

Camp 2020 Church Packet

Registration is a **3-Step Process**. Complete all of the steps listed below to secure your registration and rate. Incomplete forms and a delay in submitting the required documents will result in a rate increase to the next deadline's price.

🍏 Step 1: Complete Online Camp Week Request

- This request is an estimation of the total number of males and females you expect to bring to Youth Camp. This number should include leaders, students, and yourself. This is NOT a guarantee that your church will have this number of spots. Confirmation of camp availability will be emailed to you within 3 – 5 business days.

🍏 Step 2: Complete Online Registration for Students and Leaders

A. Student and Leader Registration

- Upon requesting a camp week, you will receive a confirmation email of availability. Brushfire will also send you a link specific to your church. Use the link to register students, leaders, and YOURSELF. Please allow 3 -5 business days to receive the email containing your link.

B. Requirements for Leaders

- Ministry Safe – Required completion every 2 years. Each new leader will receive 2 emails from Ministry Safe. They must complete the background questionnaire and sexual abuse awareness training within 14 days of receiving the emails.

🍏 Step 3: Mail in Paperwork and Payment

Mail to: NTYM ATTN: Camp # _____ | P.O. Box 838 Waxahachie, TX 75168

A. Paperwork

- Student Consent Forms (for each student) ATTACHED BELOW
- Leader Consent Forms (for each leader) ATTACHED BELOW
- Group Rosters (completely filled out) ATTACHED BELOW

B. Payment

- ONE Church payment that covers all **NON-REFUNDABLE** \$100 deposits per student and leader (PAYMENTS MUST BE MADE BY CHECK)

A FEW THINGS TO REMEMBER:

- Registration is ONLY CONFIRMED when all three steps of the process have been completed
 - **Online Registration + Consent Form + Deposit = Confirmed Spot for Camp**
 - **Rate is determined by date of three step completion**
- *Medication Forms can only be accepted at camp on the first day. Do not mail them.*

ONLINE REGISTRATION IS CONSIDERED A COMMITMENT TO PAY THE DEPOSIT. If a student is unable to attend camp, then the deposit may be transferred to a new student of the same gender as long as registration is open. The deposit will not be refunded.

CHANGES

To request a change of information for a student leader that has already completed online registration, please email youth@northtexas.ag.

STUDENT DEPOSIT TRANSFER

If a student cancels **before** registration is closed, you may transfer their deposit to a NEW student of the same gender. The new student will incur the current price at the time the new registration is complete. (i.e. if an On Time Camper cancels during the Late Registration dates, their \$100 deposit can be transferred to a new student. The new student will be considered a Late Camper.)

LEADER DEPOSITS CANNOT BE TRANSFERRED.

MEDICATION AT CAMP

A Medication Form is in this packet. ONLY complete the form for students who require medication while at camp. This form must be signed by a parent or guardian within **24 hours prior** to camp. See form below for instructions. On-site medical check in is required for all medication brought to camp. DO NOT MAIL. This form cannot be accepted in advance of camp.

CONFIRMATIONS

The Church Coordinator will receive a confirmation two weeks prior to your camp start date containing your balance due at Camp Check-In. **Team colors will not be released until this confirmation.**

YOUTH CAMP PRICING

Registration will close **two** weeks before your camp. Transfers/changes are subject to approval when registration has closed. New Campers cannot be registered at Camp Check-In.

Camp 1: June 21 - 25 Speaker: Dan Malone				
Rates & Dates Complete Registration by:	Nov 1 – DEC 31	JAN 1 – APR 30	MAY 1 – JUNE 4	JUNE 5 – CLOSE OF REGISTRATION
Student	\$240	\$255	\$270	\$290
Leader	\$175	\$185	\$205	\$225
Camp 2: June 25 – 29 Speaker: Daniel Gray				
Student	\$240	\$255	\$270	\$290
Leader	\$175	\$185	\$205	\$225
Camp 3: June 29 – July 3 Speaker: Adam McCain				
Student	\$240	\$255	\$270	\$290
Leader	\$175	\$185	\$205	\$225
Camp 4: July 3 - 6 Speaker: Micah Steger				
Student	\$200	\$215	\$230	\$250
Leader	\$140	\$150	\$170	\$190
*Camp 5: July 6 - 10 Speaker: Peter Reeves				
Student	\$240	\$255	\$270	\$290
Leader	\$175	\$185	\$205	\$225
Camp 6: July 10 - 13 Speaker: Manny Arango				
Student	\$200	\$215	\$230	\$250
Leader	\$140	\$150	\$170	\$190

*Camp 5: minimum registration of 75 students per church

Group Roster**Females****An updated form is REQUIRED anytime consent forms or payment are mailed - one per gender.**

Only complete Cabin Side 2 if your group passes 20 attendees.

**We will do our best to accommodate your roster request per side*

Church _____ City _____

Church Coordinator _____ Camp # _____

Camper/Leader Names Cabin Side 1	OFFICE USE	Camper/Leader Names Cabin Side 2	OFFICE USE
C L Jr.L 1	D A O	C L Jr.L 1	D A O
C L Jr.L 2	D A O	C L Jr.L 2	D A O
C L Jr.L 3	D A O	C L Jr.L 3	D A O
C L Jr.L 4	D A O	C L Jr.L 4	D A O
C L Jr.L 5	D A O	C L Jr.L 5	D A O
C L Jr.L 6	D A O	C L Jr.L 6	D A O
C L Jr.L 7	D A O	C L Jr.L 7	D A O
C L Jr.L 8	D A O	C L Jr.L 8	D A O
C L Jr.L 9	D A O	C L Jr.L 9	D A O
C L Jr.L 10	D A O	C L Jr.M 10	D A O
C L Jr.L 11	D A O	C L Jr.L 11	D A O
C L Jr.L 12	D A O	C L Jr.L 12	D A O
C L Jr.L 13	D A O	C L Jr.L 13	D A O
C L Jr.L 14	D A O	C L Jr.L 14	D A O
C L Jr.L 15	D A O	C L Jr.L 15	D A O
C L Jr.L 16	D A O	C L Jr.L 16	D A O
C L Jr.L 17	D A O	C L Jr.L 17	D A O
C L Jr.L 18	D A O	C L Jr.L 18	D A O
C L Jr.L 19	D A O	C L Jr.L 19	D A O
C L Jr.L 20	D A O	C L Jr.L 20	D A O

Leader Information:**Youth Camp** – The ratio of leaders to students is 1:9. Junior leaders are those age 19-20.

Group Roster

An updated form is **REQUIRED** anytime consent forms or payment are mailed - one per gender.

Only complete Cabin Side 2 if your group passes 20 attendees.

**We will do our best to accommodate your roster request per side*

Church _____ City _____

Camp Coordinator _____ Camp # _____

Camper/Leader Names Cabin Side 1	OFFICE USE	Camper/Leader Names Cabin Side 2	OFFICE USE
C L Jr.L 1	D A O	C L Jr.L 1	D A O
C L Jr.L 2	D A O	C L Jr.L 2	D A O
C L Jr.L 3	D A O	C L Jr.L 3	D A O
C L Jr.L 4	D A O	C L Jr.L 4	D A O
C L Jr.L 5	D A O	C L Jr.L 5	D A O
C L Jr.L 6	D A O	C L Jr.L 6	D A O
C L Jr.L 7	D A O	C L Jr.L 7	D A O
C L Jr.L 8	D A O	C L Jr.L 8	D A O
C L Jr.L 9	D A O	C L Jr.L 9	D A O
C L Jr.L 10	D A O	C L Jr.L 10	D A O
C L Jr.L 11	D A O	C L Jr.L 11	D A O
C L Jr.L 12	D A O	C L Jr.L 12	D A O
C L Jr.L 13	D A O	C L Jr.L 13	D A O
C L Jr.L 14	D A O	C L Jr.L 14	D A O
C L Jr.L 15	D A O	C L Jr.L 15	D A O
C L Jr.L 16	D A O	C L Jr.L 16	D A O
C L Jr.L 17	D A O	C L Jr.L 17	D A O
C L Jr.L 18	D A O	C L Jr.L 18	D A O
C L Jr.L 19	D A O	C L Jr.L 19	D A O
C L Jr.L 20	D A O	C L Jr.L 20	D A O

Leader Information:

Youth Camp – The ratio of leaders to students is 1:9. Junior leaders are those age 19-20.

2020 CAMPER APPLICATION

This form is provided to assist Churches with collecting Camper information.
Online registration is required to complete the 2020 Camp Registration process.

CAMPER INFORMATION

Name _____ Camp # Attending _____
Male Female Date of Birth ____ / ____ / ____ Grade next fall _____ Age _____ Team T-shirt Size _____
Church _____ Church City _____

Pre-order Camp Water Bottle (\$15) Y / N Pre-order Limited Edition Camp Shirt (\$20) Y / N T-shirt Size S M L XL XXL XXXL

Is there anyone your child should **NOT** be released to? Yes No If yes, Name(s) _____

CHRONIC/RECURRING CONDITIONS: Please list _____

Are activities restricted: Yes No If yes, please explain _____

ALLERGIES: Please list _____

May be given Tylenol? Yes No

May be given Benadryl? Yes No

May be given Ibuprofen? Yes No

My Camper may be given over the counter, non-prescription medications or applications, not to exceed the recommended dosage for stomach discomfort, burns, cuts, insect bites, rash or scrapes. Yes No *List Exceptions* _____

If your Camper is on any medication, please read and complete the Medication Form and bring the form to camp.

PARENT/GUARDIAN INFORMATION

Parent/Guardian _____ Mobile Phone _____ Other Phone _____
Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACT

If Parent/Guardian cannot be contacted, please notify:

Name _____ Mobile Phone _____ Other Phone _____

APPLICATION AUTHORIZATION

I authorize camp staff to consent to medical treatment when myself or my emergency contact cannot be reached. I understand that every effort will be made to contact me regarding medical attention given to my child. I also understand that participants at Lakeview Camp are liable for damage caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian. I understand that camp is a voluntary activity. Student must be willing to cooperate with the overall spirit and schedule of the camp. I acknowledge that if my child's behavior is deemed unacceptable, I am required to remove my child from camp immediately. Finally, I understand that every effort will be made to room church groups in the same cabins. However, due to the structure of the camp and the limited number of beds, this is not always possible. I also grant my permission to North Texas District Council to use photographs (individual or group) and/or multimedia images and recording in the best interest of the North Texas District Council. I have reviewed the camp information sheet and gone over the camp and dress code policies with my child. Camper signature required: Agree to abide by camp and dress code policies.

Parent Signature _____ Date _____ (signature required if camper under age 18)

Camper Signature _____ Date _____ (signature required)

2020 LEADER APPLICATION

This form is provided to assist Churches with collecting Leader information.
Online registration is required to complete the 2020 Camp Registration process.

Leader (21+ years old) Junior Leader (19-20 years old) Camp # Attending _____

Name _____ Team T-shirt Size _____ Pre-order Limited Edition Camp Shirt (\$20) Y / N

Phone _____ E-mail _____

Address (NO P.O Box or Church Addresses) _____ City _____ State _____

Zip _____

Male Female Date of Birth ____ / ____ / ____ Age _____ Pre-order Camp Water Bottle (\$15) Y / N

Church _____ Church City _____

SSN (Required) _____ - _____ - _____

Ministry Safe: NTYM requires a background check screening and sexual abuse awareness training completion every 2 years. This cost is included in your leader fee. Ministry Safe will email you further instructions to be completed within 14 days of receiving

Will you be attending Kids Camp 2020 **as a leader**? YES NO

Have you ever been convicted of (or plead guilty to) child abuse or a crime involving actual or attempted sexual molestation of a minor or adult? YES NO If yes, please explain _____

Have you ever been convicted of (or plead guilty) to any other crimes? YES NO

If yes, please explain _____

CHRONIC/RECURRING CONDITIONS: _____

Are activities restricted: YES NO If yes, please explain _____

Do you have any physical disabilities or limitations? _____

ALLERGIES: Please list _____

Current Medication(s): _____

Needed During Camp? YES NO

In case of an emergency please notify:

Name _____ Mobile Phone _____ Other Phone _____

"As the applicant, I affirm that the information on this form is accurate to the best of my knowledge. I acknowledge that **all tobacco (including e-cigarettes and vapes) in addition to any form of alcohol or illicit drugs are strictly prohibited from camp property.**

I authorize the North Texas District to have a criminal background check done by the agency of their choosing and understand that my acceptance as a camp leader is contingent upon the results. I also agree to have my Pastor contacted for a reference regarding my character and suitability for children/youth work. I waive any rights that I may have to inspect references provided on my behalf.

I authorize camp staff to consent to medical treatment for me when either I am unable to respond or my emergency contact cannot be reached.

I also understand that I will be held responsible for any medical expenses incurred.

Applicant Name (Print)

Applicant Signature

Date

2020 Camp Medication Form

If your camper needs to bring any medication to camp, **please complete this form within 24 hours prior** to your camper's arrival at camp. **All medications must be the original containers.** Place all medication containers in a plastic bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. A medical attendant will receive medications at the nurse's table during camp check-in. Inhalers are the only meds that can be kept with the camper (please send two in case one is lost).

No medication can be administered unless listed on this form with Parent/Legal Guardian signature.

Medical personnel in the infirmary must administer all camper medications.

Camper _____

Cabin # _____ (to be filled in at camp)

Church/City _____

Parent Day Phone _____

Parent Evening Phone _____

NAME OF MEDICATION	DOSAGE	TIME TO BE GIVEN	Signature and Time Given (Nurse Use Only)					

Comments / Instructions _____

Medications will be given as directed on prescription containers. Explain any differences in instructions.

Parent/Guardian:

I, _____, Parent/Legal Guardian of _____
(camper's name) authorize the Camp Medical Personnel to administer the medications listed above.
I authorize the Camp Executive Staff to consent to medical treatment when either my emergency contact or I cannot be reached. I understand that every effort will be made to contact me before such action.

Parent/Guardian Signature _____

Date _____
(24 hours prior to camp)

2020 Student Consent & Agreement Form

(1 per student)

Authorization for: _____
Student Name

Church City & Church Name

By signing this form, I affirm that the information submitted online is accurate to the best of my knowledge. I authorize camp staff to consent to medical treatment in the event my emergency contact or I cannot be reached. I understand that every effort will be made to contact me regarding any medical attention given to my child.

I acknowledge that **all tobacco (including e-cigarettes and vapes) in addition to any form of alcohol or illicit drugs are strictly prohibited from camp property.**

I also understand that participants at Lakeview Camp are liable for damage caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian.

I understand that this is a voluntary activity. Student must be willing to cooperate with the overall spirit and schedule of the camp.

Finally, I understand that every effort will be made to room church groups in the same cabins. However, due to the structure of the camp and the limited number of beds, this is not always possible.

I grant my permission to North Texas District Council to use photographs (individual or group) and/or multimedia images and recording in the best interest of the North Texas District Council.

What to Wear: Shorts must be at least finger-tip length. NTYM and Lakeview tank tops are permitted to be worn due to their modest design. Crop tops, sundresses, spaghetti straps, strapless, and halter-tops will not be allowed. This includes shirts with the sides ripped out or low openings on the sides. No jerseys without undershirts are allowed. **Shoes** must be worn at all times. This does include to and from the pool, as regulated by the state insurance board. **Girls and boys:** cover clothing must be worn to and from the pool & lake. **Rec Time** is often messy! Keep this in mind when you are planning what clothes to bring. You will want to bring older clothes and shoes that you can get wet, muddy, and generally dirty! Pajamas are not allowed outside of the cabins. **Services:** what is worn during the day is acceptable. We just ask that you and your clothes are clean.

I have reviewed the camp dress code policies with my child. Camper's signature below confirms his/her agreement to abide by camp policies including dress code.

[If your camper needs to bring medication to camp, please complete a CAMP MEDICATION FORM.](#)

SIGN HERE:

Parent/Guardian Signature

Parent/Guardian Name (print)

Date

Camper Signature

Camper Name (print)

Date

Emergency Contact (print)

Phone Number

INSURANCE INFORMATION:

Insurance Provider

Group Number

ID Number

Policy Holder

Insurance Phone Number

2020 Leader Consent & Agreement Form

Authorization for: _____
Leader Name

Church City & Church Name

I affirm that the information submitted online is accurate to the best of my knowledge.

I authorize the North Texas District to have a criminal background check done by the agency of their choosing and understand that my acceptance as a camp monitor is contingent upon the results. This report, which I understand, may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

I also agree to have my Pastor contacted for a reference regarding my character and suitability for children/youth work. I waive any right that I may have to inspect references provided on my behalf.

I acknowledge that **all tobacco (including e-cigarettes and vapes) in addition to any form of alcohol or illicit drugs are strictly prohibited from camp property.**

I also grant my permission to North Texas District Council to use photographs (individual or group) and/or multimedia images and recording in the best interest of the North Texas District Council.

I authorize camp staff to consent to medical treatment for me when either I am unable to respond or my emergency contact cannot be reached. I also understand that I will be held responsible for any medical expenses incurred.

Leader Signature

Leader Name (print)

Date

Emergency Contact (print)

Phone Number