

# Midland Ministries

## Summer Camp 2018

Reaching America's Teenagers With The Gospel Since 1977 Jon Henderson ... Executive Director

Midland Ministries Headquarters  
@ THE MIDLAND CENTER  
709 E. Hyde Park Ave.  
St. Joseph, MO. 64504-1749  
Voice Phone: 816-238-4999  
FAX Phone: 816-238-4499  
E-Mail: [mimi@midlandministries.org](mailto:mimi@midlandministries.org)  
Web Site: [www.midlandministries.org](http://www.midlandministries.org)

### SPECIAL NOTE !!!

You will receive a post card in June telling you the balance of your camp fee.

Dear Camper,

Your camp registration has been received, and now we need to let you know what to do next.

1. Get ready for one of the most exciting and challenging weeks of your life
2. Spend some time preparing yourself for our camp by studying God's Word and asking Him what changes He wants to see in your life during camp.
3. Please read ALL the following information and ask your parents to read it as well, so that everyone will know what is expected. (Especially things not to bring to camp, Pg. 3)
4. Please take the enclosed Medical Form and have your parents complete and sign it. Then keep it in a safe place so that when your camp week comes around you will be ready to bring it with you to camp.
5. Please bring to camp along with your Medical Form, the balance of your camp fee Please make checks payable to "Midland Ministries." Please make check out for **registration fee only!** Extra spending money should come in **cash** (Please send \$1 bills for your teens bank). Teens will have a "bank" that they can deposit their spending money in.
6. If you are receiving some kind of camp scholarship from your church, please let them know that this scholarship money must come with you in the form of a check or cash from the church.
7. Pass this important phone # on to your parents. The camp phone number is **(660) 354-2178**. Please, this number is for emergency calls only. If there is no answer, you can try Jon Henderson, Camp Director, @ 816-261-0125.

On behalf of the entire staff here at Midland Ministries, we want to let you know that we are excited that you are coming to camp. We look forward to seeing you there!

Yours for a Great Summer,

*Jon Henderson*

Ministry CEO & Camp Director

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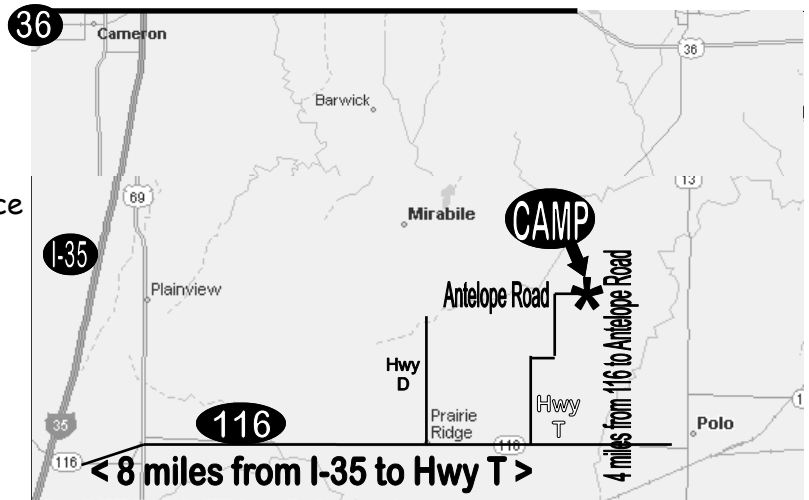


If you are not able to attend camp, please call us as soon as possible at 816-238-4999 or after June 18th call us at Camp 660-354-2178.

### Transportation....

You are responsible for your own transportation to and from the Midland Ministries Camp and Conference Camp near Polo, Missouri. Perhaps you can car pool with other teens in your area who are going the same week as you.

### Directions....



From St. Joseph, travel east on Highway 36 to Cameron, MO to the I-35 exit. Go south on I-35 to the Highway 116 exit. Go east on Highway 116 approx. 8 miles to Highway T. Go north on Highway T for approx 4 miles. You will see the Midland Camp and Conference Center sign on the east side of the road. Go east on Antelope Road for 1/4 mi. until you see the camp on the south side of the road.

### Arrival....

Arrive at the camp between 8:30 AM and 9:30 AM Monday morning and come to the main building as you enter the camp by the parking lot. In the dining Hall building you will complete your registration and receive your room and team assignment.

### Departure....

We ask that your parents or ride pick you up at the camp no later than 11:00 AM on Saturday morning. You will be packed up and ready to go between 10:00 and 11:00 AM.

### Mail....

Camp mail will go out and be received on a daily basis. If parents or family wish to send letters, please do so ***no later than Wednesday***, if you want to be assured they will receive their mail while still at camp. Simply address to:

Your teen's name...  
Midland Ministries Camp and Conference Center  
3570 S. W. Antelope  
Polo, MO 64671

## WHAT TO BRING AND WHAT NOT TO BRING ...

- \* Your **Medical Form** along with a **check** for the **balance of your camp registration**. Remember, the check should be for the final payment only. Spending money should come as cash (Please bring \$1 bills). Again, to remind teens and parents, camp "banks" will be provided for you to use to keep your spending money safe. Midland will not be responsible for money not deposited in camper's "banks."
- \* All clothing and other belongings should be marked with your name. Although the staff will do it's best to locate belongings, we are not responsible for lost items. **Parents**, please help your young person to understand the importance of keeping track of their belongings.
- \* **DRESS CODE:** Modest swimsuits are a must! Girls, please no Bikini swimsuits. Girls and boys are required to bring a short sleeved, dark T-shirt to wear to and from the pool area. For the lake, everyone is required to wear a T-shirt (girls also wear shorts in addition to swimsuit.)
- \*  

**Please bring 2 swimsuits. One for the lake and one for the pool. When we Blob in the pond and then come to the pool directly, we drag along a bunch of pond "algae" , which makes keeping the pool water clean and clear difficult. Please work with us on this.**
- \* **OTHER CLOTHING.** **Girls: No Tights as pants**, no mini-skirts, no bare midriffs, or see through garments. **Guys:** No "sagger" pants (Bring a belt if it is necessary, guys we do not want to see your underwear!) **Girls and Guys:** Appropriate under garments must be worn at all times. **ALL SHORTS MUST HAVE A 4 INCH INSEAM!** No tank tops, no sleeveless shirts (T-shirt sleeves must not be rolled up to make it a sleeveless shirt) Please bring a pair of tennis shoes for games. No Flop Flops will be allowed during games. All clothing must be appropriate for the Gender you were born with. **Parents: Please send proper clothing, we reserve the right to ask students to change clothing.**
- \*  
\* **For one of our Games they will get extremely muddy. Please bring one outfit for that.**

Personal Needs.... (Anything you need for personal grooming: soap, deodorant, shampoo, toothbrush and toothpaste, comb or brush, washcloth, towel, insect repellent, and etc).

Bible, pen, or pencil. Your Bible is for personal devotions (camp materials come from the ESV Bible Version). You will be provided a camp book which will have the camp Scripture in it for use during the week plus other material needed for your week with us..

Miscellaneous Stuff.... We have air-conditioning in the dorms. Bring your fishing gear, and any card or board games you really enjoy.

Bed roll which includes sheets and blanket or sleeping bag and pillow (the dorms are cold, so sleeping bags are recommended), Only the bed and mattress are provided at camp.

**DO NOT BRING....** CD players, TV's, **cellular phones**, (don't work at camp anyway), i-pods, computers, any questionable electronics; laser pointers, knives. squirt guns or super soakers; **No Musical Instruments: No fireworks! DO NOT BRING YOUR OWN SNACKS OR DRINKS**

Everything is included in the base price of camp EXCEPT: Spending money for snack shop goodies, Camp T-Shirt (which can be purchased anytime from the Snack Shop for \$10) and offerings.

**Midland Ministries will NOT make special accommodations for Gender Neutrality. Your accommodations will be based on the Gender in which you were born.**

# Midland Ministries Summer Camp Medical/Permission Form

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Parents/Guardians: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

**Insurance Information:** Policy Number: \_\_\_\_\_  
 Insurance Company Name: \_\_\_\_\_

Name and phone number of person to contact in an emergency if unable to contact parents ...  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**SPECIAL CONSIDERATIONS**  
 (Use a separate sheet of paper if necessary)

List any allergies or conditions that we should be aware of ...

List any medications that will be required by your teenager...

During the past year, has your teenager been diagnosed as having, been treated for, or had any of the following:

	Yes	No		Yes	No
Chest pain, heart murmur, high blood pressure, other disorder of the heart or blood vessels?.....	( )	( )	Arthritis, gout, loss of limb or deformity, disorder of bone joint, muscle, back or spine, or skin disorder?.....	( )	( )
Cancer, tumor, cyst, leukemia, lymph gland, thyroid, or blood abnormalities?.....	( )	( )	Disorder of eyes, ears, nose or throat?.....	( )	( )
Diabetes or other endocrine disorder, sugar, albumin or blood in urine, stone or other disorder of kidney, bladder or prostate?.....	( )	( )	Any illness, disease, or injury not mentioned above?.....	( )	( )
A lung or chronic respiratory disorder, asthma, emphysema, pneumonia, or tuberculosis?.....	( )	( )	Been advised to take or is now taking treatment or any kind of medication?.....	( )	( )
Intestinal bleeding, ulcer, hernia, hemorrhoid, or other disorder of stomach, liver, intestine or gall bladder?	( )	( )	Had surgery or been advised to have any diagnostic test, hospitalization, or surgery which was not completed?.....	( )	( )
Acquired Immune Deficiency (AIDS) or AIDS Related Complex?.....	( )	( )	Had a check-up or been a patient in a hospital, institution, clinic, sanatorium or other medical facility?.....	( )	( )
A sexually transmitted disease such as syphilis, gonorrhea, genital herpes, genital warts, or hepatitis?	( )	( )	Smoked at least one cigarette in the last 12 months?.....	( )	( )
A brain, mental or nervous disorder, fainting, convulsions, paralysis, depression, or attempted suicide?	( )	( )	Used tobacco in any other form within the last 12 months?...	( )	( )
Any additional information that may be helpful:			Received advise/treatment for the use of alcohol or drugs?	( )	( )
			Name, address, phone of personal physician?.....		
			_____		
			_____		
			Date and reason for last visit?.....		
			_____		
			_____		

**Revised Jan 2016**

**Please Note:** All information contained in this medical form will be held in strict confidence. We only require this medical form in case emergency medical treatment is necessary or would aid us in helping your teen through a minor medical problem that, without this information, could result in a major medical problem. Thanks for your cooperation!

## MEDICAL RELEASE

We have been advised of the nature and extent of the activities that may take place and represent to you that the participant is physically and mentally able to participate in those activities.

In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached,

I, \_\_\_\_\_, as parent or guardian do hereby give written permission for a qualified  
(parent/guardian name)

physician to give emergency medical treatment to \_\_\_\_\_ in case of emergency.  
(participant's name)

I understand that the Midland management will do all in their power to responsibly oversee the participants. However, I will in no way hold the Trustees, Director, manager, or staff responsible for any accident that might befall the applicant during his/her time while at camp.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission to Participate

I, \_\_\_\_\_, understand and give permission for my child to participate in using your Zip Line, BB Guns and the Blob while at the Midland Ministries Summer Camp. I also understand that there is some risk involved but that these activities are supervised. I allow my child, \_\_\_\_\_, to participate in the activities initialed below.  
(parent or guardian name ... PLEASE PRINT)  
(participants name)

[ ] Initials for Zip Line

[ ] Initials for the BLOB

Parent's Signature: \_\_\_\_\_