



PRETEEN CAMP 2018 is being held at *Camp Kaleo* near Forsyth, Georgia, from **Monday, July 16, through Wednesday, July 18, 2018**. Students entering the fifth and sixth grades are eligible to attend.



Camp Kaleo is a youth conference center with excellent facilities and lots of things to do. With exciting Bible studies, fun music, crazy games, swimming, archery, and a ROPES course, Preteen Camp 2018 is going to be loads of fun and will encourage Preteens to go BEYOND their current relationship with Jesus Christ!

Our Speaker - Pastor Jim



We are privileged to have our very own Pastor Jim Perdue as our camp speaker. Pastor Jim loves Preteens and communicates well with them, but more importantly, he loves the Lord and is a gifted communicator of God's Word. We are looking forward to Pastor Jim teaching the Word to Preteens as we learn to live BEYOND just being good!

Our Bible Study Leaders

We are also blessed this year to have our Children's Pastor Ben Hunley leading the boys in Bible study as they learn to go BEYOND everyday faith. We will also have Mrs. Jenni Simmons, who has a deep love for the Lord, discipling the girls in how to have faith BEYOND typical.

Cost for Attending Preteen Camp 2018

Early Bird Discount: \$165 if Registered by Sunday, **June 17**

\$185 if Registered by Sunday, **July 1 (last day to register)**

Preteen Camp Registration Form

A \$50 deposit must accompany this form to complete registration. Thank you!

Sign me up! I cannot wait to be a part of **Preteen Camp 2018**

Name _____ Male Female
 Address _____ City _____
 State _____ ZIP _____ Home Phone _____
 Parent/Guardian _____
 Parent's Work Phone _____ Parent's Cell Phone _____
 Parent's E-Mail Address _____

T-Shirt Size (check **ONE**): Child Small Child Medium Child Large
 Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

Registration is complete when this form is received along with a \$50 per person deposit. The deposit is **non-refundable and non-transferable**. The cost of camp includes lodging for two nights, all meals (Monday lunch - Wednesday lunch), t-shirt, and all camp activities. No additional money is needed.

Second Baptist Church

2504 MOODY ROAD ♦ WARNER ROBINS, GEORGIA 31088
(478) 923-7101 ♦ FAX (478) 923-7475 ♦ WWW.SBCWR.ORG

ACTIVITY PARTICIPATION AGREEMENT

ACTIVITY: Preteen Camp – Forsyth, GA

DESCRIPTION OF ACTIVITY: Church camp for 5th and 6th graders
Camp activities include swimming, canoeing, archery, bb gun target shooting, ROPES course, basketball, rocket launching, and other recreational activities.

DATE/LOCATION OF ACTIVITY: July 16-18, 2018 / Camp Kaleo

A separate form must be filled out for each student participating in each activity/event sponsored by Second Baptist Church.

FULL NAME OF PARTICIPANT _____	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
BIRTHDAY (mm/dd/yyyy) ____/____/____		
FULL NAME OF EMERGENCY CONTACT _____		
HOME PHONE (____) ____-____	WORK PHONE (____) ____-____	
CELL PHONE (____) ____-____		

Is sponsor of activity authorized to approve medical treatment? YES NO

Is participant covered by personal/family medical insurance? YES NO

INSURANCE PROVIDER _____

POLICY NUMBER and GROUP NUMBER _____

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless Second Baptist Church and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature of Parent/Guardian

Date

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MEDICAL INFORMATION AND LIABILITY RELEASE FORM

Valid June 1, 2018-December 31, 2018

To insure the safety of the student, this form must be completed in its entirety for each student. All information will be treated with utmost confidentiality.

FULL NAME OF STUDENT _____	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
SOCIAL SECURITY NUMBER _____ - _____ - _____	BIRTHDAY (mm/dd/yyyy) ____/____/____	
HEIGHT _____	WEIGHT _____	HOME PHONE (____) _____ - _____

FULL NAME OF PARENT OR GUARDIAN _____		
ADDRESS (if different from student) _____		
CITY _____	STATE _____	ZIP _____
HOME PHONE (____) _____ - _____	CELL PHONE (____) _____ - _____	
WORK PHONE (____) _____ - _____		

ALTERNATE CONTACT PERSON (**someone with a different address and phone number**)		
FULL NAME OF ALTERNATE CONTACT _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
HOME PHONE (____) _____ - _____	WORK PHONE (____) _____ - _____	

NOTE: If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at a church-sponsored activity.		
HEALTH INSURANCE PROVIDER _____		
POLICY NUMBER AND GROUP NUMBER _____		
IN WHOSE NAME IS THE INSURANCE? _____		
SOCIAL SECURITY NUMBER OF INSURED INDIVIDUAL _____ - _____ - _____		

(CONTINUED ON REVERSE!!)

STUDENT'S PHYSICIAN _____ PHONE (_____) _____ - _____
CITY _____ STATE _____ ZIP _____

PRE-EXISTING OR PRESENT MEDICAL CONDITIONS (please detail):

NAME AND DOSAGE of medications that are presently prescribed or taken regularly by the student: _____

ALLERGIES (*insect bites/stings, drugs, etc.*) Please detail the allergic reaction and include normal treatment for the reaction:

OTHER: (please check all that apply)

Heart Frequent Stomach Upsets Epilepsy Asthma
 Hay Fever Diabetes HIV or AIDS Contact Lenses
 Chronic Condition Physical Handicap Other

If any of the above are checked, please give details:

Date of LAST Tetanus Shot: _____ Swimming Restrictions: _____

Any Activity Restrictions: _____

MEDICAL AND LIABILITY RELEASE STATEMENT

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Second Baptist Church through its accident policy will be used as a back-up for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by Second Baptist Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Second Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Signature of Parent or Guardian

Date