



CentriKid Camp 2020 will be at Gardner Webb University, and the theme is “The Discovery”. Campers will discover what it means to be imitators of Christ. Jesus is the ultimate example that we should follow as Christians, and we will be taking a look at scriptures that help us know Jesus and walk as Jesus walked.

There are 2 parent meetings for questions, information, paperwork and payment. – Wednesday February 5th in gym Social Hall at 8pm and Sunday February 9th Worship Center room A-100. Most questions are answered in the information below.

Please contact: Jimmy Cagle, Children’s Pastor jimmy@forestville.org (864-884-2144) or Blake Harris, Children’s Intern blakeharris13@aol.com (864-567-0038)

NEED TO KNOW

Camp Location: Gardner Webb University

Camp Grades: 3rd – 6th

Camp Dates: June 22-26

Cost: \$250 per camper

- \$50 deposit DUE BY Wednesday, February 23rd to secure spot and balance due by May 3rd
- If you wish to help disciple as a chaperone, please contact Pastor Jimmy or Blake Harris

KEY VERSE: 1 John 2:6

The one who says he remains in him should walk just as he walked.

Daily Biblical Truths

Day 1 | Walk as Jesus Walked
Day 2 | Obey as Jesus Obeyed
Day 3 | Care as Jesus Cared
Day 4 | Forgive as Jesus Forgave
Day 5 | Speak as Jesus Spoke



Payment

Please fill out the payment envelope completely. Envelopes can be found at Guest Service and Children Check-in areas. In particular, I need to know **shirt sizes** for your child(ren). Also, I need the chaperones' sizes for shirts. Please indicate Youth or Adult shirt size.

Participant Form

Please fill out of the attached medical forms (Chaperones I need yours as well). Centri-Kid will not allow your child to attend camp without the completed forms. If you can get forms notarized, great, but if not, I will have a notary at the Feb 5th and Feb 9th parent meetings. Also, note that **you need a photocopy of your insurance card.**

Housing

Dorms on campus are 2 per room with bath on hall.

You might want to bring shower shoes.

Towels and linens are **NOT** provided.

Sleeping bag and/or twin bedding will be needed.

Free Time

There is an indoor swimming pool, Gymnasium – basketball and dodgeball, volley ball, game room, Quad Outdoor Games, Camp Store, etc.

Camp Contact

(864) 884-2144 - I will have my cell phone with me if you have an emergency.

Sending your camper a ***Letter From Home***,

***Make sure you send all mail by Day 2 of camp, so that it gets to camp on time.

ATTN: CentriKid Camps

Camper / Church Name (Example: Joe Smith/Forestville)

110 South Main Street

Boiling Springs, NC 28017

PACKING LIST - WHAT TO BRING

- Sleeping bag or twin bedding, shampoo, toothpaste, toothbrush, deodorant, etc
- Clothes that can be worn to recreation and tracks (t-shirts/shorts for each day)
- Clothes that can get messy (for OMC)
- Bag for dirty clothes
- Tennis shoes for rec/outdoor tracks
- Bible, notepad, pen, and backpack to carry things
- Water bottle, sunscreen
- Spending money for snacks, camp store, and missions offering (all optional, of course)
- A watch and an alarm clock
- Modest one-piece bathing suit or two-piece with dark shirt to wear over it
- Towels – for the pool and for showers

What not to bring to camp:

- Please do **NOT** bring **Cell Phones**, radios, CD players, iPods, or video games.
 - Children may use my phone or a chaperones phone to call during afternoon Free Time
- Anything that advertises alcohol, tobacco, illegal drugs
- Anything that promotes racism, sexism, or hatred of any group or person
- Anything that promotes sexual actions or situations
- No alcohol, tobacco, illegal drugs, fireworks, or any kind of weapon
- No skateboards, fireworks, water guns, water balloons, etc.

Track Time for Campers

- Campers will choose two tracks - Track A, B
- Track Options will be discussed at parent meeting

5-DAY CAMP SCHEDULE

DAY 1

1-4pm Check-In
_____ Dinner
7:00pm Opening Celebration
7:45pm Team Time / Adult Gathering
9:00pm Church Group Time
10:00pm Head to Room
10:30pm Lights Out

DAY 2 - 4

_____ Breakfast/Time Alone With God
8:15am I Can't Wait
9:00am Team Time (Bible Study / Rec)
11:30am Lunch
1:00pm Track A
2:15pm Track B
3:30pm Hang Time
5:30pm Dinner
7:00pm Worship
8:00pm Church Group Time
10:00pm Head to Room
10:30pm Lights Out

DAY 5

7:00am Breakfast / Time Alone With God
8:30am Team Time
8:45am Adult Gathering
9:30am Closing Celebration
10:15am Churches Depart

**DAY 4 AFTERNOON

1:00pm Track A
2:15pm Track B
3:30pm Team Time (OMC prep)
4:00pm OMC
5:30pm Dinner



2020 Camp Participant Form

Group Leaders: Bring ONE notarized copy of this document to registration.
Keep a photocopy for yourself to have with you in case of emergency.

Camp Location/Date: _____

Church Information:

Name of Church: _____
Group Leader: _____ Group Leader's cell # (_____) _____
Church Address: _____ City: _____ ST: _____ ZIP: _____

Participant Information:

Name: _____ Age _____ Date of Birth: ____/____/____
Grade Completed (if applicable): _____
Address: _____ City: _____ ST _____ ZIP _____
Emergency Contact: _____ Relationship to Participant: _____
Phone Numbers - Home: (____) _____ Work: (____) _____
Mobile: (____) _____ Other: (____) _____

Medical and Insurance Information:

Generally, Participant's Health is: (Check One) ☐Excellent ☐Good ☐Fair ☐Poor

If Fair or Poor, please explain: _____

List any medical difficulties which are currently being treated: _____

List any medicines or substances to which you are allergic: _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Date of Tetanus Immunization: ____/____/____

Family Physician _____ Phone: (____) _____

Insurance Co. _____ Policy #: _____

Subscriber Name: _____ Subscriber Number: _____ Work Phone: (____) _____

In consideration of Participant's ability to participate in the event(s), I, the undersigned Participant, (and, if Participant is a minor, I the undersigned Parent/Guardian):

A. Permission For Medical Treatment: Hereby grant my permission for any church staffer or counselor, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to Participant, including transporting Participant to a medical facility and sharing the above information with medical personnel, and further hereby give permission for medical personnel to administer medical care to Participant, as necessary.

B. Acknowledgement and Permission: Hereby acknowledge that any activity involves the potential for contact with someone other than camp staffers (i.e. employees at a non-LifeWay sponsored event, church volunteers, etc.). **I further acknowledge that if Participant is attending a camp with:**

1. Construction Activities, that those may include but are not limited to 1) painting, installing doors, installing windows, building porches, constructing wheelchair ramps, conducting cleanup activities, scraping paint and removing debris from the work site, climbing ladders, nailing nails, scraping paint, carrying heavy building supplies and serving each day in sometimes extreme summer temperatures, 2) travel to and from each worksite, and 3) **PARTICIPANTS AGE 16 AND OLDER MAY ENGAGE IN ACTIVITIES INCLUDING OPERATING POWER TOOLS AND WORKING ON SLOPED ROOFS.**

2. Recreation Event Activities that those may include but are not limited to 1) initiative games, high and low challenge courses, outdoor education, paintball, aquatics (including beach activities where applicable), 2) climbing or descending unpredictable and possibly slick or uneven terrain, 3) activities leading to elevated heart and respiratory rates, 4) traveling long distances in remote settings, 5) carrying weight on your back and shoulders, 6) encountering unforeseen forces of nature and weather, 7) experiencing uncomfortable group dynamics.

3. Mission Event Activities that those may include but are not limited to 1) travel hazards, 2) being a distance from medical care, 3) experiencing uncomfortable group dynamics.

4. International Mission Event Activities that those may include but are not limited to 1) travel hazards, 2) being a distance from medical care 3) political instability in mission location, 4) traveling long distances in remote settings, and 5) experiencing uncomfortable group dynamics.

C. Photograph/Video Acknowledgement and Permission: Acknowledge that there may be photographs taken or videotaping during normal event activities, and I hereby grant my permission for such photographs/videos to be taken and to be used in promotional materials.

D. Release and Indemnity: Acknowledge and agree that I release and forever hold harmless LifeWay Christian Resources of the Southern Baptist Convention ("LifeWay"), the venue, church, project and event sponsors and state conventions as well as their members, trustees, directors, officers, employees, agents, contractors and affiliates (collectively, the "Released Parties") from any and all claims or demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor child while participating in or employed by this project or the events and/or while on property leased or owned by the Release Parties. I further assume full personal responsibility for any loss of or damage to property to the extent caused by me or my minor child. I also assume full personal responsibility for all medical bills for me or my minor child. I agree to indemnify the Released Parties from any and all claims and demands for personal injury or death as well as property damage and expenses of any nature whatsoever arising out of the willful or negligent actions or omissions of me or my minor child. I further hereby assume responsibility for all transportation costs related to my or my minor child's dismissal from the project and/or event, as applicable.

E. Understanding. Represent and acknowledge that (1) I have completely read and understand this document and all its terms and all matters referred to herein, and my signature below is my voluntary, free act and deed, (2) I have had ample opportunity to obtain the advice of counsel, (3) by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me, (4) I understand that the above Releases shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect, (5) to the extent any restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to Christian conciliation/mediation organization for binding resolution, and (6) a copy of this form as signed shall be treated as authentic and binding as the original, and a copy of same may be provided to venue.

Complete and sign below (Consent by a parent or guardian is required for those under the age of majority which varies by state. For example, in Alabama and Nebraska consent is required for those under 19 years of age).

Participant's Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Phone: () _____ Date: ____/____/____
(if Participant is a minor)

Notary Acknowledgement: State of _____)
County of _____)

On the ____ day of _____, 20____, before me, _____, Notary Public,
personally appeared _____
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the
within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies),
and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s)
acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of _____
that the foregoing is true and correct. Witness my hand and official seal.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary signature: _____

My commission expires: _____

Medical Release & Permission Form

Page 1 of 2

Effective dates: 1/1/2020 to 12/31/2020

Please print in ink:

Name: _____ Age _____ Birthday _____
LAST FIRST MIDDLE

Year in school: _____ ☐ Male ☐ Female Email _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Cell _____

Medical insurance company: _____ Policy # _____

Mother's name: _____ Phone Home: _____ Work: _____

Father's name: _____ Phone: Home: _____ Work: _____

Emergency contact: _____ Phone: Home: _____ Work: _____

Physician: _____ Office phone: _____

Dentist: _____ Office phone: _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

- For your child's safety and our knowledge, is your student a—
☐ good swimmer ☐ fair swimmer ☐ non-swimmer
- Does your child have allergies to—
☐ pollens ☐ medications ☐ food ☐ insect bites
- Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
☐ asthma ☐ epilepsy / seizure disorder ☐ heart trouble ☐ diabetes
☐ frequently upset stomach ☐ physical handicap
- Date of last tetanus shot: _____
- Does your child wear ☐ glasses ☐ contact lenses
- Please list and explain any major illnesses the child experienced during the last year:
Additional comments: _____
Should this child's activities be restricted for any reason? Please explain: _____

Page 1 of 2

Medical Release & Permission Form

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in student ministry activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church student/childrens pastor prior to that event.*

_____ has my permission to attend all student activities

NAME OF STUDENT

sponsored by _____

NAME OF ORGANIZATION

from 1/01/2020 to 12/31/2020.

DATE

DATE

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We understand that as a Participant, I or my child may be photographed or videotaped during the normal event activities, and these photographs/videos may be used for promotional purposes including social media, web-site, etc.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member. **NOTE: ONLY legal parents and guardians can sign this form. This form MUST be signed in the presence of a notary. Most banks offer free notary services and our church has a notary on staff available to notarize this form, however, the notary MUST witness your signature before returning these forms.**

Parent/guardian signature: _____ Date: _____

Notary Signature: _____ Date: _____

My Commission Expires ____/____/____