

Fall Creek Falls Baptist Youth Camp is focused on breaking down walls and opening hearts to the love of God. Campers experience the beauty of God's creation all the while growing closer to him.

Our daily camp experience includes Bible class times along with prayer times and nightly devotions. Campers will also gain a closer walk with the Lord during our nightly worship and song services. They may also gain accountability partners to help them in their relationship with Christ. Campers will also enlarge their church family by meeting new teens from different churches from across the state.



During free time campers will have access to majestic hiking trails, and breathtaking waterfalls. They will enjoy hiking to the bottom of the Cable Trail where they will experience a once in a lifetime opportunity to swim in the refreshing water flowing from the above Cascades. If campers are brave and longing for a new experience a caving expedition led by experienced park rangers may be up their alley.

Do not forget the stunning lake in which campers may enjoy paddle boating with a group of friends. Campers may also enjoy canoeing or kayaking. Swimming is also available to every camper. The Fall Creek Falls pool is fully staffed with certified lifeguards who are there for the safety of all. The pool offers a refreshing reprieve from the sun on the warm summer days.

All activities with exception of hiking, and swimming are at expense of the camper.

What you need to bring..

Clothes:

Bathing suit (top and bottom of suit must meet), **Long pants** as well as **capris or shorts** (must be not shorter than 3 inches above the knee), **Short Sleeved Shirts** (No tank tops, or crop tops, no drug or alcohol slogans) **Shoes** (tennis shoes, sandals, or flip flops) **Warmer Clothes** (as the night may get cooler) **Light rain jacket**

Bedding:

Sleeping bag or sheets and blanket (bunk style sleeping arrangements) and Pillow

Personal Items:

Sunscreen, Soap, Wash cloths, Towels, Toothpaste, Tooth brush, Deodorant, Shampoo, etc..

Medication:

If taking prescribed medication, please inform the camp director or camp personal. All medication (other than emergency inhalers or epi-pens) will be kept in dining hall.

Miscellaneous:

Bible, Flashlight, Batteries, Fan, Insect Repellent, writing utensils, something to place dirty clothes in..



What you need to know...

All music at camp is limited to Christian Music. Volumes should be kept at a moderate level and are asked to shut off during lights out.

No Cars are allowed at camp without the prior approval of the camp committee. We ask that parents create a written request in these instances.

Cell phone use at camp is limited. Phones are prohibited at devotions, Bible study, class time, and evening service. **However**, campers may use them during afternoon free time and in their cabins in the evenings. Leaders reserve the right to confiscate any cell phone used improperly and return to the camper prior to their departure from camp.

Cost:

The camp fee is \$150 per camper and includes meals, swimming fees, and camp shirt.

All meals are provided to every camper. Breakfast and lunch are optional meals, however all youth are required to attend dinner in the afternoon, Snacks are also provided throughout the day at no cost to campers. The nightly snack bars have some options that students may purchase (75¢) such as a variety of candy and drinks not available throughout the day.

Campers may choose to bring money as some of the activities such as boating, canoeing, kayaking, golf, and riding stables, and caving cost extra. Each activity is very reasonably priced.

Fall Creek Falls Baptist Youth Camp 2019 Application

(Return registration for and \$50 deposit by May 26 –balance due June 9.)

Youth's Name: _____

Age: _____ Grade: _____

Address: _____

Phone # _____

Adult T-Shirt Size: _____

Are you a member: Yes No Unsure

Are you a Christian: Yes No Unsure

-To be completed by youth-

I, _____, am planning on attending Fall Creek Falls Youth Camp on June 16- 22, 2019, with adult leaders and youth of FSBC. I agree to be responsible for my behavior, to respect the health and safety of others and myself. I will use all property and equipment appropriately. I understand cell phone use is limited to certain times such as free time and in my cabin in the afternoon. I understand misuse of my phone may result in it being held for me until my official departure from camp. **I also understand that no drinking, smoking, sexual conduct, or use of drugs is permitted at this camp and that a violation of any of these will result in my immediate return home, at my own/parental expense.**

Signed _____

Date: _____

-To be completed by Guardian-

I grant permission for _____ to attend the FCF Baptist Youth Camp on June 16-22, 2019. I expect and hold my child to be responsible for his/her own actions during camp and the travel to and from. I expect them to be a cooperative member of the group. I have read the statement above and have talked to my child about it. The church and leasers are held with no liability for unwise actions on my child's part.

Signed: _____ Date: _____

Consent to Medical, Dental, or Hospital Care And Release of Liability for Fall Creek Falls Youth Camp and Fellow Churches

General Release: By participating in the activities of FCF Baptist Youth Camp (FCFBYC) and fellow churches, I acknowledge that there may be inherent or other risks involved. I/WE agree to release FCFBYC and fellow churches from any liability of damage or injury to myself or to the participant indicated below for whom I am the Parent/Legal Guardian. I also accept full liability for any loss or damage for all equipment or property of FCFBYC and fellow churches while it is in my control or possession.

Transportation Release: I/WE the undersigned do hereby give permission to FCFBYC, fellow churches, and representatives to transport the participant names below to and from any program, ministry, or activity sponsored by FCFBYC and fellow churches. I/WE release FCFBYC, fellow churches, and representatives from any and all liability that may otherwise occur during the course of transporting the below names person to or from a program, ministry, or activity.

Photo Release: I/WE hereby give consent to FCFBYC and fellow churches to use my child's likeness and photograph in publications, including website. I release them from any expectation of confidentiality for the undersigned minor child and myself, and attest that I am the parent/legal guardian of the child listed below.

Medical Release: I/WE the undersigned do hereby give authorization to FCFBYC, fellow churches, and their representatives and agents discretion for obtaining any medical treatment that the representatives/agents deem necessary for the person named below leading to, during or following any of the programs, ministries, or activities sponsored by FCFBYC and fellow churches.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree the pay all charges for the dental, medical, or hospital care or treatment. As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from another person is required by law.

Student Information –Please Print

Participant's Full Name: _____ Date of Birth: _____

Home Phone _____ Parent/Guardian name: _____

Cell Phone: _____

Work Phone: _____ Other Emergency Phone: _____

Alternate Contact Person Name: _____

Relationship: _____ Phone # _____

I certify that I am the parent or legal guardian of the child named above. I further certify that the above information is accurate to the best of my knowledge. I, the undersigned, have read and understand the above medical consent and release from liability for my child the year, 2019.

Parent/Guardian signature: _____ Date: _____

