



# camp challenge

Teen Week - July 22-27

## General Information

**Arrival :** Check will begin at 2:30 p.m. on Monday July 22. Supper will be served at 5:30 p.m. Please try to arrive no later than 4:30 p.m.

**Departure :** Camp ends at 9:00 a.m. on Saturday July 27 after breakfast. Please plan to pick up your campers no later than 10:00 a.m. on Saturday.

**What to bring :** Bible, notebook, pencil, bedding, pillow, towels, toiletries, camera, sports clothes for activities, sneakers, spending money for snack shop.

**What not to bring :** Fireworks, weapons, tobacco, alcoholic beverages, drugs, electronic entertainment devices of any sort [with the exception of a stand-alone camera], magazines, any illegal substances.

**Christian conduct :** As an organization whose primary purpose is to glorify God we maintain high standards of conduct and separation. It is our goal that the character and nature of our God be demonstrated in every thing we do and say here at Camp Challenge.

**Appropriate Dress :** Camp is a place for casual and modest attire. The following are not allowed: tight clothing that reveals undergarments, visible undergarments, short shorts (short length should be no higher than hand-width above the knees) clothing with inappropriate graphics or words, and tops that reveal cleavage. Tight fitting clothes such as spandex, leggings, tights, etc. should not be worn without another piece of clothing that covers to the midhigh. Straps on sleeveless garment should be wide.

*Camp Challenge reserves the right to ask any camper to change their outfit if, in the estimation of the camp staff, it does not comply with these standards or our primary purpose. We also reserve the right to dismiss any camper whose conduct is detrimental to the overall good of the camp.*

**Contact Information :** The camp site is located on Kobe Rd between mile marker 275-276 on the Parks Hwy. The address of Hamilton Acres Baptist Church is 138 Farewell Ave. Fairbanks, AK 99701. The contact cell phone is 907-252-3047. Contact email is [souza.kyle@gmail.com](mailto:souza.kyle@gmail.com).

**Lost and found :** Lost items not requested in 30 days will be disposed of.

## Registration Form

PLEASE RETURN THIS FORM TO YOUR YOUTH LEADER. **TEEN CAMP IS FOR THOSE GOING INTO 7TH-12TH GRADES.** PLEASE ENCLOSE A \$ 45.00 **REGISTRATION FEE** WHICH IS DEDUCTED FROM THE **TOTAL CAMP FEE OF \$ 195.00.** BALANCE OF CAMP FEE IS PAYABLE UPON ARRIVAL AT CAMP.

CAMPER NAME : \_\_\_\_\_ AGE : \_\_\_\_\_ GRADE : \_\_\_\_\_  MALE  FEMALE

ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP : \_\_\_\_\_

PARENT / GUARDIAN : \_\_\_\_\_

### Parent/Guardian:

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

MY CHILD MAY BE RELEASED TO THE FOLLOWING INDIVIDUALS: \_\_\_\_\_

### OFFICE USE ONLY:

PAID \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ SNACK \$ \_\_\_\_\_

*"I HAVE READ THE GENERAL INFORMATION IN THIS BROCHURE, AND I AGREE TO COMPLY WITH THE DRESS AND CONDUCT REGULATIONS WHILE AT CAMP."*

**SIGNATURE OF CAMPER** \_\_\_\_\_

*"I HAVE READ THE GENERAL INFORMATION IN THIS BROCHURE, AND I AGREE TO SUPPORT CAMP CHALLENGE IN THEIR DRESS AND CONDUCT REGULATIONS FOR MY CHILD WHILE AT CAMP."*

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_

## Medical Form

Medications taken regularly : \_\_\_\_\_

Allergic reactions : Bee stings \_\_\_ Penicillin \_\_\_ Food \_\_\_\_\_

Medications \_\_\_\_\_ Other \_\_\_\_\_

Note any health, behavioral or emotional difficulties your child has : \_\_\_\_\_

Any specific activities to be limited by physicians advice? \_\_\_\_\_

Name of family doctor : \_\_\_\_\_ Doctor Phone : \_\_\_\_\_

In case of emergency and parents are unavailable, contact : \_\_\_\_\_ Phone : \_\_\_\_\_

## Informed Consent and Acknowledgment

*While we make every effort to provide a safe and pleasant environment for every camper who attends Camp Challenge, we do require that this participation agreement be read, filled out, signed, and dated by a parent or guardian of the camper.*

*With full knowledge, I accept full responsibility for any injury or accident that may occur to my child while participating in Camp Challenge activities. I give permission for my child to participate in activities that occur at Camp Challenge. I also give permission for the camper to be included in any photos, recorded images, or any other transmission or reproduction for the purpose of camp publicity. I*

*I agree to release and hold harmless Camp Challenge for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at Camp Challenge. This release does not apply to intentional and/or willful acts of misconduct by Camp Challenge.*

*By signing below, I acknowledge that if anyone is hurt or property damaged during my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Camp Challenge on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound to its terms.*

## Medical Release and Authorization

In case of medical emergency, I understand every effort will be made to contact parents or guardians of campers. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for and order injection or anesthesia or surgery for my child as named above. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I also affirm that the medical information on this form is complete and correct.

**PRINT NAME OF PARENT / GUARDIAN :** \_\_\_\_\_

**PARENT / GUARDIAN SIGNATURE :** \_\_\_\_\_

**DATE :** \_\_\_\_\_