



CAMP PACKING LIST

What to bring:

- Bible, Pen, Notepad or Journal
- Toothbrush & Toothpaste
- Shower Essentials
- Clothing for two outfits daily (you will sweat)
- Swim wear (refer to dress code)
- Towel
- Bedding for Twin Mattress
- Icee Hut Money (each ice is \$2)
- Any medication in a labeled zip-lock bag

What NOT to bring:

- Cell Phone (we are not liable for lost or stolen electronics. Adult sponsors will have phones available for your child to call home. Take this chance to get away and grow closer to God.)
- Prank items (We have a strict no prank policy, you prank, you go home.)
- Any weapons (This includes pocket knives You will not need to start a fire at this camp...we have central heat and air.)

Dress Code

Churches participating in Falls Creek should fully communicate the dress code to students **BEFORE** they pack and arrive for camp. While we understand the desire for fashionable attire, we require you to wear modest clothing. Modesty is a biblical principle and helps keep people focused on the important things at camp. (1 Timothy 2:9-10; 4:12)

All apparel judgments will be left to the discretion of the Falls Creek Staff (FCS). If FCS determines a camper or campers should change their clothing to fall in line with camp requirements, then said camper or campers are required to do so.

GENERAL GUIDELINES:

- Shoes must be worn at all times outside of your cabin.
- Apparel may not display or promote tobacco, alcohol, controlled substances, or inappropriate language or pictures.
- Under garments must always be covered by outer garments (i.e. No boxer shorts hanging out or bra straps showing).
- Midriffs should always be covered.
- No spaghetti strap shirts or dresses.
- No tank tops.
- No short shorts. At a minimum, shorts must extend to, or just beyond, the campers' finger tips.
- No tight fitting and revealing clothing. This includes leggings or similar attire, which cannot be worn as pants.
- Girls may wear dresses/skirts, but they must reach the top of the knee.

SWIMMING:

- Girls should wear modest one-piece swim suits. Males should not wear tight fitting swimming suits.
- While going to and from the swimming areas, all campers must wear shoes; males must wear a t-shirt and females must wear a long covering over their swimming suits.



Scholarship Application Form

We desire every student to have the opportunity to attend FBCBA/CBC KIDS activities. Our goal is to produce life-changing events that allow your kids to be involved and invite their friends in hopes of them hearing the gospel. To create these environments there is always a cost involved. However, we do understand sometimes in life there are seasons where it is harder to cover the cost. We do not want that to hinder your student from being involved, that's why we offer scholarships. We do ask that each family pay as much as they can and our church will do what we can to cover the rest. If you are interested in applying for a scholarship, please have a **parent or guardian** fill out this form and return it to the church office.

Date: _____ Phone #: _____ Grade of Student: _____

Student's Full Name: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please list any other camps your child will be attending this summer/school year:

Describe why a scholarship is needed: (additional space on back)

*We request that every student pay a \$30 deposit. Paid Yes No

Where do you attend church? _____

Names and ages: _____

Parent's Signature: _____ Date: _____

2019 Medical History/Permission Release Form

Personal Information:

Name _____ Age _____ Sex _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 Mailing Address (if different) _____
 Father's Name _____ Phone _____ Mother's Name _____ Phone _____
 In Case of Emergency Notify _____ Phone _____
 Primary Care Physician _____ Phone _____

Insurance Information—Photocopy of insurance card needs to be attached to this release form:

Insurance Company Name _____ Policy Number _____
 Address _____ Group Number _____
 Insured's Name _____ Relationship to camper _____

Immunizations: _____ tetanus _____ polio booster _____ measles _____ mumps

Past Medical History:

asthma sinusitis bronchitis kidney trouble diabetes heart trouble
 dizziness
 stomach upset hay fever chickenpox measles mumps whooping cough
 other
 (List other) _____

Allergies/Medications:

Food _____
 Penicillin or other drug (name) _____
 Insect stings/bites _____
 Poison sumac, oak, or ivy _____
 Previous operations or serious illness _____
 Special diet (name) _____
 List any "current" or "as needed" medications:

*Medication	Dose	Time	Reason

*All medications must be clearly marked with the child's name and instructions and placed in a zip lock bag. This bag should be given to the camp nurse upon day of departure from church. No one will be able to take any medication unless it is noted.

Non-Prescription Medication:

In the event your child needs non-prescription medication administered by the camp nurse, director or assistant. Please mark the applicable boxes.

Tylenol Ibuprofen Chloraseptic Kaopectate Emetrol Maalox Antihistamine
 Decongestant

or

Any over-the-counter medications may be administered as needed. Yes No _____ Initials
 Please list any exceptions _____

Permission for Treatment and Release:

My permission is granted for the Event Director, FBCBA/CBC Sponsors, or other staff person in charge to obtain necessary medical attention in case of sickness or injury to my child. I also give permission to the hospital selected by the person in charge to treat my child with any needed emergency care. I give my consent for event photographs or videos of my child to be used in church publications and/or public exhibits. I further agree not to hold First Baptist Church, Broken Arrow or Community Baptist Church Coweta, Oklahoma, or any of the accompanying sponsors liable for any accident or injury incurred by my child while attending this event. I give my permission for my child to attend FBCBA/CBC sponsored events during the time period January 2019 – December 2019.

Parents Signature _____ Date _____



MEDICATION AUTHORIZATION

For the safety of each camper, some medication will be held in the first aid kit within the cabin at Falls Creek. This medication will be administered by approved, certified medical personnel who are available 24 hours a day. Because of this, please only send medications that are absolutely necessary. All Medications must be in the original container, in a zip-lock bag, accompanied by this form.

I, the parent/legal guardian of the camper named on this form give my permission for the church sponsors to: Dispense Acetaminophen (Tylenol) or Ibuprofen (Advil) to camper for headache, fever, or minor pain; Dispense Benadryl or generic equivalent to camper for allergic reactions; Dispense Tums, Kaopectate, or Pepto Bismol for upset stomach; Dispense antibiotic ointment for minor injuries; Dispense prescription or other over-the-counter medication designated by and produced by the parent/guardian or family physician.

I understand that FBCBA/CBC Staff, and nurse, and sponsors, shall not be liable to the child, parent, or guardian of the child for civil damages for any personal injuries to the student, which result from acts or omissions in administering any medication while at camp.

Signature of Guardian/Date

Printed Name/Emergency Contact Number

MEDICATION LIST:

Name of Medication(s): _____

Dosage and Time to administer: _____

Side Effects requiring parent notification: _____

**2019 Associational
Children's Camp At
Falls Creek
Release Form**

ASSOCIATION: _____
HOST CHURCH: _____
CABIN: _____
NAME OF SPONSOR/COOK/OTHER ADULT: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Age: _____ Date of Birth: _____ Man/Woman (please circle one)

In Emergency Notify (print): _____ Relationship: _____

Emergency Contact Home Phone: _____ Cell or Work Phone: _____

Secondary Emergency Contact: _____ Phone: _____

1. Do you have any known allergies or is camper unable to take any medication? ___ Yes ___ No

If yes, what? _____

2. Do you presently take any medications regularly? ___ Yes ___ No

If yes, what medications? _____

For what reason? _____

3. List any other medical condition(s) that would be helpful to know about: _____

4. Date of last tetanus immunization: _____

5. The above named adult has current medical insurance coverage through:

Insurance Company: _____

Name on Insurance Policy: _____

Insurance Company Phone Number: _____ Policy Number: _____

Mailing Address for Medical Claims (see back of insurance card): _____

City: _____ State: _____ Zip: _____

6. Does your insurance company require notification prior to emergency health care at a hospital?

If yes, Phone Number: _____

It is your responsibility to obtain insurance permission for treatment.

I, _____ will be attending Associational Children's Camp at Falls Creek in 2019. Falls Creek Baptist Conference Center is managed and operated by the Baptist General Convention of Oklahoma ("BGCO"). In the event that I should need emergency medical care or attention, the Host Church leadership, the Associational Children's Camp, the BGCO or any of their agents or employees are hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to me as is recommended or suggested by a physician, nurse, surgeon or other health care professional.

If such emergency care is provided to me, I understand that my health insurance information will be given to the health care professional and any expenses not covered by my health insurance shall be my responsibility. I understand that the Host Church, Associational Children's Camp, or the BGCO will not be obligated to pay either the health care professional or me for any medical expenses incurred on my behalf.

There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, I agree the Host Church, the Associational Children's Camp, and the BGCO are not responsible for the action of these third party contractors. I further agree the Host Church, the Associational Children's Camp, and the BGCO are not liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my participation in or observation of such recreational activity.

Furthermore, in consideration of being allowed to attend Associational Children's Camp, I hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, Associational Children's Camp, the BGCO, their agents or employees, against any and all causes of action, rights, claims or suits I may have against the Host Church, Associational Children's Camp, and the BGCO, or their agents or employees as a result of injury to myself, including, but not limited to: (1) injuries arising from participation in or observation of recreational activities at Falls Creek, and (2) injuries arising from the decision of the leadership of the Host Church, the Associational Children's Camp, the BGCO, or any of their agents or employees to consent to the provision of emergency medical care to me.

I understand that my image may be included in a video or in photographs that may be made during camp. I understand that a promotional or highlight video may be available for sale during and after camp. I consent that my image may appear on videos, promotional resources, camp endorsed web sites, etc.

I give authority and permission to the Host Church, the Associational Children's Camp, and the BGCO, and any of their staff or agents to inspect my belongings while at Falls Creek.

Signature: _____ Date: _____

Must be 18 years old or older to sign this form. Every adult attending Associational Children's Camp must complete this Release Form and turn it in on the first day of camp during registration.

**2019 Associational
Children's Camp
At Falls Creek
Release Form**

ASSOCIATION: _____
HOST CHURCH: _____
CABIN: _____
CAMPER NAME: _____

Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Age: _____ Date of Birth: _____ Grade this fall: _____ Boy/Girl (please circle one)
In Emergency Notify (print): _____ Relationship: _____
Emergency Contact Home Phone: _____ Cell or Work Phone: _____
Secondary Emergency Contact: _____ Phone: _____

1. Does camper have any known allergies or is camper unable to take any medication? ___ Yes ___ No
If yes, what? _____
2. Does camper presently take any medications regularly? ___ Yes ___ No
If yes, what medications? _____
For what reason? _____
3. List any other medical condition(s) that would be helpful to know about: _____
4. Date of last tetanus immunization: _____
5. The above named child has current medical insurance coverage through:
Insurance Company: _____ Name on Insurance Policy: _____
Insurance Company Phone Number: _____ Policy Number: _____
Mailing Address for Medical Claims (see back of insurance card): _____
City: _____ State: _____ Zip: _____
6. Does your insurance company require notification prior to emergency health care at a hospital? If yes, phone #: _____
7. Will a parent of the Camper attend Falls Creek during the same period of time as the Camper?
YES / NO If "yes," name of parent: _____

I understand that it is the responsibility of my child's Host Church to obtain insurance permission for treatment or to limit my child's recreational activities because of a stated medical condition.

My child, _____ will be attending Associational Children's Camp at Falls Creek in 2019. Falls Creek Baptist Conference Center is managed and operated by the Baptist General Convention of Oklahoma ("BGCO"). In the event that my child should need emergency medical care or attention, the Host Church leadership, the Associational Children's Camp, the BGCO or any of their agents or employees are hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon or other health care professional.

If such emergency care is provided to my child, I understand that my child's health insurance information will be given to the health care professional and any expenses not covered by my child's insurance shall be my responsibility. I understand that the Host Church, the Associational Children's Camp or the BGCO will not be obligated to pay either the health care professional or me for any medical expenses incurred on behalf of my child.

There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, I agree the Host Church, the Associational Children's Camp, and the BGCO are not responsible for the action of these third party contractors. I further agree the Host Church, the Associational Children's Camp, and the BGCO are not liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation in or observation of such recreational activity.

Furthermore, in consideration of my child being allowed to attend Associational Children's Camp, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, Associational Children's Camp, the BGCO, their agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against the Host Church, Associational Children's Camp, and the BGCO, or their agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities at Falls Creek, and (2) injuries arising from the decision of the leadership of the Host Church, the Associational Children's Camp, the BGCO, or any of their agents or employees to consent to the provision of emergency medical care to my child.

I understand that my child's image may be included in a video or in photographs that may be made during camp. I understand that a promotional or highlight video may be available for sale during and after camp. I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.

I give authority and permission to the Host Church, the Associational Children's Camp, and the BGCO, and any of their staff or agents to inspect my child's belongings while at Falls Creek.

I understand that Associational Children's Camp is a place where many children seek counsel and advice from adult leaders, staff, counselors and others. I hereby consent to my child receiving spiritual and emotional counsel during their week of camp.

I have received and read the Camp Packet Information (found at www.accok.org) including the list of the recreational options and the daily schedule, and I have received satisfactory answers to all my questions about such information.

Signature: _____ Relationship to child: _____ Date: _____

All students attending Associational Children's Camp must have a parent or guardian complete and sign this release form. This form must be turned in to the Associational Children's Camp staff during registration on the first day of camp.