

# Impact 2017 Informational Letter (High School)

I am extremely excited that you have made a commitment to take a week out of your busy life to experience the amazing things God has in store for all of us at camp this year. I pray that you will begin now to open your heart and mind to the awesome things God is going to speak to you.

*This packet is intended to help you and your family prepare for camp, and to answer some questions that have been posed to me in the past couple of weeks. In this packet you should find:*

## Camp Schedule

*This helps you to know what we will be doing. You **DO NOT** have to bring this schedule with you to camp; You will have a schedule on the back of your name tag.*

## **\*Camp Covenant** (Must be completed and returned)

*This is to be read and filled out **before** we leave for camp. Make sure you read it carefully, as it has information on what not to bring and other camp rules that you need to be aware of.*

## **\*Medical Release Form** (Must be completed and returned)

*This form must be filled out by your primary care giver **before** we leave for camp. **You will also need to attach a copy of the student's insurance card.** If you have any questions about our policy, please feel free to call me anytime.*

**\* All forms and final payment for camp due by Wednesday, June 14th**

## Other Information:

### Departure/Arrival

We will be heading to LeTourneau University in Longview, TX. We will **leave** from the church **on Monday, June 19 at 2 p.m.** in The Curb. Arrive early to check in and make sure everything has been turned in. We will arrive back at the church at **12:30 p.m. on Saturday, June 24.**

### Key Deposit

Each student will need to bring a **\$30 cash (exact amount) deposit for a key** to their dorm room; this will be given back at the end of the week. If you happen to lose your key you will not get your deposit back.

**All students MUST bring exactly \$30 in cash (we will not make change).**

### Extra Cash

There will be tables set up at camp where students can buy Impact Camp Merchandise, CD's from the band, and other various resources. Le Tourneau Student Center will also be open where students can buy snacks and other Le Tourneau memorabilia. All meals and late night snacks are provided for the students during the week of camp.

### Things to Bring/Not to Bring

Remember, we are staying in dorm rooms, so you will need to bring bedding. You will also need to bring clothes that are okay to get dirty for rec. We will have church rec competitions, of which include soccer, basketball, volleyball, and dodgeball. Cell Phones will be allowed at camp this year during events. If this privilege is abused **the sponsor will have the right to take the phone up.**

*If you have any other questions, please feel free to call me at the church 972.727.8241 or email me at [chris.jones@fbcallen.org](mailto:chris.jones@fbcallen.org). Know that I am praying fervently that God will speak to you in a specific way.*

*Family and friends can follow us @xastudents to be updated about what God is doing throughout the week via Twitter, Facebook, & Instagram. We will also be streaming evening services on the web; you can find the links on our Student page of our website.*

## Praying for Big Things,

Chris Jones

Minister of Students

[chris.jones@fbcallen.org](mailto:chris.jones@fbcallen.org)

## IMPACT 2017 HIGH SCHOOL WEEK SCHEDULE

### First Day

- 5:00-7:00 PM Check-In
- 5:00 PM Dinner - Served from 5 to 7 pm
- 7:00 PM Orientation
  - Students in Belcher Center Auditorium
  - Adults in Belcher Center Room (TBA)
- 8:00 PM Break (Camp Fellowship)
- 8:30 PM Worship
- 9:30 PM Family Groups
- 10:30 PM Church Group Time / Lights Out

### Midweek

- 8:00 AM Breakfast
- 9:00 AM Family Group Leader Training (Tuesday morning only)
- 9:15 AM Quiet Time in church group location
- 10:00 AM Morning Show
- 11:00 AM Seminars
- 12:00 PM Lunch
- 1:00 PM Family Group Time
- 2:15 PM Church Rec / Mission Team / Free Time / Hammock Hang-Out Time
- 5:00 PM Supper / Family Group Leader Training (T/W/Th, 5:30 pm)
- 6:30 PM Worship Prep
- 7:30 PM Worship / VESPERS (T & Th) / Church Group Time / Lights Out

### Last Day

- 8:00-9:30 AM Check Out (Breakfast - each church on their own)

## ***CAMPER RESPONSIBILITY AND CAMP COVENANT***

PLEASE READ THE FOLLOWING INFORMATION AND CAMP COVENANT CAREFULLY. THIS IS A TWO-SIDED FORM, SO PLEASE READ BOTH SIDES. EACH PARTICIPANT MUST HAVE HIS/HER SIGNATURE AND THE SIGNATURES OF HIS/HER PARENTS AND YOUTH MINISTER ON THIS FORM IN ORDER TO ATTEND CAMP.

### **CAMPER RESPONSIBILITY**

IMPACT is not an organization or entity. It is an event where various church youth groups come together, each under the direction and responsibility of their own youth minister, for a larger group camp experience. This means that the youth minister for the church whom you come with is your highest authority at the camp. He/she has the final word on any disciplinary matters involving you. Because of this, only the youth minister and church with who you come will have any responsibility for your safety and well-being. By signing this form, you are agreeing that you will not hold any other church or youth minister responsible for any injuries or damages you may receive while at camp.

None of the churches or the youth ministers is the owner or operator of the grounds and facilities hosting the camp. Therefore, they are not responsible for any conditions on the premises or for any injuries or other damages which may occur as a result of those conditions. By signing this form, you are agreeing that you will not hold any of the churches or youth ministers responsible for injuries or damages caused by conditions on the premises.

You and you alone are responsible for your property while it is at camp. None of the churches or the youth ministers will be responsible for your property in the event it is lost, stolen, destroyed or damaged. Whatever property you bring with you, you bring at your own risk.

In the event any dispute arises with regard to any damages sustained by you while at camp, by signing this form you agree to submit that dispute to a Christian mediation process for attempted resolution. In the event that process is unsuccessful, you agree to submit the dispute to a Christian arbitration process for a binding and final resolution.

## **CAMP COVENANT**

- At no time are guys or girls to be in each other's dorms, lobbies, or standing outside of their dorms to visit.
- Be aware that you are responsible for any damages to campus property and facilities.
- Students may not leave the campus at anytime for any reason other illness or camp-sponsored mission work.
- You are expected to attend and participate in all scheduled services and activities. If you are too sick to participate in camp activities you are too sick to remain at camp.
- Pranks and practical jokes will not be tolerated. Shaving cream, water balloons, water fights and pillow fights will get you and your group in trouble.
- Fireworks, firearms, knives, any form of tobacco, alcohol, and drugs have no place at camp.
- Cell phones may not be used during camp programed times.
- When your church group is over each evening, your day is finished. Please return to your room immediately and quietly, even if other church groups are still meeting.
- Always wear your nametag and wristband. Wristbands and nametags will cost \$5.00 each to replace.
- No students are allowed on golf carts at any time unless you are being treated for injury or illness.
- Moving furniture is not allowed and may result in loss of deposit and additional fees from the university. (\$100 per occurrence per campus policy.)
- **ALL CLOTHING SHOULD REFLECT MODESTY AND DISCRETION!** Clothing that will not be allowed at any time: short shorts, mini skirts, spaghetti strap tanks, tube tops, halter tops, sleeveless/cropped shirts. Cover ups must be worn to and from the pool area.
- Swimsuits need to be conservative, one piece. Cover ups must be worn to and from the pool. Shorts/skirts should at least come to the end of the fingertips.

Your signature indicates that you, your youth minister, and your parents know that if you fail to use good judgment and common sense in following the rules listed above, you will be dismissed from camp and returned home at your own expense.

I covenant with IMPACT youth camp to follow these rules. I understand and agree to abide by them.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Youth Minister Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First Baptist Church Allen, 201 E. McDermott, Allen, TX 75002, 972-727-8241

Medical Release/Participation Permission

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ during 20\_\_\_\_ / \_\_\_\_\_ school year.  
(minor's name printed) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Age Grade

\_\_\_\_ Male \_\_\_\_ Female Birthdate          
Day Month Year

Address \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_ Additional Phone Number \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Current Medications & Allergies	_____
	_____
	_____
	_____

I \_\_\_\_\_ do  
(parent/guardian's name printed)

consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment and on the advice of any physician or dentist licensed under the provisions of the medical practice act or the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital, that maybe deemed necessary for the aforementioned minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the First Baptist Church Allen activity leader to make the decisions necessary for treatment. Should no activity leader be available, I give permission to the attending physician to treat this child. I further understand that the doctors, dentists, and other providers attending to this child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of First Baptist Church Allen or other organization sponsoring this event will be used as the secondary coverage. It is my responsibility to notify the church of any changes in insurance, medical condition, guardianship, address or phone in writing to the address listed above.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

(minor's name printed)  
\_\_\_\_\_ has my permission to participate (in the event). He/she has been instructed to obey and respect sponsors, respect the property of others, and to behave in a Christ-like manner for the duration of the event. All damaged property, etc., will be my responsibility and expense.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_