

FUGE @ Ridgecrest, NC SPYC CHECKLIST FOR JULY 8-12, 2022



Welcome to FUGE Camp! Severna Park Youth Collective is excited about the opportunity to spend with teens at summer camp. **FUGE** is an engaging experience with worship, bible study, and various track options for spiritual development of teens. Our camp theme is **DWELL** with a reminder of God's refuge in a whirlwind world. You can learn more at <https://www.fugecamps.com/event/ridgecrest-july-8-july-12-2022-centrifuge/>

Below are some details you may need to know. If you have questions, please feel free to contact Pastor David Brown or one of the adult leaders at their information below.

AVAILABILITY

◇ *25 total spots reserved (10 male youth & 3 male adults / 10 female youth & 2 female adults).*

□ **Balance & Forms**

1. Based on 20 + 5 spots, *estimate* total cost of each participant attending SPYC Summer Camp is: **\$455** (Fuge camp \$329; Transportation \$60; Chaperone \$66)
2. A \$75 deposit is required before **January 26** to reserve your spot. Camp spots fill up very quickly and everyone is encouraged to communicate interest asap!
3. Participate in fundraisers. We need parent volunteers to initiate and lead fundraising events for students. Those who participate will receive the designated funds raised at each event.
4. *SPYC churches can help offset Transportation & Chaperone and also Student Camp costs with contributions and individual participation in fundraisers.*
5. Balance \$380 to SPBC is due before **June 16**.
6. SPYC Permission Form signed & notarized (annual form sufficient).
7. FUGE Participation Form (2 notarized copies) with copy of insurance card
***Adult chaperones also need to have 2 notarized copies of this form.
☺ Please return completed & notarized forms in as soon as possible ☺

□ **Items To Bring**

- Linens or sleeping bag, towels, washcloth & pillows (not supplied by Ridgecrest)
- Appropriate Clothes for Friday – Tuesday. Clothing should keep in mind modesty, warm weather, possible rain, and recreation. For FUGE: modesty means no inappropriate advertising, shorts beyond fingertips with arms down, no tank tops or small straps or open backs unless covered, and one-piece bathing suits or two-piece covered with dark shirt. Thanks in advance for preparing for and following FUGE modesty policy.
 - Closed toe shoes are required for recreation.
 - "Night Life" events: more info forthcoming, but definitely "mega relay."
- Toiletries such as shampoo, deodorant, toothbrush/paste, deodorant, soap, deodorant, sun protection, etc.
- Water bottle (refillable)
- Bible & Pen (please pack your Bible... duct tape it to armpit/nosehair so you don't forget ☺)
- Opportunity to give for a missions offering to with IMB.
- Spending money for snacks, drinks and FUGE memorabilia (shirts, cds, etc.) [see below]

- A camera (optional)
- Cell phones are permitted as long as they are not a distraction. All electronic devices are not allowed to be used during FUGE program activities. There is time where they may be used but if they are used inappropriately or become a distraction the adult leaders may take them until return home.
- **Try to fit everything into 2 average sized bags/cases due to limited space.**

□ **Items NOT To Bring**

- Weapons, Alcohol, Tobacco or Drugs, Water toys, skateboards, roller blades, or any other different item that would cause harm or become a distraction. If these are brought they will be removed and perhaps asked for parents to get student at their expense.
- Minimize electronic devices. This is a time for students to have a spiritual encounter as well as a social connection with friends and church family youth group.

SCHEDULE (Tentative)

Opening Day

1:00 – 4:00 PM Registration
 5:00 PM Dinner
 6:30 PM Opening Celebration
 7:30 PM Bible Study
 9:15 PM Church Group Rally
 9:45 PM Church Group Time
 11:00 PM In Rooms
 11:30 PM Lights Out

Full Days of Camp

7:00 AM Breakfast
 8:00 AM Morning Celebration
 8:45 AM Recreation
 10:30 AM Bible Study
 12:10 PM Lunch
 1:15 PM Tracks A & B
 4:00 PM Hang Time
 5:45 PM Dinner
 7:00 PM Worship
 8:30 PM Group Time
 10:30 PM Hang Time
 11:00 PM In Rooms
 11:30 PM Lights Out

Closing Day

7:00 AM Breakfast
 8:00 AM Quiet Time / Bible Study
 9:45 AM Closing Celebration
 10:45 AM Churches Depart

Tracks (subject to change)

Crafts, Creative Movement, Creative Painting, Drama, Guitar, Percussion, Sign Language, Worship Leadership, Adventure Track (Kayaking, Paintball, Laser Tag), Hiking, Ropes Track (Zip Lines, Climbing Wall, Ropes Course), Active Track (Basketball, Soccer, Volleyball), Frisbee Track (Disc Golf, Ultimate Frisbee, Misc Frisbee Games), Rec Track (Kickball, Gagaball, Mini Golf), Sport Track (Battleball, Flag Football, Softball), Lawn Games, Total Body Fitness, Defending What You Believe, For Girls Only, Growing Your Faith, How to Survive the Wild, Leadership 101, Life After High School, Random Acts of Service, Sharing Your Faith, Spiritual Gifts, Sports Ministry, Table Games, The Man Track.

LEAVING Friday JULY 8

Leaving SPBC 5:05AM. It is approximately a ~10 hour drive to Ridgecrest, NC with stops.

RETURNING Tuesday JULY 12

We should return to SPBC hopefully around 9PM. Pastor Dave will have students call home when we cross into MD for more exact time.

EXTRA MONEY \$\$

Students will perhaps need money for ~1-2 fast-food meals going to NC and ~1-2 fast-food meals returning to MD. You may choose to bring extra money for additional snacks and FUGE memorabilia which are available during the week. Students are given 3 buffet-style meals each day during camp. Lastly, as mentioned there is an opportunity to give to Missions Offering. Total extra money could be around \$50-\$70, but this is each parent's discretion and discussion with their child. If you have questions, please contact SPBC Pastor Dave Brown.

EMERGENCY CONTACT

Ridgecrest Conference Center

Attn: FUGE Camps

(Camper Name)

P.O. Box 128, Ridgecrest, NC 28770 / 1 Ridgecrest Drive, Old US 70 East, NC 28770

Email: ridgecrestfuge@gmail.com (not active until May 1)

Phone: 615-300-7890 (not active until May 1)

SPBC Adult Leaders

Pastor Dave 443-624-5877 dave_dwb@hotmail.com or office@spbcmd.com



2021 CAMP PARTICIPANT FORM

Group Leaders: one notarized copy of this document is required to attend camp. Keep a photocopy for yourself to have with you in case of emergency.

Camp Location/Date: _____

Church Information:

Name of Church: _____

Group Leader: _____ Group Leader's cell #: (____) _____

Church Address: _____ City: _____ ST: _____ ZIP: _____

Participant Information:

Name: _____ Age: _____ Date of Birth: ____/____/____

Grade Completed (if applicable): _____

Address: _____ City: _____ ST: _____ ZIP: _____

Emergency Contact Name: _____ Relationship: _____

Phone: (____) _____ Home: (____) _____ Cell: (____) _____

Medical Information:

General medical conditions: (____) Allergies: (____) Poor vision: (____)

If Fairly or Severe, please describe: _____

List all medical diagnoses which have been created: _____

List all medicines taken: _____

List all medical conditions currently occurring: _____

List all medical conditions needing special attention: _____

Date of last medical examination: _____

By signature of parent/guardian: _____ of _____

Family phone: _____

Insurance Co.: _____ Policy #: _____

Subscriber Name: _____ Subscriber Number: _____ Work Phone: (____) _____

In consideration of Participant's ability to participate in the event(s), I, the undersigned Participant, (and, if Participant is a minor, I the undersigned Parent/Guardian):

A. Permission For Medical Treatment: Hereby grant my permission for any church staffer or counselor, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to Participant, including transporting Participant to a medical facility and sharing the above information with medical personnel, and further hereby give permission for medical personnel to administer medical care to Participant, as necessary.

B. Acknowledgement and Permission: Hereby acknowledge that any activity involves the potential for contact with someone other than camp staffers (i.e. employees at a non-Lifeway sponsored event, church volunteers, etc.). I further acknowledge that if Participant is attending a camp with:

- 1. **Construction Activities**, that those may include but are not limited to 1) painting, installing doors, installing windows, building porches, constructing wheelchair ramps, conducting cleanup activities, scraping paint and removing debris from the work site, climbing ladders, nailing nails, scraping paint, carrying heavy building supplies and serving each day in sometimes extreme summer temperatures, 2) travel to and from each worksite
- 2. **Recreation Event Activities** that those may include but are not limited to 1) initiative games, high and low challenge courses, outdoor education, paintball, aquatics (including beach activities where applicable), 2) climbing or descending unpredictable and possibly slick or uneven terrain, 3) activities leading to elevated heart and respiratory rates, 4) traveling long distances in remote settings, 5) carrying weight on your back and shoulders, 6) encountering unforeseen forces of nature and weather, 7) experiencing uncomfortable group dynamics.
- 3. **Mission Event Activities** that those may include but are not limited to 1) travel hazards, 2) being a distance from medical care, 3) experiencing uncomfortable group dynamics.

C. Photograph/Video Acknowledgement and Permission: Acknowledge that there may be photographs taken or videotaping during normal event activities, and I hereby grant my permission for such photographs/videos to be taken and to be used in promotional materials.

D. Covid-19: I acknowledge it is my responsibility to ensure that myself and/or the minor listed above engage in all safety measures suggested or required by the Centers for Disease Control (CDC) and applicable local ordinances or state law concerning COVID-19. In addition, if at any time I believe that conditions are unsafe or that the minor listed above is unable to participate due to physical or

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medical conditions, then I will immediately discontinue their participation. I understand that despite diligent hygiene measures and compliance with the law, there is no guarantee that infectious transmission will not occur.

E. Release and Indemnity: Acknowledge and agree that I release and forever hold harmless Lifeway Christian Resources of the Southern Baptist Convention ("Lifeway"), the venue, church, project and event sponsors and state conventions as well as their members, trustees, directors, officers, employees, agents, contractors and affiliates (collectively, the "Released Parties") from any and all claims or demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor child while participating in or employed by this project or the events and/or while on property leased or owned by the Release Parties. I further assume full personal responsibility for any loss of or damage to property to the extent caused by me or my minor child. I also assume full personal responsibility for all medical bills for me or my minor child. I agree to indemnify the Released Parties from any and all claims and demands for personal injury or death as well as property damage and expenses of any nature whatsoever arising out of the willful or negligent actions or omissions of me or my minor child. I further hereby assume responsibility for all transportation costs related to my or my minor child's dismissal from the project and/or event, as applicable.

F. Understanding. Represent and acknowledge that (1) I have completely read and understand this document and all its terms and all matters referred to herein, and my signature below is my voluntary, free act and deed, (2) I have had ample opportunity to obtain the advice of counsel, (3) by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me, (4) I understand that the above Releases shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. (5) to the extent any restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to Christian conciliation/mediation organization for binding arbitration. A copy of the arbitration rules shall be treated as part of this document and binding on the parties. I understand that my signature may be used for any purpose.

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NOTARY ACKNOWLEDGEMENT

The State of _____ the County of _____

On the ____ day of _____, 20____, before me, Notary Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing is true and correct. Witness my hand and official seal.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Notary signature: _____

My commission expires: _____





2021 CAMP PARTICIPANT FORM

Group Leaders: one notarized copy of this document is required to attend camp. Keep a photocopy for yourself to have with you in case of emergency.

Camp Location/Date: _____

Church Information:

Name of Church: _____

Group Leader: _____ Group Leader's cell #: (____) _____

Church Address: _____ City: _____ ST: _____ ZIP: _____

Participant Information:

Name: _____ Age: _____ Date of Birth: ____/____/____

Grade Completed (if applicable): _____

Address: _____ City: _____ ST: _____ ZIP: _____

Emergency Contact: _____ Relationship to Participant: _____

Phone Numbers - Home: (____) _____ Work: (____) _____ Mobile: (____) _____ Other: (____) _____

Medical Information:

General Health: (C) _____ Good Poor

If Fair or Poor, please describe: _____

List any allergies which are life threatening: _____

List any medications currently being taken: _____

List any special needs: _____

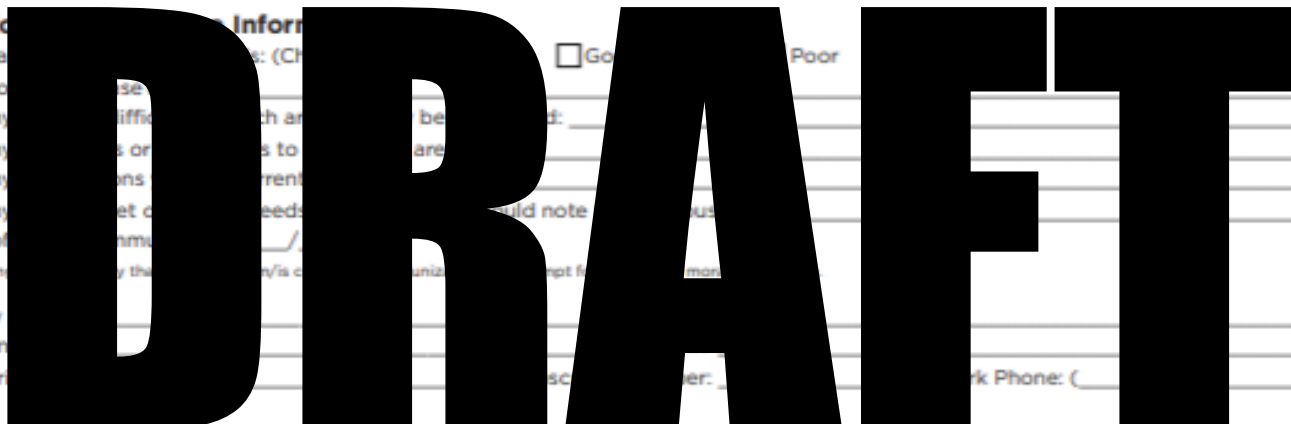
Date of last physical exam: ____/____/____

By signing this form, I acknowledge that I have read and understand the information on this form.

Family Insurance: _____

Subscription: _____

Work Phone: (____) _____



In consideration of Participant's ability to participate in the event(s), I, the undersigned Participant, (and, if Participant is a minor, I the undersigned Parent/Guardian):

A. Permission For Medical Treatment: Hereby grant my permission for any church staffer or counselor, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to Participant, including transporting Participant to a medical facility and sharing the above information with medical personnel, and further hereby give permission for medical personnel to administer medical care to Participant, as necessary.

B. Acknowledgement and Permission: Hereby acknowledge that any activity involves the potential for contact with someone other than camp staffers (i.e. employees at a non-Lifeway sponsored event, church volunteers, etc.). I further acknowledge that if Participant is attending a camp with:

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medical conditions, then I will immediately discontinue their participation. I understand that despite diligent hygiene measures and compliance with the law, there is no guarantee that infectious transmission will not occur.

E. Release and Indemnity: Acknowledge and agree that I release and forever hold harmless Lifeway Christian Resources of the Southern Baptist Convention ("Lifeway"), the venue, church, project and event sponsors and state conventions as well as their members, trustees, directors, officers, employees, agents, contractors and affiliates (collectively, the "Released Parties") from any and all claims or demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor child while participating in or employed by this project or the events and/or while on property leased or owned by the Release Parties.

I further assume full personal responsibility for any loss of or damage to property to the extent caused by me or my minor child. I also assume full responsibility for any loss of or damage to property to the extent caused by me or my minor child. I also assume full responsibility for any loss of or damage to property to the extent caused by me or my minor child. I also assume full responsibility for any loss of or damage to property to the extent caused by me or my minor child.

F. Understand that I am releasing and forever holding harmless the Released Parties from any and all claims or demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor child while participating in or employed by this project or the events and/or while on property leased or owned by the Release Parties. I further assume full personal responsibility for any loss of or damage to property to the extent caused by me or my minor child. I also assume full responsibility for any loss of or damage to property to the extent caused by me or my minor child. I also assume full responsibility for any loss of or damage to property to the extent caused by me or my minor child.

G. In executing this instrument, I understand that I am releasing and forever holding harmless the Released Parties from any and all claims or demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor child while participating in or employed by this project or the events and/or while on property leased or owned by the Release Parties. I further assume full personal responsibility for any loss of or damage to property to the extent caused by me or my minor child. I also assume full responsibility for any loss of or damage to property to the extent caused by me or my minor child. I also assume full responsibility for any loss of or damage to property to the extent caused by me or my minor child.

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THIS MUST BE SIGNED IN THE PRESENCE OF A NOTARY.

Complete and sign below (Consent by a parent or guardian is required for those under the age of majority which varies by state. For example, in Alabama and Nebraska consent is required for those under 19 years of age).

Participant's Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Phone: (____) _____ Date: ____/____/____

(If Participant is a minor)

NOTARY ACKNOWLEDGEMENT

The State of _____ the County of _____

On the ____ day of _____, 20____, before me, Notary Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing is true and correct. Witness my hand and official seal.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Notary signature: _____

My commission expires: _____





ALLEVENTS FOR SP YOUTH COLLECTIVE Initial 2021 _____ 2022 _____

CHILD(REN)'S NAME: _____

BIRTHDATE(S): _____

ADDRESS: _____

PHONE(S): _____

EMERGENCY CONTACTS NAME (relationship to child) & PHONE: _____

I verify that I am the Parent or the Legal Guardian of _____, a minor. I authorize the officers, agents, volunteers and/or employees of Severna Park Youth Collective (SPYC) to take the necessary steps to ensure prompt and necessary medical care at my sole expense for the above named minor in the event that he/she becomes ill or sustains injury while on **ALL ANNUAL EVENTS**. I give my permission to the officers, agents, volunteers and/or employees of SPYC to spot any bleeding and to administer first aid on the above named minor. I also consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the above named minor under the general and specific supervision and on the advice of any duly licensed physician, surgeon or dentist while on the trip. I hold harmless and fully and forever release and discharge SPYC, all officers, agents, volunteers and/or employees of SPYC from any and all claims, demands, damages, rights of action, present or future whether the same be known, anticipated or unanticipated, and resulting from or arising out of, or incident to the providing of this medical assistance. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for the above named minor to return home due to medical reasons, behavioral problems or otherwise, I will assume all transportation costs.

This release shall be in effect during the time that the above named minor is attending the above-mentioned trip.

Witness my hand this _____ day of _____ month 20_____ year.

Signature & Print of Parent or Legal Guardian: _____

Insurance Company & Policy #: _____ (make copy)

Last received his/her tetanus immunization: Month _____ Year _____

List any physical and/or spiritual health issues and/or allergies your child may have, include to medication and anesthesia **(use back or more pages as needed)**:

List any medication which your child takes regularly **(use back or more pages as needed)**:

Name of medication	Dosage	Prescribing Physician
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Notary Signature & Seal: _____

Date: _____