

First Baptist Church Allen



Preteen Camp 2017

Dates: July 10-14

Location: Riverbend Retreat Center in Glen Rose, TX

Cost: \$220

Grades: Completed 4th-6th

Theme: Armed & Ready

****We are limited to 55 spots for preteens****

Deadline to Register: Sunday, June 25 (\$50 deposit due today)

For more information please contact Lezah Maitland at lezah.maitland@fbcallen.org

Preteen Camp 2017 Waiver

I (we) hereby give permission for my (our) preteen to attend and participate in Preteen Camp 2017, July 10-14, 2017, sponsored by First Baptist Church Allen. I also give consent to medical and surgical treatment as needed in the judgment of the treating physician chosen by the representatives of First Baptist Church. I further give First Baptist Church and its representatives permission to transport my preteen at their discretion in case of an emergency. I do hereby agree to hold First Baptist Church, their agents and employees harmless of any and all liability, actions, causes of actions, claims, expenses and damages on account of injury to my preteen, property, even injury resulting in death, which I now have or which may arise in future connection with the activity or participation in any other associated activities. Lack of cooperation with event or church policies will result in my preteen returning home.

I understand that going to Preteen Camp 2017 means photos and videos of my preteen taken while at the event may be used in First Baptist Church publications.

I also understand that publication of these photographs may be accomplished electronically via the Internet/World Wide Web and that after publication, the Church will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my photographs and video therefrom, and subsequently using, altering or republishing them without my consent.

I waive any claim for damages against the Church from unconsented-to use, alteration or republication of my photographs and video by third parties accessing the Internet/World Wide Web.

Signature of Parent/Guardian _____ Insurance Company: _____

Phone H _____ W _____ C _____ Insurance Phone: _____

In Case of Emergency Contact _____ Phone _____ Group/Policy #: _____



Preteen Camp 2017

July 10-14 (Monday – Friday)
Riverbend Retreat Center in Glen Rose, TX



Leaving for camp and coming back home:

Check-in **begins** at the Curb (Student Ministry Building) at 12:30 p.m. on Monday, July 10. The bus will leave the parking lot by 1:00 p.m. You need to allow time to check in and for loading your things.

Please drop off all luggage in the grassy area outside of the Curb. Check In will be in the Curb.

Each preteen should bring a sack lunch or eat before you come. The church will provide bottled water.

We will return to the Curb at 12:30 p.m. on Friday, July 14.

Medications:

All prescriptions or medications should be placed in a zip-lock bag along with the completed Medical Administration Form. All prescription medications must be in the original bottle. The bag should be clearly labeled with the preteen's name and FBC Allen. This should be given to the sponsor at the check-in table on Monday. All prescriptions will be administered by the camp nurse. Rescue medications can be with the preteen at all times or with their small group sponsor. The nurse suggests bringing two, one for the preteen and one for the nurse.

Allergies: If your child/youth has food allergies or other special nutritional needs, please fill out "Allergy & Special Dietary Needs Form" located at bendcampinfo.org. You can also follow up with the Food Service Director at 888.269.4434 x17.

Shot records: Shot records just need to be current. You don't have to list the dates.

Theme: Armed & Ready

Pastor: Forest Davis. You can find more information about him with this link:

<http://forhiskidz.com/forrestdavis>

Team Color & Group: TBA

Coming and going from camp during camp:

If a camper has to leave the campground during the week, a Camper Excused Release Form must be completed and signed by the parent. It must be turned in on Monday at check-in before the group leaves for camp. The camper will also have to sign out at the camp office.

What to bring: Bible, sleeping bag or twin sheets, pillow, personal toiletries, washcloths, towels (1 for showers & 1 for swimming), swimsuit (one piece swimsuit or two piece with a cover up for girls), cover up, nose plugs (optional), sunscreen, insect repellent, water bottle, disposable camera, flashlight, snacks (in re-sealable containers), extra money for snack bar, comfortable shoes, comfortable clothes (shorts and t-shirts will be acceptable for all activities) Morning recreation will be wet. Please send one set of clothes and shoes for recreation. **Label everything with your preteens name and FBC Allen!!!**

Spending money (this is optional): Items at the canteen range from \$.50 to \$1.75. There is also a gift shop with everything from candy to shirts. An offering will be collected during the afternoon celebration time to help with camp ground renovations.

What not to bring: bad attitude, weapons, practical joke stuff, & anything you don't want to lose. *FBC Allen is not responsible for lost items.*

Camp Rules

- There will be no use of items from the “what not to bring” list at any time.
- All clothing should be modest. No: short-shorts, inappropriate logos, etc...
- Shoes and cover-ups (shirts for boys) must be worn to and from the pool or lake.
- Do not leave a meeting until it is over. (Use the restroom before an activity starts.)
- The group will travel to many activities together. A camper may not wish to take part in an activity, but he/she must stay with the group.
- No camper should be in the cabin during scheduled activity times.
- Any camper found on the hiking trails, archery course, challenge course, or at the lake without a counselor will be sent home.
- Remain in your cabin after lights out.
- The bottom line is this: All campers are expected to cooperate with the decisions and leadership of all sponsors and staff throughout the entire camp. The final authority on all matters at camp will be Lezah Maitland. Failure to adhere to these rules may result in disciplinary work (picking up trash, etc.), removal of privileges or being sent home.

Camp Schedule:

8:00: Breakfast

8:45 - 10:00: Recreation (Group 1) Bible Study (Group 2)

10:15 - 11:30: Bible Study (Group 1) Recreation (Group 2)

11:45: Lunch

1:00: Afternoon Celebration

2:00 - 5:15: Free Time: Pool, Lakefront Activities, Hiking, Archery, Paintball, Archery Tag, Crafts (3-4:30 p.m.) and Zip Line (Either Tuesday, Wednesday, or Thursday for 6th graders only)

5:30: Clean Up

6:00: Supper

7:00: Worship

8:30: After Worship Event

9:30: Church Group Time

10:30: Get ready for bed

11:00: Lights out

Pictures of Campers: Make sure and check the Riverbend website to see pictures of campers which will be posted daily at www.riverbendretreat.org then click on CampLink.

Contacting your preteen at camp:

Riverbend Retreat Center: 1-888-269-2363

Mail: We will have mail bags for each day at check-in.

Also parents are encouraged to send mail during the week.

Preteen's Name

FBC Allen

Riverbend Preteen Camp

Riverbend Retreat Center

1232 CR 411B

Glen Rose, TX 76043

Emails: To send an e-mail to your preteen go to www.riverbendretreat.org then click on Camp Link. Please address to: your preteen's full name and First Baptist Allen.

Lezah Maitland's Cell 214-542-6730 Email lezah.maitland@fbcallen.org

Campers' Last Name: _____, First Name: _____ T-Shirt Size _____
 Church: _____ Camp Name: Riverbend Preteen Camp

Camper Registration Form - 2017

(under 18 years of age)

I promise to obey the rules and regulations of Riverbend and will cooperate with the leaders and campers

Check if you do NOT want to be added to Riverbend's newsletter mail-outs.

I am attending with _____ Church, City: _____ Cabin #: _____

Camper's Name: _____ Email Address: _____

Address: _____ City: _____ ST: _____ Zip: _____

Birthdate: _____ Grade Completed: _____ Gender: _____ SS# (ins. purposes only): _____

Parent's/Legal Guardian's Name(s): _____

Home Phone: _____ Cell: _____ Work: _____ Email: _____

Dr.'s Name: _____ Phone #: _____

Please do not send your child/youth to camp if they have a fever or illness. The whole camp could be in danger of contracting the illness. **If your child has any significant health issues or newly developed concerns after turning in this form, please bring a report on the day of departure for camp detailing care and/or limitations.**

Are all immunizations current for your child: Yes or No **If no please specify what is not:** _____

Health History-List any recent illnesses, injuries and/or hospitalizations relevant to a physician in case of an emergency (attach extra sheet if necessary) _____

Age: _____ Height: _____ Weight: _____ Allergies: _____

If your child has food allergies or special nutritional needs, please go to bendfoodallergy.org and fill out the Food Allergy and Special Dietary Needs form at least two weeks prior to camp dates.

*All medications must be given to the Camp Health Officer. Place them in a large Ziploc bag with your child's name and church name. Prescriptions must be in the original container with the camper's name and the current dosage. No medications will be given unless they are in original containers per Texas Department of State Health Services. If your child/youth requires an asthma inhaler or antidote for insect bite or allergies (prescribed by doctor) have them bring at least two (2) to camp. The medication must be registered with Camp Health Officer. One (1) will be kept and closely guarded by camper and one (1) given to the Camp Health Officer. Similar special cases must be discussed with Camp Health Officer. If the need arises, I give my permission for my child/youth to be inspected for head lice/eggs. I understand any such check would be conducted sensitively. I understand Riverbend's Notice of Privacy Practices uses and disclose health information about my child/youth to the Summer Camp Director, Executive Director, his designee, the child's sponsor and medical staff, when in its sole discretion, believes such communication to be in the best interest of my child for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that he/she receives. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

I give my permission for the Camp Health Officer to give the following over-the-counter medications in accordance with standard label directions: Tylenol Ibuprofen Antihistamine Decongestant Cough Medicine Anti-Nausea Anti-Diarrhea
 I would prefer my child not be administered the following from the above list: _____

I hereby authorize the Riverbend Retreat Center staff, Camp Health Officer or Summer Camp Director to make emergency medical decisions for my child/youth and I understand that my insurance coverage will be primary coverage. If the church your camper attends with has insurance they will be second and Riverbend's will be third and for accidents only – no illness coverage.

Insurance Company: _____ in name of: _____

Insurance Policy #: _____ Phone #: _____ **Please send a copy (front and back) of Insurance Card**

Address: _____ City: _____ ST: _____ Zip: _____

Name of Medication	Dosage	Frequency / Time(s)	Comments

All medications should be listed whether Over the Counter or Prescriptions. If your child/youth takes it with food or after lunch or needs other special instructions, please note. If your child/youth has difficulty taking medication, please attach a note and tell the Camp Health Officer the best way to get the child/youth to take the medication. Attach separate sheet if additional space is needed.

I understand that medical care is provided by the group my child/youth is attending with and not by Riverbend Retreat Center.

If parent cannot be reached in an emergency, please contact:

Name: _____ Phone #: _____ Relationship: _____

I, the undersigned parent or guardian, hereby consent to my child/youth participating in Summer Camp at Riverbend Retreat Center, an event sponsored by _____ Church on _____, 2017. I certify that my child/youth is able to participate in all activities including but not limited to: Swimming pool activities including slides and diving board, waterfront activities including blobbing, iceberg, space mountain, water zip line, aqua swings, and Wet Willie slide, archery, Archery Tag, Ga-Ga Ball, challenge (ropes) course, zip line, climbing wall and structure, fishing, hiking, paintball, all field sports including, but not limited to softball, baseball, soccer and volleyball. I would prefer my child not participate in the following activities: _____.

RELEASE AND INDEMNITY

I understand and hereby agree to assume all of the risks which may be encountered on said activity, including activities preliminary and subsequent thereto. I DO HEREBY INDEMNIFY AND HOLD HARMLESS TARRANT BAPTIST ASSOCIATION AND RIVERBEND RETREAT CENTER, AND THEIR OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, VOLUNTEERS AND REPRESENTATIVES (THE "INDEMNIFIED PARTIES") FROM AND AGAINST ANY AND ALL LIABILITY, DAMAGES, ACTIONS, CAUSE OF ACTION, CLAIMS, LOSSES AND/OR EXPENSES, INCLUDING BUT NOT LIMITED TO ATTORNEY'S FEES, COURT COSTS AND EXPENSES, ARISING IN CONNECTION WITH OR BASED ON INJURY TO OR DEATH OF ANY PERSONS OR PROPERTY, INCLUDING THE LOSS OF USE THEREOF, CAUSED IN WHOLE OR IN PART BY ANY MEMBER OF THE GROUP OR THE SUMMER CAMP DIRECTORSHIP, REGARDLESS OF WHETHER OR NOT CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE INDEMNIFIED PARTIES, OR ANY ONE OR MORE OF THEM. However, this indemnification shall not apply to willful misconduct committed by the Indemnified Parties.

I understand that part of the camping experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.

I further give permission and consent to Riverbend Retreat Center for any photographs, videotapes and interviews to be taken during the camping session to be published and used to illustrate, report, promote and advertise the camp including on Internet Web Sites promoting or reporting on the camp. I hereby assign full copyright of these photographs to Riverbend Retreat Center with the reproduction either wholly or in part. I agree that they can be used separately or together, either wholly or in part, in any way and in any medium. Provided my name is not mentioned in connection with any other statement or wording which may be attributed to me personally, I undertake not to prosecute or to institute proceedings, claims or demands against Riverbend Retreat Center or any of their employees related to any actions of Riverbend Retreat Center taken in accordance with this paragraph. I further agree that I or my child will not use a camera or camera phone to take pictures or videos of any individual including myself in any state of undress.

I agree that venue for any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Somervell County, Texas, and such dispute or cause of action shall be governed by and construed in accordance with the laws of the State of Texas, exclusive of any provisions relating to conflict of laws.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I agree that in any event that I take any legal action against Riverbend Retreat Center, which is decided in favor of Riverbend Retreat Center, I will be responsible for all legal fees, court costs and out-of-pocket expenses of Riverbend Retreat Center, its owners and employees. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS PARENT AND /OR LEGAL GUARDIAN OF THE MINOR NAMED ABOVE. I AM AUTHORIZED TO SIGN THIS RELEASE BY AND ON BEHALF OF MY CHILD'S CO-PARENT OR CO-GUARDIAN. This is a legally binding agreement, which I have read, understood, and accept.

Signature of parent or legal guardian: _____ Date: _____

Camper's Signature: _____ Date: _____

Sponsor _____
 Camper _____

Riverbend Preteen Camp 2017
MEDICATION ADMINISTRATION FORM

Last Name _____
 First Name _____

Church _____

Medication List Medicine Below	Frequency					MON		TUES				WED				THURS				FRI
	Brk	Lun	Sup	Bed	PRN	Sup	Bed	Brk	Lun	Sup	Bed	Brk	Lun	Sup	Bed	Brk	Lun	Sup	Bed	Brk
	Brk	Lun	Sup	Bed	PRN															
	Brk	Lun	Sup	Bed	PRN															
	Brk	Lun	Sup	Bed	PRN															
	Brk	Lun	Sup	Bed	PRN															
	Brk	Lun	Sup	Bed	PRN															
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	Brk	Lun	Sup	Bed	PRN															
	Brk	Lun	Sup	Bed	PRN															
	Brk	Lun	Sup	Bed	PRN															

- ◆ Please print legibly since we will need to administer between 200-300 doses of medications in the first few hours of camp.
- ◆ Please list each medication on a separate line.
- ◆ Circle time of day medication should be given. (see key below)
- ◆ All medications must be in original container, with dosing instructions clearly labeled. This is state law.
- ◆ Each camper’s medicine(s) should be in a zip lock bag with their name and church name clearly labeled on the bag.
- ◆ Campers with Asthma who use rescue inhalers should bring **two**. One to keep, and a backup to be left with the Camp Health Officer.
- ◆ ***Please do not write or mark in highlighted area. This area is for Camp Health Officer use only.***
- ◆ **This form will become part of the record at Riverbend Encampment.**

DATES ADMINISTERED: FROM July 10, 2017 TO July 14, 2017.

Parents Signature and date _____ CHO Signature _____

Frequency Key: **Brk** = breakfast **Lun** = Lunch **Sup** = supper **Bed** = bedtime **PRN** = as needed.
 Please use the Bed designation only for those medications that must be given just before sleep **due to medical reason**, otherwise please circle Sup. This will minimize the distractions for your camper during the Church Bible Study time after Evening Worship