



BOONE'S CREEK BAPTIST ASSOCIATION CAMP

Post Office Box 537
Winchester, KY 40392

Please call 859-744-0037 or e-mail
boonescreekbapti@bellsouth.net

You may also visit our website at
www.boonescreekbaptistassoc.com

2017 SUMMER CAMP DATES

Boys Week - June 12-16
(ages 7-14)

Girls' Week - June 19-23
(ages 7-14)

Senior Co-Ed Week - June 26-30
(ages 13-17)

Jr. Co-Ed Week - July 10-14
(ages 7-12)

Directions from Winchester: Highway 89 South 11 miles. Turn left on Highway 974 at Trapp Elementary School. The camp is 1.3 miles on the left.

Camp Fee: \$150-Non-Association

Camp Fee: \$120.00 for 36 churches in the Boone's Creek Baptist Association

Day Camp Fee: \$25 per day (9am-4pm) during regular camp dates only
(Fee includes t-shirt, snacks, and a craft (craft only during applicable weeks).

Scholarships are available for low income families

Please include \$10.00 deposit when mailing application. Call the office for more information.

REGISTRATION IS MONDAY 1:00 – 3:00PM

(Dinner is the first meal served around 6:00 pm. Please eat before arriving at Camp.)

DEPARTURE IS FRIDAY 12:30 – 1:00 PM.

(Children must be picked up by 1:00 pm.)

We advise that each group sending 5 or more campers have an adult (18 years or older) volunteer to stay with them. These volunteers must be mature, active members of their church.

Volunteers who wish to come with their church must submit to a background check. Volunteers may attend at no cost. Volunteers will be asked to supervise other campers as well as their own and realize our paid staff is in charge of the cabin assigned to them. Volunteers may be used wherever the camp director or camp manager needs them to work.

General Camper Rules

- Modest dress is required at all times! This means no exposed skin in the stomach or upper chest areas and no short shorts.
- Luggage and bags will be inspected as part of the check-in process.
- Camp has a no-nit policy, heads will be checked for lice prior to admission
- When campers leave the property, they must be signed out by a responsible adult.
- Please do not visit during the camp week as this may cause homesickness.
- Mail to campers is ENCOURAGED! Please send mail by Wednesday to ensure that it arrives before campers leave on Friday.

- Please do not ask your child to call home. Phone calls are permitted in emergency situations only.
- Parent/Guardians will be contacted if a camper engages in theft, causes physical harm to another camper or uses foul/unacceptable language.
- Discipline will be decided on a case by case basis by the Camp Director and/or the Director of Missions.
- These rules are not inclusive. They may be revised as needed.

What to bring?

- ★ Bedding (sleeping bag, pillow, sheets)
- ★ Swimsuits (one-piece, modest)
- ★ Towels, washcloths
- ★ Rain gear
- ★ Sleepwear
- ★ Toiletries (toothbrush, soap, shampoo, hairbrush, etc.)
- ★ Shirts, socks, shorts, tennis shoes (NO SANDALS or FLIP FLOPS except to and from pool area)
- ★ Bible, notebook, pen/pencil
- ★ Camera and flashlight (if desired)

Please leave these at home:

Cell phones!!!

Mp3players, handheld games, snack foods, candy, tobacco products, valuable items, money, skateboards, roller blades, clothing with inappropriate/offensive language or pictures.

IF ANY OF THE ABOVE ITEMS ARE BROUGHT TO CAMP, THEY WILL BE STORED AND RETURNED AT THE END OF THE WEEK.

Boone's Creek Camp/Association is not responsible for lost items. Items left at camp will be collected and stored in the associational office until August 15, 2017.

Week Attending:

- Boys week - June 12-16 (ages 7-14)
- Girls week - June 19-23 (ages 7-14)
- Sr. Co-ed week - June 26-30 (ages 13-17)
- Jr. Co-ed week - July 10-14 (ages 7-12)
- Day Camper

Campers Name:

Gender: M / F Grade entering: _____ Age: _____

DOB: ____/____/____

Address _____

City _____

State _____ Zip _____

Parent/Guardian Name _____

Phone #1: (____) ____ - _____

Phone #2: (____) ____ - _____

Emergency Contact Name if parent unavailable _____

Phone: (____) ____ - _____

Name of home church _____

Pastor/Contact Person _____

Phone: (____) ____ - _____

T-Shirt Size: (circle one)

Youth: small medium large x-large

Adult: small medium large x-large

Permission to take your child's picture as part of the camp activities Yes ___ No ___

MEDICAL RELEASE FORM

To be filled out by Parent/Guardian. The signature must be notarized. (Notary will be available at registration.)

ALL MEDICATION MUST BE CHECKED IN ON REGISTRATION DAY. MEDICATION WILL NOT BE ADMINISTERED WITHOUT PROPER FORMS COMPLETED BY PARENT/GUARDIAN.

HEALTH INFORMATION

Date of last tetanus shot: _____

Food/Drug allergies: _____

My child can be given Tylenol or Ibuprofen (circle one if you approve)

Primary Care Physician _____

Phone: (____) ____ - _____

Recreational limitations _____

Health Insurance Company _____

Named Insured _____

ID # _____ Group # _____

PLEASE ENCLOSE A COPY OF YOUR HEALTH INSURANCE CARD WITH THE APPLICATION.

IN CASE OF AN ACCIDENT OR EMERGENCY BOONE'S CREEK BAPTIST ASSOCIATION CAMP WILL NOT SERVE AS THE PRIMARY INSURANCE CARRIER!

Parents or Guardians of the child must sign the medical treatment authorization w/notarization of the signature before the child can be admitted to camp. NO EXCEPTIONS

To Whom it May Concern: I,

The Parent/legal guardian

of _____ grant Boone's Creek Baptist Association/Camp and/or its agents to authorize emergency care for my child should any medical problem arise. I understand that the treating facility will make all reasonable attempts to notify me at the time of treatment, but that said treatment should proceed as needed, not withstanding my notification. Also, I authorize Boone's Creek Personnel to transport my child to receive medical attention if needed.

PLEASE NOTE: If I can be reached at any time during this period or if I am present at the time of treatment, my judgment may supersede this instrument. I understand that my personal insurance will be the primary insurer to pay for medical treatment for this child/minor. The insurance of Boone's Creek Baptist Camp will be the secondary insurance.

This instrument shall be in force from _____

to _____ (dates attending camp)

I accept the conditions set forth in this application and on this medical form.

Signed: _____

Relationship: _____ Date: _____

NOTARY PUBLIC Signature: _____

Sworn and subscribed before me this _____ day of _____

My commission expires: _____