

Youth Camp 2024

What: 2024 Summer Youth Camp.

Why: Time of Christian Fellowship and a Bible Learning Experience.

Who: Youth from 1st Grade to 12th Grade

When: Monday, June 17th through Friday, June 21st

Where: El Shaddai Retreat Center in Yorktown, Texas (Private Facility)

Cost: **\$200.00**

Compassion Church will host a 2024 Youth Summer Camp, **for young people from 1st grade to 12th grade (2023-2024 school year)** We will leave the church parking lot at 9:00 a.m. on Monday, June 17th returning to the church parking lot by 4:00 p.m. on Friday, June 21st.

Attached are the necessary forms and information you will need. Should you have any questions, please get in touch with Patricia Powell at (210) 861-4519 anytime.

Please read all the enclosed information before signing the permission slip.

The following information must be signed and returned as soon as possible, but no later than Sunday, June 9th, 2024, for each child attending Youth Camp 2024.

Any Youth Attending Camp Must Sign the Form

1. Permission/Information Form.
2. Medical permission form.
3. Medical history questionnaire.
4. Liability Release and Pre-Camp Preparation Information form
5. Camp fee per child is \$200.00 and must be turned in by **Sunday, June 9, 2024**

Rules and Conditions

The rules and conditions below are for the protection of your child. Anyone not following these rules and conditions will have their parents immediately notified to pick up their child at the church parking lot, or camp depending on leadership availability.

By signing the information/permission form, each parent and child agrees to abide by the following rules and conditions:

1. Each child must follow the instructions of every counselor.
2. No one will be allowed to bring pocket/spending money; they will not be doing anything requiring any additional money.
3. Teenagers will not be allowed to bring personal vehicles; other arrangements will be made if a child cannot meet the bus at the church parking lot.
4. Each child will be required to help clean the kitchen and dining room during Youth Camp.
5. Everyone will obey the regulations of camp facilities at all times.
6. **Cell phones, iPods, or personal electronic devices are not permitted.**

Failure to comply with the above rules will result in the loss of "free time" or "swim time". If there is a 3rd occurrence, he/she will be sent home.

**No one will be allowed to leave the camp area without a counselor with them at all times!!!
No one will be allowed to wander alone within the camp area (too many children nationwide disappear each year)!!! Anyone not abiding by these rules will be sent home immediately.**

**Fill-out and return the Registration Form by Sunday, June 9th.
To Graig or Patricia Powell.**

The Following Forms need to be signed and returned:

- Permission/Information Form (T-Shirt Size)
- Liability Release /El Shaddai Retreat Center
- Medical Permission
- Medical Health Questionnaire

The youth will leave for El Shaddai at 9:00 a.m. sharp on Monday, June 17th, and return on Friday, June 21st by 4:00 p.m.

On Monday, June 17th Please have your entire luggage at the church office entrance between 8:30 a.m. and 8:45 a.m. PUT YOUR CHILD 'S NAME ON EVERY ITEM HE OR SHE WILL BRING TO CAMP.

Compassion Church will provide a drink and a snack for the trip on the bus which will take approximately 1 ½ hours. We will have lunch when we arrive at the campgrounds.

No one will be allowed to enter the bus until the boarding process starts at approximately 8:45 a.m.

ITEMS TO BRING TO CAMP2024

MUST BRING TENNIS SHOES

Everyone must bring sheets, a blanket, or a sleeping bag, and a pillow

Clothes for 5 Days

Shoes (rubber sole sneaker type)

Shoes suitable for hiking

Socks

Pajamas to sleep in

Jeans

Shorts – **4-inch inseam minimum**

Undergarments (girls of appropriate age must wear bras)

Shirt/blouse – all shirts must have sleeves (**no sleeveless shirts-** boys or girls)

*Swimming suit; Boys - short type

Girls - modest one-piece or modest two-piece (If the swimming suit is not modest you will be required to wear a T-shirt over your swimsuit. **No exceptions!**)

Life jacket: for swimming, only if your child needs one.

Hair Comb/Brush

Toothbrush

Toothpaste

Bath Soap

Light Sweater or Jacket

Dirty Clothes Bag

Hair Shampoo

Towels (at least 2)

Swim Towel

Wash Cloths (at least 2)

Sandals/Flip-flops

Spiral Note Pad/Pen/Pencil

Blanket/Sheets/Pillow and or Sleeping Bag

BIBLE

Sunscreen/Sunglasses/Hat-Baseball cap

Flashlight

Extra clothes for a messy day

The Following Will Not Be Allowed At Camp:

If found we'll take them away and hold them until we return to the church!

1. "Cellular" (Mobile) Phones
2. All personal electronic devices.
3. Electronic Games.
4. Skateboards.
5. Gum, Snacks, Sodas, or Any Other Food Items.

*** Parents: Please note that the following items will not be allowed to be worn by anyone, boys, or girls.**

1. Skintight jeans.
2. Shorts that are skintight or too short.
3. Tank tops or muscle shirts.
4. Halter tops, tube tops, or spaghetti strap tops.
5. Revealing swimsuits.
6. Any revealing clothing.

Parents, please remember that your child will be staying 4 nights and 5 days when selecting the amount of clothing to pack. All clothing must fit into 1 suitcase; an additional small night case or small bathing case may be brought for the toiletry items. The sheets and blanket should be packed inside of the pillow slip.

****** Put your child's name on everything. ******

****** We cannot be responsible for articles without a name on them. ******

Permission/Information Form no later than June 9th
Please Print and return the application/Permission form to a Youth Counselor

T-Shirt Size
(Circle One Size for Your Child)
Adults: S, M, L, XL, XXL.

Child's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Age: _____ Grade Level: _____ Date of Birth _____

Parent or Guardian: _____

Parent or Guardian: _____

Person to Contact in Case of Emergency:

Day: _____ Phone: _____

Night: _____ Phone: _____

(Check One, Please)

Yes No

___ ___ - My child is allowed to swim in the pool.

___ ___ - My child is allergic to medication (if yes, explain).

___ ___ - My child requires medical attention if stung/bitten or exposed to poison ivy/oak (if yes, explain).

Please read all the enclosed information before signing this permission/information form.

I certify that I have read all the enclosed information and the rules and conditions and understand them. Also, I have explained the information and the rules and conditions to my child, and he/she understands them.

Date: _____

Parent or Guardian Signature

I certify that I have read (or my parent or guardian has read to me) all the enclosed information and the rules and conditions and understand them.

Date: _____

Child's Signature

Medical Permission

If your child requires any medical attention, the attached medical history questionnaire sheet will be required by a local hospital or a minor emergency clinic. Please complete the entire form.

Please complete a medical history questionnaire for each child attending youth camp. Please print or type.

In the event my child requires medical attention, Compassion Church is authorized to transport my child to the nearest hospital or a minor emergency clinic to receive the required medical attention.

Date: _____

Parent or Guardian Signature

The doctor on staff/call is authorized to administer the required medical attention. (yes___) (no___) (Check one only). If yes, please sign:

Date: _____

Parent or Guardian Signature

If no, please give the name of the doctor to contact:

Phone: _____

If your child will be taking any medication during youth camp, please complete the following information:

Name of medication: _____

Time of day to be taken: _____

Dosage: _____

Doctor's name and phone #: _____

Date: _____

Parent or guardian signature

In the event my child requires minor first aid (sunburn care, Band-Aid and cream for cuts and scratches, Tylenol for headaches... etc....), Compassion Church is authorized to administer the required first aid.

Date: _____

Parent or Guardian Signature

If there is any other special medical information that your child requires, please mark the yes box below, and please explain on the back of this sheet.

___ Yes

Please provide a copy of your insurance card for your child or write the information on the back of this page:

___ **Copy of card attached** ___ **Insurance information on back.**

Medical Health Questionnaire

Please complete this form for each child that is attending camp.

Child's Name: _____

Health History:

Check if the child has had any of the below and indicate when.

Frequent Colds _____ Mononucleosis _____

Chicken Pox _____ Kidney Trouble _____

Frequent Sore Throat _____ Asthma _____

Sinusitis _____ Heart Trouble _____

Diabetes _____ Ear Infections _____

Rheumatic Fever _____ Scarlet Fever _____

Bronchitis _____ Seizures _____

Appendicitis _____ Nose Bleeding _____

Operations or serious injuries? _____

Immune deficiency disorders? _____

Allergic to what things? _____

Penicillin or other drug reactions? _____

Subject to constipation? _____

If the child is subject to any of the following traits, please.
Talk with Graig Powell before returning this form:

Sleepwalking _____ Bed Wetting _____ Fainting _____

Immunization requirements: Give the date of the last injection.

Poliomyelitis _____ Diphtheria/Tetanus _____

Measles _____ Mumps _____ Rubella _____

_____ Date _____

Parent or Guardian Signature