

Please give a copy of this document to all students attending THEOLOGY CAMP.

What to bring...

- Bible, pen, & journal
- Bedding – sleeping bag & pillow (rooms are dormitory style with bunk beds)
- Towels (we recommend you bring more than one)
- Personal care items (including insect repellent & sunscreen)
- Reusable water bottle (It will most likely be hot and humid the week of camp.)
- Box or Oscillating Fan (optional)
- Alarm Clock—Smartphones may be used!
- Casual clothes (see dress code below)
- Swimwear and recreation clothes (see dress code below)
- Extra shoes that can get wet (optional, but highly recommended due to the water activities)
- Prescription medicine if needed – It MUST be in the original labeled container.
- OPTIONAL: Spending money for snacks or LVCR swag. Students are responsible for keeping track of any money they bring to camp. Evening snacks will be provided.

*** Life jackets are provided by Two Rivers Float Company.*

Guidelines

- All students are required to attend all scheduled sessions.
- Nametags must be always worn.
- There will be no possession or use of tobacco, e-cigarettes, alcohol, and/or drugs except for the purpose of medication. Immediate expulsion may result from violation of this guideline.
- Cell phone use to and from camp is up to your individual church leader. Cell phones usage during worship, break-out sessions, and church group times is forbidden. Phones will be collected from student for violation and kept until the session has completed.
- Electronic entertainment devices are NOT allowed.
- DRESS CODE: Dress is not to distract from the purpose of THEOLOGY CAMP.
 - Shirts must have sleeves (everywhere outside your sleeping quarters)
 - Shirts & shorts should be an appropriate length (shorts length to mid-thigh, hemlines and necklines must be modest, NO midriffs showing).
 - All students are encouraged to bring at least one set of old clothes for some of the activities and for the float trip. There will be messy games during the week! Girls! No white shirts for games (colored shirts only).
 - Shirts & shorts must be worn to and from Logan Creek/waterslide.
 - River shoes, shorts, and shirts are highly suggested. Swimwear may be worn with shirts.
 - Everyone must wear a dark t-shirt in addition to their appropriate swimwear (one-piece suits for girls).
 - Shoes/sandals must be always worn.
 - No shirts or other clothing with inappropriate slogans or pictures are allowed.

Emergency Contact Numbers

- . Terry Coker, Camp Director – 314-941-6048
- . LVCR Office – 573-663-2735

STUDENT REGISTRATION FORM

Activity: THEOLOGY CAMP

July 8 - 12, 2024 at Logan Valley Christian Retreat, Ellington, MO

Sponsored by FBC Fenton, Park Hills BC, & Spurgeon Baptist Association of Churches

Name: _____ Check one: Male Female

Address: _____

City / State / Zip Code: _____

Parent's Names: _____

Parent's Phone Numbers: _____

Parent's Email: _____

Church Name: _____

Church City & State: _____

Do you have any special dietary or medical needs? Yes No

If yes, please explain: _____

Check the grade you will be entering this fall:

7th 8th 9th 10th 11th 12th Spring 2024 HS Graduate

T-Shirt Size (adult sizes):

Small Medium Large X-Large XX-Large XXX-Large

STUDENT CONSENT & PARTICIPATION AGREEMENT

Activity: THEOLOGY CAMP

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Student's Name: _____

Student's Address: _____

Church Name: _____

Church City & State: _____

PARENT/GUARDIAN CONSENT AND PARTICIPATION AGREEMENT

In consideration of my child, (name) _____'s, opportunity to participate in Theology Camp activities and programs, I acknowledge that participation in the activity described above (Theology Camp) involves risk to the participant and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. I acknowledge and accept the risks of injury associated with transportation to and from Theology Camp. I accept personal financial responsibility for any injury or other loss sustained during the camp activities or during transportation to and from Theology Camp, as well as for medical treatment rendered to my child that is authorized by Theology Camp/Church leaders, employees, volunteers, or agents. I specifically consent to allowing my child to be transported or receive emergency care and to be responsible for all financial charges for such emergency care. I do release, acquit, discharge and covenant to hold harmless the (Your Church Name) _____ of (City/State) _____, the First Baptist Church of Fenton, FBC Park Hills, its representatives, the trip director or Theology Camp staff, of any and all actions, damages, or liabilities arising out of the treatment of any sickness, or accident incurred by my said child or ward to disclose any information there acquired, if requested. I understand that in the event of a medical emergency requiring medical care, as I have authorized below, all costs for such emergency care ARE MY RESPONSIBILITY and I agree to make payment of all such medical costs. I understand that I will be notified of medical care, and that I must notify my insurance carrier.



Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PHOTO/VIDEO RELEASE

First Baptist Church of Fenton will be videotaping and photographing this event. By your attendance, you are granting permission to be photographed or videotaped while participating in Theology Camp. Photos or video footages may be used by volunteers and employees of First Baptist Church in promoting the overall ministry of Theology Camp by the participating churches.



Parent/Guardian Signature _____ Date _____

BEHAVIOR POLICY & DRESS CODE

Our camp is about one thing—God and His glory! We do not want things to be a distraction.

By attending THEOLOGY CAMP, you are agreeing that you will...

- . Listen to what all the teachers, counselors, and leaders say to you.
- . Be at scheduled activities on time (worship time, breakout groups, church group, meals, etc.).
- . Participate in all activities to the best of your ability.
- . Follow all guidelines for the protection of all attending camp.

You also agree that you will NOT...

- . Speak in a manner inconsistent with the nature and spirit of this camp. (No cussing, back talk, put downs, etc.)
- . Physically harm or cause to harm any camper or sponsor.
- . Be a distraction to others around you during teaching times or family times.
- . Let your bad attitude be a hindrance to what God is doing!

Dress Code

- . Shirts with sleeves (everywhere outside your sleeping quarters)
- . Shirts & shorts of an appropriate length (shorts length to mid-thigh, hemlines and necklines must be modest, NO midriffs showing).
- . Shirts & shorts should be worn to and from the waterslide or creek.
- . Everyone must wear a dark t-shirt while wading in the creek, floating in the river, or using the waterslide in addition to their appropriate swimwear.
- . Shoes/Sandals must be always worn.
- . No shirts or other clothing with inappropriate slogans or pictures.

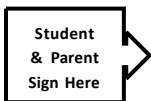
Cell Phones and Other Electronics

Cell phone use to and from camp is up to your individual church leader.

Parents may call your group leader or use the numbers below if they need to contact you.

Terry Coker, Camp Director – 314-941-6048

Logan Valley Retreat Center Office – (636) 373-2855



Signature of Student: _____

Parent/Guardian Signature: _____

STUDENT HEALTH INFORMATION & HISTORY FORM

Activity: *THEOLOGY CAMP*

July 8 – 12, 2024 at Logan Valley Christian Retreat, Ellington, MO

Sponsored by FBC Fenton, Park Hills BC, & Spurgeon Baptist Association of Churches

This health information and history form is to be completed and signed by a parent or guardian. Please use the back of form if necessary.

Student's Name: _____

Birth Date: _____

Name of the church you are attending camp with, city, and state: _____

Parent/Guardian's Contact Information:

Parent/Guardian 1 - Name: _____

Phone: _____

Email: _____

Parent/Guardian 2 – Name: _____

Phone: _____

Email: _____

Emergency Contact (if other than above parents/guardians):

Name: _____

Relationship: _____

Phone: _____

Medical Care Contact:

Name of Physician: _____

City/State: _____

Physician's Phone: _____

HEALTH HISTORY

Do you frequently suffer from pains in your chest? YES NO

Do you often feel faint or have spells of severe dizziness? YES NO

Has a doctor ever told you that you have high blood pressure? YES NO

Are you currently sick and/or using a medication not listed elsewhere on this form? YES NO

Have you had any operations or serious injuries in the last three months? YES NO

Do you have arthritis, joint or back problems that might be aggravated by exercise? YES NO

Are you currently taking medicine or treatment? YES NO

If yes, explain: _____

Have you been restricted from sports or swimming for any reason? YES NO

If yes, explain: _____

Date of last Tetanus shot: _____ Date of last physical exam: _____

Have you ever had a severe reaction to a bee/hornet sting, or insect bite? YES NO

If yes, explain: _____

Do you have: Sinus Trouble Hay Fever Heart Trouble Epilepsy/Seizures Asthma

Diabetes Communicable Diseases? If yes, explain: _____

Please list any Allergies: _____

Food: _____

Drugs: _____

Other Medical Needs: _____

EMERGENCY MEDICAL AUTHORIZATION

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Student's Name: _____

Birth Date: _____

Name of the church you are attending camp with, city, and state: _____

In the event of an emergency, I hereby give permission to any Theology Camp/Church staff person, or their designee, who is present at the above-mentioned event to obtain medical assistance. I also give permission to the Physician selected to hospitalize and secure proper treatment.

Insurance Company: _____

Mailing Address to Submit Claims: _____

City: _____ State: _____ Zip: _____

Policy Number: _____

If I cannot be reached, please notify _____

Phone numbers: _____

Today's Date: _____



Parent/Guardian Signature: _____

Parent/Guardian Signature: _____