



Ignite@ Lakeview
Baptist
Assembly
Children's Camp
July 19-22
in LONESTAR, TX

**Please return completed packet to church office
with camp fee by July 11th, 2022**

Children's camp is for students who have completed 3rd -6th grades. Cost includes FBC Redwater Children's Ministry shirt and Lunch for all campers the day we leave provided by FBC Redwater, plus a camp t-shirt.

1. Cost of camp is \$175.00 per camper. Plus \$10.00 T-shirt. Total \$185.00
2. \$100.00 deposit is due by May 1, 2022.
3. The rest of the fee, \$85.00, will be due by June 15, 2021.
4. Camp is for students who have completed the 3rd-6th grades.
5. We hope to attend Camp 3: Tuesday, July 19 –Friday, July 22.
6. Packing list, schedule, and regulations are included in this packet.
7. Thank you for understanding that things have changed and we are doing our best to make camp possible for everyone.

CAMPER REGISTRATION TICKET:

Camper Name: _____ Age: _____ Grade: _____

Parent Name: _____ Phone#: _____

Date Paid: _____

Deposit Amt Paid: _____ Camp Fee Paid: _____

T-Shirt size _____

Partial Scholarship Request(\$75.00 fee): YES / NO -parent must pay \$100.00 dep

Full Scholarship Request: YES / No -if yes please complete all questions on the next page.

Scholarship Questionnaire for 2022

1. How many people are in your household?
2. Is your child scheduled for any other camp this summer?" example Football, cheer? If so which ones? _____

3. If you do not receive a scholarship will your child/children be unable to attend any camps?
4. Who recommended you for the scholarship?

Completing this form does not guarantee a scholarship! FBC Redwater Children's Ministry office will contact you on the decision.

Circle T-Shirt Size
Adult or Youth
S M L XL XXL 3XL

Medical Information/Consent/Agreement to Participate

Church/Organization: _____

Participant's Last Name: _____ First Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Address: _____ Social Security Number: _____
(Number & Street) (City & Zip Code)

Parent/Guardian: _____ Address: _____ Relationship: _____
(If different than participant's)

Daytime Phone: _____ Cell Phone: _____ Evening Phone _____

Emergency Notification

Name: _____ Relationship: _____ Daytime Phone: _____

Evening Phone: _____ Cell Phone: _____ Other: _____

Medical Dr. Name: _____ Phone: _____ Dentist Name: _____ Phone: _____

Insurance Company: _____ Name of Insured: _____ Policy # _____

Insurance Address: _____ Phone Number: _____

Sponsor allowed authorizing emergency care in lieu of Parent/Guardian: _____

Person permitted to take Participant from camp: _____ Grade Completed: _____

Please include any other information you think we need to know on an extra sheet of paper.

Medical Information

Allergies (List and Explain Reaction): _____

Check any conditions: Diabetes __ Epilepsy __ Asthma __ Heart __ Chest Pain __ Thyroid __ Kidney __ Dizziness __ Back pain __

Broken Bones __ Bleeding Disorders __ Operations __ High Blood Pressure __ Any Other Conditions _____

Explanation of the above: _____ List Any dietary or Physical Restrictions on back: _____

Are all immunizations current: Yes __ No __ Date of Last Tetanus Shot: _____

List Medications currently being taken: _____

I/we hereby authorize the camp nurse, camp director, or church group leader to administer all medication brought by participant. If a medical emergency should arise while the above listed camper is in attendance at Lakeview Baptist Assembly, I/we hereby authorize the camp nurse, camp director, or church group leader to provide care to the camper and/or transport the camper to a medical facility. I/we further authorize the health care provider of the medical facility to administer necessary medical and/or surgical care upon arrival at the medical facility. I/we understand that camp officials will make a conscientious effort to locate the parent/guardian or the emergency contact listed on this document before any action will be taken. If it is not possible to locate the emergency contact listed, I/we will accept the expense of emergency medical and/or surgical treatment.

I/we give my authority and consent for Lakeview Baptist Assembly or camp nurse to treat my child for minor injuries and illnesses with the appropriate non-prescription medication.

AGREEMENT TO PARTICIPATE: ASSUMPTION OF RISK AND RELEASE OF LIABILITY

WHEREAS, THE UNDERSIGNED ("the PARTICIPANT") wishes to be accepted for participation in all activities conducted by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors, Officers, Trustees, Employees, Agents, and/or Associates, I/we have and do hereby assume all of the risks and any other ordinary risk incidental to the nature of the activity. Further, I/we will hold them harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss, medical bills, hospital bills, and doctor bills, or other wise, which the participant now has or which may arise from or in connection with participation in any other activities arranged for me by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors, Officers, Trustees, Employees, Agents, and/or Associates, and their heirs, executors, and administrators, successors and assigns and for all members of my family, including any minors accompanying me. I/we fully understand that my physical activity involves risk of injury. I/we also understand that my participation in any activity is entirely VOLUNTARY. I/we enter into this activity and take full responsibility for the decision to participate or not to participate and agree to follow all safety instructions.

AGREEMENT TO HAVE PHOTOGRAPH TAKEN:

I/we are aware of the fact that photos of my child or of myself may be taken during the week by camp staff, which may appear in future camp publicity. By signing this, I/we give permission to use these photos, aware of the fact that my child or myself WILL NOT be identified by name in any such photos. I/we hereby give permission to have my photograph taken. If this is unacceptable, I/we will so state that fact here by writing "NO" in the space provided. _____

Signature of parent/guardian (if participant under age 18)

Date of Signature

Signature of participant

Date of Signature

FOR ADULT SPONSORS ONLY (What is your responsibility while attending camp?)

Pastor/Staff Recommendation: I recommend this adult to be a responsible sponsor. (Sponsor, camp director, recreational team)

Pastor/Staff Signature

Lakeview Baptist Assembly
Camps-Conferences-Retreats

Medication
Release/Administration Form

Lakeview requires that all sponsors/campers who need medication during their attendance at camp must do the following:

1. Complete and present the consent below, signed by parent or legal guardian for administration of medication while the student attends camp at Lakeview.
2. Bring the medication **IN THE ORIGINAL BOTTLE** (prescription or over-the-counter), properly labeled as prescribed by law.
3. Present this form and the medication indicated on this form to the nurse upon arrival on campus and abide by his/her instructions for administration.
4. If more than one medication is to be administered, a separate form is to be completed and signed for each medication.

Medication Information for:

Name: _____ Birthdate: _____ Sex: ___M___F
(Month/Day/Year)

Church group student came with _____
(Church Name) (Church City & State)

Name of medication _____

Purpose for medication use (e.g. allergies, asthma, antibiotic) _____

Form of medication: ___Tablet ___Pill ___Capsule ___Liquid ___Inhalation
___Other (specify) _____

Dosage (amount to be given): _____ How often or at what time: _____

Remarks or special instructions: _____

As the parent or legal guardian of the above child, I hereby give permission for the camp nurse or administration to administer this medication to my child.

Parent/Guardian signature Daytime Phone # (include area code) Evening Phone # (include area code) Date

FOR OFFICE USE ONLY

| Day | Date | Time Given/ Person Administering | | | |
|-----------|------|----------------------------------|--------|--------|--------|
| | | Dose 1 | Dose 2 | Dose 3 | Dose 4 |
| Sunday | | | | | |
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |

Please indicate at the left, time and your initials each time medication is administered. Each person administering medication should indicate full name and title in space below.

Initial _____ = Name _____

Initial _____ = Name _____

Initial _____ = Name _____

Initial _____ = Name _____

Notes or comments: _____



OVER THE COUNTER MEDICATION ADMINISTRATION

Permission Form

P.O. Box 7740 - Texarkana, TX 75505-7740

Phone 903-276-2102 Fax 903-547-2911

Ignitelakeview.camps@gmail.com

I, _____ request that my child, _____ be assisted by the IGNITE Camp Nurse/Medic to receive the following stocked over-the-counter medications as needed during his/her time as a camper at IGNITE Camps.

Please check each medication that your child **CANNOT** receive while at camp.

No medication will be administered without parental permission.

- ___ Tylenol*
- ___ Ibuprofen
- ___ Antacid (Calcium Carbonate)
- ___ Cough Drops
- ___ 1% Hydrocortisone Cream
- ___ Triple Antibiotic First Aid Ointment
- ___ Benadryl
- ___ Other _____

* Tylenol liquid, Jr. Strength Chewable and Tylenol Tablets may be interchanged based upon the discretion of the staff and the ability of the camper, unless expressly stated otherwise by parent/guardian.

I, _____, authorize the camp staff to assist our child in taking the oral and/topical medications listed above and agree that we will not hold liable any member of the IGNITE staff who is directed by us (the parents/guardians) to assist our child in taking said oral and/or topical medication.

___ **DO NOT** administer any over-the-counter medications to my child.

Parent/Guardian Signature: _____ Date: _____