale Camp. Further, I hereby agree on behalf of the participant and myself to indemnify all or any combination of the aforesaid, jointly and severally and to hold and save harmless from and against any and all actions, claims, demands, liabilities, loss, damage, or expense of whatever kind and nature, including attorney’s fees, which may at any time be incurred by reason of my child’s participation in the Milldale Camp.

**PARENT OR GUARDIAN SIGNATURE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MILLDALE YOUTH CAMP**

**JUNE 12 - JUNE 16, 2017**

**CAMPER MEDICAL RELEASE FORM**

**CAMPER INFORMATION**

Camper’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Birth Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Work Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSURANCE**

Insurance Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Holder’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

Medical History (check all that apply; give approximate dates)

\_\_\_\_\_\_\_\_ Frequent Ear Infections \_\_\_\_\_\_\_\_ Diabetes

\_\_\_\_\_\_\_\_ Frequent Nose Bleeds \_\_\_\_\_\_\_\_ Bleeding/Clotting

\_\_\_\_\_\_\_\_ Heart Defect/Disease \_\_\_\_\_\_\_\_ Hypertension

\_\_\_\_\_\_\_\_ Convulsions/Seizures \_\_\_\_\_\_\_\_ Fainting

Allergies (check all that apply)

\_\_\_\_\_\_\_\_ Hay Fever \_\_\_\_\_\_\_\_ Poison Ivy, Oak, Sumac, etc.

\_\_\_\_\_\_\_\_ Insect Stings \_\_\_\_\_\_\_\_ Penicillin

\_\_\_\_\_\_\_\_ Asthma \_\_\_\_\_\_\_\_ Other Drugs \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications (prescription medicines must include pharmacy label & name of doctor)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Restrictions on Activities

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dietary Restrictions

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments on Health Related Information for Camp Personnel

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize the staff of Milldale Baptist Camp to dispense Tylenol/ibuprofen or Benedryl, if needed. **Parent/Guardian Initials** \_\_\_\_\_\_\_\_

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted above.

Authorization for Treatment: I hereby give my authority and consent for medical and surgical treatment deemed necessary in the judgment of the physician chosen for my child by the Milldale Summer Camp administration.

**PARENT OR GUARDIAN SIGNATURE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MILLDALE YOUTH CAMP**

**JUNE 12 - JUNE 16, 2017**

**COUNSELOR ENCOURAGEMENT**

Being a counselor and working with young people is a privilege and a joy, but also, a huge responsibility. We want to encourage you as you prepare in helping these campers have genuine experiences with Christ during the week of camp.

Prior to camp, prepare your heart by getting spiritually clean before the Lord. Spend time in prayer seeking wisdom and guidance from the Lord. Study His Word and find scriptures that will be useful in counseling with youth. Mark these scriptures in your Bible or write them down. Meditate on them so that the Holy Spirit will be able to quicken them to your heart. Memorize several specific verses that apply to salvation, assurance, and victory.

During camp, practice the following:

* Be where your campers are at all times.
* Help the campers get to know each other.
* Have a good sense of humor.
* Discipline your group.
* Be a friend to each camper by listening to them and using the Word of God when responding to questions and situations that may arise.

Thank you for your faithfulness and for allowing God to use you as you minister to your youth. May God bless you in a special way!

**MILLDALE YOUTH CAMP**

**JUNE 12 - JUNE 16, 2017**

**COUNSELOR REGISTRATION & CONSENT FORM**

**COUNSELOR INFORMATION**

Counselor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

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

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency Contact #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

Current Medical Conditions (such as diabetes, asthma, seizures, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies (insect stings, food, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications (prescription medicines must include pharmacy label & name of doctor)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSURANCE**

Insurance Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Holder’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT OF RELEASE**

I, the undersigned, do hereby release and discharge Milldale Baptist Church, its officers, employees, officials, agents, members, and volunteers, jointly and severally, from any and all claims, demands, actions, judgments and executions, which may arise out of my participation in the Milldale Camp. Further, I hereby agree to indemnify all or any combination of the aforesaid, jointly and severally and to hold and save harmless from and against any and all actions, claims, demands, liabilities, loss, damage, or expense of whatever kind and nature, including attorney’s fees, which may at any time be incurred by reason of my participation in the Milldale Camp.

Milldale Baptist Church and its subsidiary organizations have my permission to use all video, photographic, and audio materials produced during my participation in whatever form and for whatever purpose the ministry and its subsidiary organizations may desire.

**SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WITNESS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**WITNESS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MILLDALE YOUTH CAMP**

**JUNE 12 - JUNE 16, 2017**

**CAMPER CHECK LIST**

**STUFF TO BRING**

* A teachable attitude and a desire to draw near to God
* Bible, pen, notebook
* Casual clothing for four days
* Closed toe shoes for recreation
* Worship attire
* Swim suit and beach towel
* Sheets, blanket, pillow, sleeping bag…Boys sleep in bunk beds. Girls sleep in full size beds and bunk beds.
* Towels and washcloths
* Personal hygiene items
* Sunscreen
* Spending money for snacks at concession stand (cash only)
* Alarm clock
* Camera (optional)

**STUFF NOT TO BRING**

* Tobacco, drugs, alcohol or weapons
* Fireworks
* Water balloons
* Unacceptable clothing (see camp guidelines for dress code details)
* Check with your group leader if you have specific questions on what you can and cannot bring

**MILLDALE YOUTH CAMP**

**JUNE 12 - JUNE 16, 2017**

**CHURCH CHECK LIST**

* One camper registration form, parental consent form, and medical release

form completed for every camper

* One counselor registration and consent form completed for each counselor
* Camper and counselor forms returned to Milldale (copies kept to bring with

you)

* T-Shirt form retuned to Milldale by deadline
* Every camper has paid for the retreat
* Every camper/counselor given a copy of camp guidelines and what to bring
* Prepare with pre-camp devotionals on such topics as: prayer, seeking God’s

will, discipline (go over the camp rules), God’s Word, worship, etc.

* Have a departure and a return time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Notify Milldale the week before camp to confirm the number of campers and

counselors in your group.

**MILLDALE YOUTH CAMP**

**JUNE 12 - JUNE 16, 2017**

**CHECK-IN PROCEDURES**

* Plan to arrive between 2:00 pm and 4:00 pm to give your group time to unload and get settled. If you will be later, please let us know.
* Check-in is in the Dining Hall.
* Send only one or two representatives from your group inside (no youth please).
* At check-in, you will pay the balance owed, receive materials, and find out which rooms you’re in. You are responsible for assigning youth to rooms. We prefer there to be a counselor in each room.

**Note:** Monday afternoon, the dorms may seem hot. That is because all of the doors are opened while campers are unloading their belongings. So to keep your dorm cool, **keep the doors closed!!**

**Milldale Contact Information**

Church Office: (225) 654-8168

Email: milldalebaptistchurch@gmail.com

**MILLDALE YOUTH CAMP**

**JUNE 12 - JUNE 16, 2017**

**T-SHIRT FORM**

**CHURCH INFORMATION**

Church Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Pastor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NUMBER OF PARTICIPANTS**

Expected number of campers: Male \_\_\_\_\_\_\_\_ Female \_\_\_\_\_\_\_\_\_ Total \_\_\_\_\_\_\_\_\_

Expected numbers of counselors: Male \_\_\_\_\_\_\_\_ Female \_\_\_\_\_\_\_\_\_ Total \_\_\_\_\_\_\_\_\_

(1 counselor for every 5 students)

**T-SHIRTS**

Please tell us how many of each size you need (all are adult sizes).

XS \_\_\_\_\_ S\_\_\_\_\_\_ M \_\_\_\_\_\_ L \_\_\_\_\_\_ XL \_\_\_\_\_\_ 2XL \_\_\_\_\_\_ 3XL \_\_\_\_\_\_\_

**RETURN FORM TO MILLDALE BY MAY 22, 2017.**