



Dear Church Leader/Parent,

Enclosed is information and forms for this year's Panola Baptist Summer Camping program at Son-Rise Point Baptist Retreat. Please announce the following dates to your congregation as soon as possible because space is limited each week. The Retreat can also be rented at other times by your church.

Day Camps and Overnight Camps are June 18-22 Full week, Overnight only mini camp July 15-18th and NEW THIS YEAR July 18-21st 9-12 grade camp.

Also included is a volunteer form. We need some adults and high school/college students to work each week. The deadline for the camper applications for camp is **May 15th**, afterwards there is a \$25 late fee.

Please be aware that the camp t-shirt cost, \$15, is now separate from the camp fee it can also be sold separately for volunteers or others wishing to have one. Remember the late fee for applications that are received after the deadline. We plan our activities around the numbers we have after the registration date. When applications are late then that requires us to incur additional costs of ordering supplies to supplement for late registrations. If you have any questions please call the Association office at: 662-563-7439.

All forms and monies need to be mailed to:

**Panola County Baptist Association
Son-Rise Baptist Retreat
634 Hwy 51 North
Batesville, MS 38606**

Thanks,

Son-Rise Point Baptist Retreat

Camp Committee

Day Camp 2018

Dates: June 18-22

Ages: Children who have completed grades K-3

Cost: **\$75** (includes 5 meals, crafts and activities) late fee \$25 after May 15 **\$15 T-Shirt**

Hours: 9am to 3pm – Monday- Thursday, and 9 am – 1 pm on Friday. **Friday Celebration starts at 11:00 and parents are welcome to come and attend ending at 12:00 with lunch.**

Activities:

- Bible Study
- Music
- Crafts
- Recreation
- Canoeing
- Camping Skills
- Archery
- Challenge Course
- Nature Hikes
- Sling Shot/BB
- Making New Friends

Needed:

- ❖ Volunteers – High School 11-12 grade/college students for group counselors
- ❖ Volunteers – College students/adults for Recreation
- ❖ Volunteers – Adults for cooking
- ❖ Volunteers – Local ministers for Bible studies

Overnight Camp 2018

Dates: June 18-22 and July 15-18 **NEW: 18-21st 9th-12th grade**

Ages: Children who have completed grades 3-8

Cost: (\$110 \$15 for T-Shirt Full Week overnight)
(July Mini Camp 6th-8th \$75 \$15 t-shirt)
(July Mini Camp 9th-12th cost \$75, \$15 T-Shirt)

Hours: June 9 am Monday to 1 pm Friday. Drop-off and pick up at main lodge 9 am Monday and pick up by 1 pm on Friday. **Friday Celebration starts at 11:00 and parents are welcome to come and attend ending at 12:00 with lunch.**

Mini Camp: 6th-8th Sunday afternoon registration 3:00 pm Depart Wednesday Morning 10:00 am (no celebration)

Mini Camp 9th-12th Wednesday afternoon 3:00 pm registration Depart Saturday 10:00 am

Activities:

- Bible Study
- Music
- Crafts
- Recreation
- Fishing/Canoeing
- Camping Skills
- Archery
- Challenge Course
- Nature Hikes
- Sling Shot/BB
- Making New Friends

Needed:

- ❖ Volunteers -college students for group counselors (Overnight)
- ❖ Volunteers – College students/adults for Recreation
- ❖ Volunteers – Adults for cooking
- ❖ Volunteers – Local ministers for Bible studies

What to bring to Overnight Camp

Parents and campers, Son-Rise Point Baptist Retreat is a “True Camping Experience.” There will be plenty of hiking and walking so campers need to dress appropriately. Listed below are suggested items your child may want to bring to overnight camp. **Encourage him/her to keep up with clothing and personal items so they will not be left at camp.** We will help in this area as best we can. **Please mark all items with camper’s name. If items are left at camp, and are not claimed after two weeks, items will be disposed of.**

Please remember that nothing should be brought to camp that would take away from the Christian atmosphere.

Clothing and Personal Items

Windbreaker or Rain Poncho

Jeans and Shorts (**hems must touch tips of fingers when arms are straight at sides**)

Swimsuit (one piece only)

Shirts

Underwear

Shoes (flip flops only in showers) (**Closed toe shoes only to be worn at all times except in showers**)

Socks

Soap

Soap Container

Two (2) Towels

Two (2) washcloths

Toothbrush

Toothpaste

Insect Repellent

Comb/Brush

Other hygiene products needed

Sleeping Bag or Bedding and Pillow

Bible and pen

Flashlight with extra batteries

Campers can bring cameras and fishing equipment. NO phones, mp3 players with uplifting Christian music may be brought at the campers own risk. Music will be subject to counselor’s inspection and taken away if found below camp standards.

Money for snacks and/or souvenirs (will be kept by the camp bank)

Camp Fees

Day Camp \$75 _____
Over Night \$110 _____ Mini \$75 _____
T-Shirt \$15 _____ Size _____
Total _____
Late fee for camp after May 15th is \$25

Camp date you are coming to:

June 18-22 _____ Day/Overnight
July 15-18th _____ Overnight only
July 18th-21st _____ 9th-12th only

Camper Information Form

Camper's Full Name _____

Guardian's Name _____

Address _____

Daytime Phone number _____

Grade just completed: _____ Date of Birth _____

Circle one: Boy or Girl

T-shirt size: () youth small () youth medium () youth large () adult small

() adult medium () adult large () adult XL

Church Background:

Christian? _____ Church Member? _____ Church Name _____

Any special care your child might need at camp? _____

****Please do not send snack foods, radios, cd/mp3 players, cell phones with the camper. No tobacco/alcohol products are allowed****

Parents please make sure your child had enough socks and closed toe shoes and reiterate to them then importance of them wearing them at all times except in the shower.

Camp date you are coming to:

June 18-22 _____ Day/Overnight

July 15-18th _____ Overnight only

July 18th-21st _____ 9th-12th only

Camper Health Form

(Please type or print)

Camper's Full Name _____

Emergency Contact _____

Emergency Contact number _____

Insurance, yes ___ no ___ Social Security # _____ (will not be used or disclosed to anyone other than hospital in case of emergency)

Policy Name _____ Company _____

Policy or Identification Number _____

Name of Physician _____ Office Phone Number _____

Do you have ANY known allergies? (food, bug, medicine) _____

Is camper bringing medicines to camp? Yes ___ No ___

If yes, please list all: _____

Chronic, infectious, or recurring illness? _____

Any special needs which we need to be aware of? _____

Medication Orders: my child can have the following with the agreement of the nurse on duty:

Permission	Medication	Condition	Notes
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Yes	No	Tylenol/Advil	headache
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Yes	No	Benadryl	Poison Ivy, Nasal problems
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Yes	No	Dramamine	Nausea
-----	----	-----------	--------

Yes	No	Pepto Bismol	Stomach Distress
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Yes	No	Topical medications	Cut & Abrasions
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Camp application continued.

Parent's/Volunteer Consent & Release from Liability

This health history is correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except noted by me. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment. IN the event I cannot be reached in a emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above.

I, as parent/guardian or legal adult 21 year or older of the named minor/ or myself do hereby release, waive and forever discharge Son-Rise Point Baptist Retreat and/or Panola County Baptist Association and any and all other supporting groups of Son-Rise Point Baptist Retreat, together with all their officer agents, officials and employees from any and all liability, claims, actions, or causes of action whatsoever arising out of, or related to any injury, illness, loss, or damage, including death, related to participation in Son-Rise Point Baptist Retreat activities.

I have read this entire document and have willingly agreed to the conditions contained herein. I give this full release of all claims on behalf of myself, my heirs, executors, administrators, and assigns.

X _____

Signed: Parent or Guardian

Date

I hereby authorize Son-Rise Point Baptist Retreat or Panola County Baptist Association to photograph, film video/audio record, and/or televise my image and voice. Any photograph, film or vocal recording produced of the undersigned may be used for promotional marketing, and/or publicity purposes and may be published in mass media publications, on Son-Rise Point Baptist Retreat or Panola County Baptist Associations website or Facebook pages, shown on television presentations or used for fundraising purposes. This release is effective until revoked in writing by undersigned. Such revocation shall be effective to prevent any expanded future use of photographs, films, or vocal recordings.

() Yes, You may photograph my child. X _____
Signature

() No, You may not photograph my child. X _____
Signature

In case of emergency, notify:

Parent's name _____ **Phone** _____

If parents cannot be reached, notify:

Name _____ **Phone** _____

Son-Rise Point Baptist Retreat Camp Rules

Dear Parent/Guardian:

Please review the Son-Rise Point Baptist Retreat Camp Rules outlined below with your camper. Both parent/guardian and camper must date and sign below. Signed consent must accompany camper's registration.

1. Personal conduct will follow the Ten Commandments and The Golden Rule.
2. All Staff, Counselors, and Campers will respect one another with Christian respect at all times. Fighting, inappropriate touching, put-downs, or other behavior that is harmful or hurtful to others is unacceptable.
3. Swearing, dirty jokes and stories, obscene gestures etc., will not be tolerated.
4. Modest apparel is required at all times- clothing that is revealing or too tight is unacceptable. If anyone is dressed inappropriately at any time he/she will be asked to change immediately.
5. Footwear is required at ALL times while awake. Shower shoes can be worn only in the shower, closed toe shoes must be worn at all other waking hours. NO FLIP FLOPS.
6. No food of any kind is permitted in the sleeping areas. All food brought to or received while at camp will be distributed at meal or snack times and shared with others.
7. Dress code will be observed including: No short shorts (finger tip length a must), No t-shirts with distasteful slogans. No hats in Bible classes and worship services.
8. All property must be respected- No graffiti, destructive behavior or theft.
9. No cell phones, cigarettes, lighters, fireworks, knives, etc. are to be on the camp grounds. Mp3 players/Ipod's are permitted at bedtime only at campers own risk. If music is found to be below camp standards the devise will be taken away and returned at the end of camp. Turn these, along with all valuables and medication, into the Program and Health staff.
10. The lake is for canoeing and wading only and no one is to enter the water area without a life jacket on and an adult present. Lake access is only during scheduled times with camp staff. No one is allowed around these areas except during those times.
11. No one may leave camp without the Program Coordinators permission.
12. All campers must attend all activities including Bible Study and worship services.
13. Campers are never to be left alone at any time.
14. Boys are not allowed in girl's area and vice versa, unless instructed.
15. All leaders and campers are to use the "buddy system". ALWAYS let your leaders know where you are or where you and your buddy are going.
16. There is to be no public displays of affection (PDA).
17. Everyone (both campers and staff) must sign in and out of camp when entering or leaving. The sign in/out sheet will be in the Camp Kitchen area.

Camper's parents will be held responsible for camp property damaged or destroyed. The camp management reserves the right to send anyone home for misconduct.

Parent/Guardian Signature

Date

Camper Signature

Date

Waterfront Permission Slip

I give permission for _____ (Campers Name) to participate in all Son-Rise Point camp programs, including wading and canoeing activities, subject to limitations noted below:

My Child is unable to swim and is not permitted to participate in any waterfront activity. _____ (initial)

My Child does not swim well and should be considered a non-swimmer. A non-swimmer will be permitted to have access to the wading area but will be limited to the area where the water is no more than thigh high and be required to wear a life jacket. Non-swimmers will only be allowed to canoe with an adult. _____ (initial)

My Child is an excellent swimmer and has no limitations in the swimming area. All campers are required to wear a life preserver while canoeing and wading. _____ (initial)

Signature of parent/guardian _____ **Date** _____

Activity Pre-Registration Page

Last year was our first year to create an activity time called “Campers Choose” where each camper could choose activities that they could go to individually depending on their interests. Instead of choosing those on the day of registration please ask your camper to choose 5 of the following Camper Choose options and to number them in the order of greatest interests.

Choose 5: (Rank in order of interest)

_____ Nature Games (any age)

_____ Canoeing

_____ Sports (any age)

_____ Drama (any age)

_____ Weird Science (any age)

_____ Advanced Art (must have completed 4th grade or above)

_____ Sharing the Gospel 101 (Older Campers who are already Christians)

Volunteer Form

Camp date you are coming to:

June 18-22 _____ Day/Overnight

July 15-18th _____ Overnight only

July 18th-21st _____ 9th-12th only

Name _____

Address _____

Phone number _____ Cell _____

Email _____

Church Home _____

Area that you would like to work in _____

Age you would like to work with _____

Will you be available for both weeks? _____

If not, which week available? _____

Day Camp or Overnight Camp? _____

***Assignments
will be made
where there is
a need; we
will try to put
you in areas
that you
would like if
at all possible.***

T-shirt size: () adult small () adult medium () adult large () adult XL

() adult 2XL () adult 3XL

(For Youth Juniors or Seniors only)

Grade Completed _____ or Age _____

Please attach a copy of your insurance card with your social security number in case of an emergency. If you need to be treated at a hospital or clinic your insurance will be used.

Camp date you are coming to:		
June 18-22	_____	Day/Overnight
July 15-18 th	_____	Overnight only
July 18th-21st	_____	9 th -12 th only

Volunteer Health Form

(Please type or print)

Volunteer's Full Name _____

Emergency Contact _____ Emergency Contact number _____

Insurance yes ___ no ___ Social Security # _____ (for Ins. Purposes only)

Policy Name _____ Company _____ Policy or Id # _____

Please attach a copy of your insurance card with your social security number in case of an emergency. If you need to be treated at a hospital or clinic your insurance will be used.

Name of Physician _____ Office Phone Number _____

Do you have ANY known allergies? (food, bug, medicine) _____

Is volunteer bringing medicines to camp? Yes ___ No ___

If yes, please list all: _____

Chronic, infectious, or recurring illness? _____

Any special needs which we need to be aware of? _____

Medication Orders: my child (for high school students) can have the following with the agreement of the nurse on duty:

Permission	Medication	Condition	Notes
Yes No	Tylenol/Advil	headache	_____
Yes No	Benadryl	Poison Ivy, Nasal problems	_____
Yes No	Dramamine	Nausea	_____
Yes No	Pepto Bismol	Stomach Distress	_____
Yes No	Topical medications	Cut & Abrasions	_____

Volunteer application continued

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I, as parent/guardian or legal adult 21 year or older of the named minor/ or myself do hereby release, waive and forever discharge Son-Rise Point Baptist Retreat and/or Panola County Baptist Association and any and all other supporting groups of Son-Rise Point Baptist Retreat, together with all their officer agents, officials and employees from any and all liability, claims, actions, or causes of action whatsoever arising out of, or related to any injury, illness, loss, or damage, including death, related to participation in Son-Rise Point Baptist Retreat activities.

I have read this entire document and have willingly agreed to the conditions contained herein. I give this full release of all claims on behalf of myself, my heirs, executors, administrators, and assigns.

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Name _____ **Phone** _____