

Youth Camp 2024 Church Packet

4-Step Process [] | ^ c ^ s | ^ - ^ c ^ c | • ^ c ^ a ^ a ^ | | , ^ c ^ a ^ & ^ i ^ a ^ [^ i ^ a ^ * ^ d a s s] ^ s ^ a ^ p r i c e [] | ^ c ^ a ^ [| { • ^ s ^ a ^ a ^ s ^ a ^ | s ^ a ^ a ^ a ^ (a c a * ^ a ^ ^ ~ ^ a ^ a ^ a ^ [& ^ { ^ } ^ a ^ a ^ ^ ~ | ^ s ^ a ^ a ^ e ^ s ^ & ^ a ^ e ^ a ^ t ^ a ^ c ^ a ^ ^ a ^ a ^ | a ^ ^ a ^ i ^ a ^ e

Step 1: Complete Online Camp Week Request

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Step 2: Complete Online Registration for Students and Leaders

A. Student and Leader Registration

È Once availability of the camp you have requested is confirmed, the team , a | ^ a ^ } a ^ a ^ [^ a ^ a ^ link through Brushfire that is specific to your church. Use the link to register students, leaders, and YOURSELF.

B. Requirements for Leaders

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- If a leader has completed MS with NTYM within the last 2 years, they will not receive emails. We will update their registration to show this step is complete.

Step 3: Mail in or Make Payment Online

Mail to: NTYM ATTN: Camp # P.O. Box 838 Waxahachie, TX 75168

È U P O ^ a ^ @ ^ i ^ & ^ a ^ a ^ { ^ } ^ a ^ c ^ a ^ a ^ [^ c ^ a ^ i ^ ^ a ^ a ^ **NON-REFUNDABLE** ^ a ^ f ^ e ^ e ^ a ^ [] • a ^ a ^ a ^ a ^ c ^ a ^ } ^ a ^ a ^ a ^ a ^ i ^ .
È Payment can be made by church check or online at youth.northtexas.ag.

- You will receive an invoice two weeks before camp for the group balance, due by or at camp check in, including your deposit or previous payments.

Step 4: Complete Online Consent Form

È This will be emailed directly to the over 18 attendee or parent/ guardian. This email will come from "Gabrielle Exley via DocuSign" please make sure this is submitted before the current deadline as registration cannot be confirmed without it.

È Failure to register the correct email will result in a \$10 resubmission fee per registrant.

For Example:

- *Coordinator's email is entered instead of the parent or leader's email.*
- *Person registering enters email with a typo resulting in the automatic system being unable to process.*

Youth Camp 2024 Pricing

Registration will close two weeks before your camp. Transfers/changes are subject to approval when registration has closed. New Campers cannot be registered at Camp Check-In.

CAMP 1: June 24-27 Registration Closes 6.10.24				
CAMP 2: June 27-30 Registration Closes 6.13.24				
CAMP 3: June 30-July 3 Registration Closes 6.16.24				
CAMP 4: July 3-6 Registration Closes 6.19.24				
CAMP 5: July 7-10 Registration Closes 6.23.24				
CAMP 6: July 10-13 Registration Closes 6.26.24				
CAMP 7: July 13-16 Registration Closes 6.29.24				
Reg Deadlines and Rates:	<u>EARLY</u> Dec. 1 st – Jan. 1 st	<u>ON-TIME</u> Jan. 2 nd – April 19 th	<u>LATE</u> April 20 th – May 24 th	<u>LAST CHANCE</u> May 24 - Close
STUDENT	\$235	\$250	\$265	\$275
LEADER	\$170	\$180	\$200	\$220

2024 CAMPER APPLICATION

This form is provided to assist Churches with collecting camper information.

**YOUTH CAMP
ONLINE REGISTRATION
REQUIRED**

**CHURCH USE ONLY
DO NOT MAIL**

CAMPER INFORMATION

Name _____ Camp # Attending _____
Male Female Date of Birth ____ / ____ / ____ Grade next fall _____ Age _____ T-shirt Size _____
Church _____ Church City _____

***Pre order Refillable Water Bottle \$15 Y / N**

***Pre order Limited Camp 2024 T -Shirt \$20 Y / N**

Is there anyone your child should **NOT** be released to? Yes No If yes, Name(s) _____

Is this child adopted or in foster care? Yes No (optional)

CHRONIC/RECURRING CONDITIONS: Please list _____

Are activities restricted: Yes No If yes, please explain _____

ALLERGIES/ MEDICINE:

Please list food allergies: _____

Other allergies: _____

My camper may be given Tylenol? Yes No

My camper may be given Benadryl? Yes No

My camper may be given Ibuprofen? Yes No

My Camper may be given over the counter, non-prescription medications or applications, not to exceed the recommended dosage for stomach discomfort, burns, cuts, insect bites, rash or scrapes. Yes No List Exceptions: _____

If your Camper is on any medication, please read and complete the Medication Form and bring the form to camp.

PARENT/GUARDIAN INFORMATION

Parent/Guardian _____ Mobile Phone _____ Email Address _____

Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACT

If Parent/Guardian **CANNOT** be contacted, please notify:

Name _____ Mobile Phone _____ Other Phone _____

APPLICATION AUTHORIZATION

I authorize camp staff to consent to medical treatment when myself or my emergency contact cannot be reached. I understand that every effort will be made to contact me regarding medical attention given to my child. I also understand that participants at Lakeview Camp are liable for damage caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian. I understand that camp is a voluntary activity. Student must be willing to cooperate with the overall spirit and schedule of the camp. I acknowledge that if my child's behavior is deemed unacceptable, I am required to remove my child from camp immediately. Finally, I understand that every effort will be made to room church groups in the same cabins. However, due to the structure of the camp and the limited number of beds, this is not always possible. I also grant my permission to North Texas District Council to use photographs (individual or group) and/or multimedia images and recording in the best interest of the North Texas District Council. I have reviewed the camp information sheet and gone over the camp and dress code policies with my child. Camper signature required: Agree to abide by camp and dress code policies.

Parent Signature _____ Date _____

2024 LEADER APPLICATION (18+ YEARS OLD)

**YOUTH CAMP
ONLINE REGISTRATION
REQUIRED**

This form is provided to assist Churches with collecting leader information.

**CHURCH USE ONLY
DO NOT MAIL**

Camp # Attending _____

Church _____ Church City _____

Name _____ Male _____ Female _____ Date of Birth ____ / ____ / ____ Age _____

Phone _____ E-mail _____

Physical Street Address (NO PO Boxes) _____

City _____ State _____ Zip Code _____

T-Shirt Size (Adult) _____

*Pre order Refillable Water Bottle \$15 Y / N

*Pre order Limited Camp 2024 T -Shirt \$20 Y / N

Ministry Safe: NTYM requires a background check screening and sexual abuse awareness training completion every 2 years. This cost is included in your leader fee. Ministry Safe will email you further instructions to be completed within 14 days of receiving it.

Have you ever been convicted of (or plead guilty to) child abuse or a crime involving actual or attempted sexual molestation of a minor or adult? YES NO If yes, please explain _____

Have you ever been convicted of (or plead guilty) to any other crimes? YES NO

If yes, please explain _____

CHRONIC/RECURRING CONDITIONS:

Are activities restricted: YES NO If yes, please explain _____

Do you have any physical disabilities or limitations? _____

ALLERGIES/ MEDICATION:

Please list any food allergies: _____

Any other allergies: _____

Current Medication(s) Needed During Camp? YES NO

If yes, please read and complete the Medication Form and bring the form to camp.

Leader may be given Tylenol? Yes No

Leader may be given Benadryl? Yes No

Leader may be given Ibuprofen? Yes No

Leader may be given over the counter, non-prescription medications or applications, not to exceed the recommended dosage for stomach discomfort, burns, cuts, insect bites, rash or scrapes. Yes No List Exceptions: _____

EMERGENCY CONTACT

Name _____ Mobile Phone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

"As the applicant, I affirm that the information on this form is accurate to the best of my knowledge. I acknowledge that all tobacco (including e-cigarettes and vapes) in addition to any form of alcohol or illicit drugs are strictly prohibited from camp property.

I authorize the North Texas District to have a criminal background check done by the agency of their choosing and understand that my acceptance as a camp leader is contingent upon the results. I also agree to have my Pastor contacted for a reference regarding my character and suitability for youth work. I waive any rights that I may have to inspect references provided on my behalf.

I authorize camp staff to consent to medical treatment for me when either I am unable to respond or my emergency contact cannot be reached.

I also understand that I will be held responsible for any medical expenses incurred."

Applicant Name (Print)

Applicant Signature

Date

2024 Camp Medication Form

If your camper needs to bring any medication to camp, **please complete this form within 24 hours prior** to your camper's arrival at camp. **All medications must be the original containers.** Place all medication containers in a plastic bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. A medical attendant will receive medications at the nurse's table during camp check-in. Inhalers are the only meds that can be kept with the camper (please send two in case one is lost).

No medication can be administered unless listed on this form with Parent/Legal Guardian signature.

Medical personnel in the infirmary must administer all camper medications.

Camper _____

Cabin # _____ (to be filled in at camp)

Church/City _____

Parent Day Phone _____

Parent Evening Phone _____

NAME OF MEDICATION	DOSAGE	TIME TO BE GIVEN	Signature and Time Given (Nurse Use Only)					

Comments / Instructions _____

Medications will be given as directed on prescription containers. Explain any differences in instructions.

Parent/Guardian:

I, _____, Parent/Legal Guardian of _____
 (camper's name) authorize the Camp Medical Personnel to administer the medications listed above.
 I authorize the Camp Executive Staff to consent to medical treatment when either my emergency contact or I cannot be reached. I understand that every effort will be made to contact me before such action.

Parent/Guardian Signature _____

Date _____

(24 hours prior to camp)



CAMP 2024

What To Bring

- Bible, notebook, and pen
- Clothes for outdoor activities (shorts, t-shirts, tennis shoes)
- Clothes specifically for church services (modest and clean)
- Dirty clothes bag (trash bag or laundry bag)
- Modest swimwear and cover-ups (girls in 2-piece swimsuits will be asked to cover with a t-shirt as swim times are shared with boys)
- Bedding or sleeping bag & pillow
- Soap, shampoo & conditioner, toothbrush, toothpaste, deodorant, other toiletries, etc.
- Towels (one for showering & one for swimming)
- Sunscreen
- Insect Repellent
- Cash or card for merch, offering, & snack shack treats

What Not to Wear

-Half shirts/crop tops/Biker Shorts

-Spaghetti straps/strapless/tank tops

-Jerseys without undershirts

-PJ's may only be worn in cabins

*NTYM tank tops may be worn during camp due to their modest design

Shoes

Must be worn at all times, including to and from the pool, as regulated by the state.

Cover Up!

Guys and girls must wear cover-ups or t-shirts to and from the pool.

Rec Time

It's CAMP! Bring clothes & shoes that you can get wet and muddy. It is expected that you clean up and change for services.