

Dear Pastors and Children's Leaders:

KIDS CAMP is MAY 27-31!!! Camp is for children who have completed 3rd thru 6th grades. The cost is \$165.00 per student, sponsor, and Kid's Camp Missionary. The Camp Committee will strictly enforce the rule of 1 sponsor for every seven children, and all churches must provide enough sponsors for their boys and girls. **The ideal sponsor/child ratio is 2 like gender sponsors for every group of same gender children whether 1-7 in number.** If you are unable to obtain sponsors from your church, please try to find another church that is willing and able to help you. When necessary and if we are able to arrange it, we will combine church groups to help with the two-adult ratio in dorms.

REGISTRATION DEADLINE IS **MAY 1st**. A late fee of \$50 will apply to all churches who have not submitted their registrations by that date. **It will be each sending church's responsibility to make sure forms are complete. Upon arrival at camp if forms are not complete we will ask the sending church to make arrangements to get them complete.** You may download all forms from the CBA website at centralbaptistassociation.org under the ministries tab, they are also included in this packet. Please ensure that everyone attending camp has completed the appropriate forms. Please **bring 2 copies** of all forms with you to camp, as you will turn in one copy at registration and keep one with you for your reference.

Camp fees are due when you register at camp on Monday, May 27th at Webster Conference Center.

Please remember your church is responsible for running background checks on each of the sponsors you are sending to camp and keep those background checks on file at your church. This is not only a CBA policy but also a Webster Conference Center policy. If your church would need assistance with running background checks please contact me and I would be glad to help.

We have updated and changed a few of the forms this year to make them easier. Each sheet (parent/camper, sponsor, & KCM sheet) will tell you what forms are needed for the specific registrant. Once you have collected all of your registrations fill out the REGISTRATION SUMMARY 19 excel spreadsheet. Please change the name of the file to your church's name, save it, and email it to the email address below. Please call or email if you have questions.

NOTE: Any additions or changes in registrants after May 6th are not guaranteed a T-shirt. This includes sponsors, campers, and KCM's. Additionally, after May 12th there will be no refunds to registrants not able to attend.

Medication: Each sending church will be responsible for the distribution of their campers medication. There is a form in the packet you are welcome to use. We would recommend to have parents put the child's medication in a ziplock bag along with the form. We would also recommend having them send and list over the counter meds (ex. Tylenol) they may need while at camp.

PASTORS: We believe that your involvement in this camp is vital. The children will have the opportunity to see you away from the church and in a more relaxed setting. I encourage you to come and spend the week with your kids at camp.

If you have any questions, please feel free to contact me. We are looking forward to a great week!

Thank you,

Michael Gray

Office (620) 663-4164 Ext. 173

Cell (316) 706-7778

kidscampks@gmail.com

Dear Pastor and/or Children's Leader,

WE NEED YOU!

It's time to begin making preparations to attend Kids Camp! We would like to know who your sponsors are so that we can begin to put Bible Study leaders together with their classes.

For yourself and each of the sponsors that will attend camp, please complete the following information and return it to me by April 15th at one of the following addresses:

Postal Address:

Email Address:

Michael Gray c/o kids camp

kidscampks@gmail.com

109 W. Garfield

Sterling, KS 67579

Sponsor: _____ Title: _____

Phone: _____

___ I plan on attending Kid's Camp Email: _____

___ I am willing to teach Bible Study Mailing Address: _____

___ 3rd/4th Grades ___ 5th/6th Grades _____

___ I am willing to help with recreation.

___ Blob ___ Recreation Games

___ Canoes ___ Low Ropes (Certification required)

___ Recreation Shack ___ BB Guns & Archery

___ Frisbee Golf ___ Tetherball

___ Willing to supervise and/or coordinate a craft or game room (cards, monopoly, UNO, etc.)

Sponsor: _____ Title: _____

Phone: _____

___ I plan on attending Kid's Camp Email: _____

___ I am willing to teach Bible Study Mailing Address: _____

___ 3rd/4th Grades ___ 5th/6th Grades _____

___ I am willing to help with recreation.

___ Blob ___ Recreation Games

___ Canoes ___ Low Ropes (Certification required)

___ Recreation Shack ___ BB Guns & Archery

___ Frisbee Golf ___ Tetherball

___ Willing to supervise and/or coordinate a craft or game room (cards, monopoly, UNO, etc.)

Sponsor: _____ Title: _____

Phone: _____

___ I am willing to teach Bible Study Mailing Address: _____

___ 3rd/4th Grades ___ 5th/6th Grades _____

Email: _____

___ I am willing to help with recreation.

___ Blob ___ Recreation Games

___ Canoes ___ Low Ropes (Certification required)

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___ I am willing to teach Bible Study Mailing Address: _____

___ 3rd/4th Grades ___ 5th/6th Grades _____

Email: _____

___ I am willing to help with recreation.

___ Blob ___ Recreation Games

___ Canoes ___ Low Ropes (Certification required)

___ Recreation Shack ___ BB Guns & Archery

___ Frisbee Golf ___ Tetherball

___ Willing to supervise and/or coordinate a craft or game room (cards, monopoly, UNO, etc.)

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Phone: _____

___ I am willing to teach Bible Study Mailing Address: _____

___ 3rd/4th Grades ___ 5th/6th Grades _____

Email: _____

___ I am willing to help with recreation.

___ Blob ___ Recreation Games

___ Canoes ___ Low Ropes (Certification required)

___ Recreation Shack ___ BB Guns & Archery

___ Frisbee Golf ___ Tetherball

___ Willing to supervise and/or coordinate a craft or game room (cards, monopoly, UNO, etc.)

Please reproduce this page as necessary.

PARENT/CAMPER INFORMATION SHEET

REGISTRATION INFORMATION FOR PARENTS:

Camp dates are May 27-31

Kid's Camp registration fee is \$_____.

- Forms and fees are to be turned in to _____.
- Camp is for children who have completed 3rd thru 6th grades
- Location: Webster Conference Center in Salina, KS
- All sponsors MUST be 21 years old or older, with a background check on file at their sending church.

Registration

There are three forms that must be completed. They are listed below.

CBA Kids Camp Form

- This information is used for bible study groups, ordering of materials, and more.

Medical release form:

- Medical release forms must be completely filled out. If your child would get injured and need further medical attention this form will be need to be taken with your child to the hospital or clinic.

Webster Challenge Course form:

• It must be complete whether your student wishes to participate in any of the challenge course activities or not. They cannot decide at camp they want to participate because your signature is required.

- For liability reasons this form is retained by Webster Conference Center Challenge Course

KIDS CAMP GUIDELINES:

- All students, sponsors, and Kid's Camp Missionaries are asked to dress in a way that represents their church and Jesus Christ appropriately.
- All clothing must have sleeves, meaning they cover the shoulder.
- Backless dresses and bare midriffs are not allowed. Hemlines and necklines must be modest.
- Short-shorts or "soffe" shorts are NOT permitted. Short-shorts are those higher than when your hands are down at your side. Appropriate shorts will be allowed in worship.
- All should observe a reasonable modesty in swimwear. Everyone MUST wear a dark t-shirt to, in, and from the swimming pool and lake area.
- Walking barefoot anywhere on campus is not permitted, including to and from the pool and lake areas.
- Clothing advertising tobacco, alcohol, drugs, sex or inappropriate secular music groups or individuals will not be permitted.

WHAT TO BRING:

- Clothes and shoes appropriate for a week of camp
- A Bible and pens or pencils
- A sleeping bag or sheets, a pillow, towels, and washcloths
- A swimsuit, dark colored t-shirt, and shoes to wear to and from the swimming pool and lake area
- Insect repellent, sunscreen, and a light jacket or sweatshirt
- Personal grooming items
- Lake swim shoes (for the blob, canoes or lake swimming), if desired.
- Closed toed shoes are required for the ropes course and zip line.
- Money for the offering
- OPTIONAL: Quarters for the pop and snack machines; cameras.

WHAT NOT TO BRING:

- Hand held computer games, MP3 players, radios, Ipads, Ipods.
- Cell phones (Children only - sponsors and KCM's may have cell phones).

SPONSOR INFORMATION SHEET

Camp dates are May 27-31

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- All sponsors **MUST** be 21 years old or older, with a background check on file at their sending church.

SPONSORS:

- **MUST** be 21 years old or older, with a background check on file at their sending church.
- Kid's Camp Missionaries **CANNOT** serve as sponsors, but do not count as children.
- Churches **MUST** provide at least 1 male sponsor for every 7 male children and at least 1 female sponsor for every 7 female children. Ideal is 2 males for every 7 boys and 2 female for every 7 girls.
- If you wish to participate in any of the challenge course activities you must complete the Webster Conference Center Challenge Course Agreement form.
- Sit with your church group during all chapel events.
- Remind students, Kid's Camp Missionaries, and other sponsors that they represent their church and Jesus Christ.
- Be a role model that your students can look up to; be respectful in your actions, attitudes, and words.
- Monitor and correct your group's behavior.
- Abide by Kid's Camp and Webster Conference Center policies.
- Understand that you have the authority to correct the behavior of **all** students in regard to camp policies.
- Strive to never be alone one on one with a student.
- Use appropriate physical contact: handshakes, high five, side hugs.
- Make yourself available at open recreation time and swim time.
- Follow the camp schedule along with the students.
- Understand that, if you feel comfortable, you will be needed as an encourager during the time of invitation on Tuesday, Wednesday, and Thursday evenings.
- Choose your battles wisely
- **Don't be a buddy, be a leader.**

REMEMBER: Without you there would be no Kids Camp. Your help and participation is appreciated.

KIDS CAMP MISSIONARY INFORMATION SHEET

Camp dates are May 27-31

Kid's Camp registration fee is \$_____.

- Forms and fees are to be turned in to _____.
- Location: Webster Conference Center in Salina, KS

Kids Camp Missionaries (KCM's) Must:

- Complete the Sponsor/KCM Registration form, Webster Challenge Course Agreement, and Medical Release form.
- have completed the ninth grade **AND** be at least 14 years old, with a background on file at their sending church.
- Understand they **CANNOT** serve as sponsors, but do not count as children.
- Fill out an application form and provide 1 reference; one from either your pastor or youth pastor, and one from a current or former teacher. The Camp Committee will inform the churches about which KCM's have been approved by May 15th.
- Set a Christian example in what you do and say. Remember that the children are looking up to you this week.
- Answer to all sponsors.
- Strive to never be alone one on one with a student or other KCM's of the different gender.
- Use appropriate physical contact: handshakes, high five, side hugs.
- Monitor and correct your group's behavior.
- Abide by Kid's Camp and Webster Conference Center policies.
- Follow the schedule along with the students, unless otherwise directed by the camp directors and/or KCM Leaders.
- Understand that, if you feel comfortable, you will be needed as an encourager during the time of invitation on Tuesday, Wednesday, and Thursday evenings.
- **Don't be a buddy, be a leader.**

SPONSOR/KCM REGISTRATION FORM

To be completed by the individual

NAME _____
First Middle Last
ADDRESS _____

CITY _____ STATE _____ ZIP _____

Email: _____ Cell: _____

___ Sponsor, 21 years old or older ___ Kid's Camp Missionary, completed 9th grade AND at least 14 years of age through 20 years of age

T-SHIRT SIZE:

___ YS ___ YM ___ YL ___ Small ___ Medium ___ Large ___ X-Large ___ 2XL-Large
___ 3XL-Large

Have you ever been convicted of child abuse, or a crime involving actual or attempted sexual molestation of a minor? Circle one: Yes No

If yes, please explain: _____

Do you have any communicable diseases? Circle one: Yes No

If yes, please explain: _____

Signature

Date

To be completed by the church

_____ has been secured and is recommended (Name of Sponsor/KCM)

for the position of: Circle One Sponsor Kid's Camp Missionary
Completed 9th grade AND at least
21 years of age or older 14 years of age to 20 years of age

A background check is on file for this individual at the sending church's offices.

by _____
Church Name

Authorized Church Leader

Position

Date

2019 Kid's Camp Missionary Application

***Please use another piece of paper to answer these questions**

1. Tell us about your salvation encounter with Jesus. (What happened, When, How)
2. How involved are you in your youth ministry and local church?
3. If you are a leader in your youth group or school please give us some examples of your leadership ability.
4. What has God been teaching you in your personal quiet/devotion time with Him?
What scriptures, understanding, etc.?
5. Why do you feel God is leading you to be a Kid's Camp Missionary?
6. If a camper was to ask you about Jesus, what would you tell them?
7. How do you respond to authority? Are you compliant? Please explain in detail.
8. Define in your own words what a role model is, then give us an example of how you are a role model to younger students.

Permission To Give Medication

_____ (church name) sponsors have my permission to give _____(child's full name) the following medications. Note: If prescribed medication, the child's name and doses of the medication must be on the medicine bottle.

All medications must be in original container.

	Medication To Be Given
Medication:	
Amount:	
Time of Day	
Date to be given	
Other:	
Ordered by	Parent: _____ Physician: _____ Other: _____

	Medication To Be Given
Medication:	
Amount:	
Time of Day	
Date to be given	
Other:	
Ordered by	Parent: _____ Physician: _____ Other: _____

Make copies if there is more medication.

Checklist for Sending Church (For sending church use)

_____ Print Camper packets (4 pages- Camper/Parent Information Sheet, CBA Camper Information, Webster Challenge Course, & Medical release)(medication form if desired)

_____ Print Sponsor packets (3 pages- Sponsor Info. sheet, Sponsor/KCM Form and Webster form)

_____ Print KCM packets (4 pages- Kids Camp Missionary Info. Sheet, Sponsor/KCM form, Webster Challenge Course form, KCM application)

_____ Set date for when forms need to be turned in and complete

_____ Secure transportation

_____ Schedule a pre-camp meeting for parents, sponsors, and KCM's

_____ Verify all camp forms are complete

_____ Payment collected from each registrant

_____ Emailed digital copy of registration summary to camp director

_____ Make 2 copies of forms (1 to keep and 1 to turn in)

_____ Check to CBA for all camp fees

CAMPER INFORMATION FORM- KIDS CAMP COST IS \$ _____

- - PLEASE PRINT LEGIBLY - -

*Return this registration form along with your registration fee to your local church leader by _____.
They will mail all information to the camp director. Please complete one form for every person attending camp.*

NAME: _____

PARENTS/GUARDIANS NAMES: _____

IF DIVORCED CUSTODY IS HELD BY: _____

ADDRESS: _____ **CITY/ST/ZIP:** _____

PARENT / GUARDIAN CELL PHONE:(____) _____

CHURCH ATTENDING CAMP WITH: _____

CHURCH CITY/ST: _____

IF UNABLE TO REACH CAMPER'S PARENTS, PLEASE NOTIFY THE FOLLOWING:

NAME: _____ **RELATIONSHIP:** _____

CONTACT PHONE:(____) _____

DO YOU HAVE ANY SPECIAL NEEDS? YES NO **If yes, explain:** _____

To induce Webster Conference Center and/or Kansas-Nebraska Convention of Southern Baptists to act hereunder, I hereby agree that Webster Conference Center, Kansas-Nebraska Convention of Southern Baptists, & any other party receiving a duly executed copy or facsimile of this instrument may act hereunder, & that revocation or termination hereof shall be ineffective as to such parties unless & until actual notice or knowledge of such revocation or termination shall have been received by such parties, & I, for myself & for my heirs, executors, legal representatives and assigns, hereby agree to indemnify & hold harmless any such parties from and against any & all claims that may arise against such parties by reason of such parties having relied on the provisions of this instrument.

DO YOU WANT TO BLOB? Yes No

T-SHIRT SIZE: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL

GRADE COMPLETED: 3rd 4th 5th 6th

CHECK ONE: MALE FEMALE **BIRTHDATE:** ____/____/____ **AGE:** ____

Kid's Camp will be videotaping & photographing this event. You will most likely be filmed, recorded or photographed as part of a group or individually. By your attendance, you are granting permission to be videotaped or photographed & agree to the following: being recorded, filmed, videotaped or photographed by any means; any use of your likeness, voice, & words without compensation; specifically waving all rights of privacy during videotaping, filming, recording, or photographing & release CBA from liability for loss, damage, or compensation for the use of your likeness, image, voice, or words; compliance with all rules and regulations of CBA for this event.

I have read this waiver & agree to send my child to Kid's Camp.

SIGNED: _____ **DATE:** __/__/__

Last Name: _____

First : _____

Grade: _____

Church: _____

Med Needs: _____

Form: Y / N

CBA Camp Team Use

This section MUST be completed if the student desires to participate on any Challenge Course elements.

WEBSTER CONFERENCE CENTER CHALLENGE COURSE AGREEMENT

Agreement to Participate, Assumption of Risk and Release of Liability

Instructions: If **you wish** to participate in the Challenge Course, complete the following information. If you **do not wish** to participate, sign the box below & skip the remainder of this form.

I DO NOT wish to participate on the Challenge Course. _____
(If you have signed your name in this box, **do not** complete the following information.)

Whereas, I the undersigned wish to participate on the Challenge Course of Webster Conference Center of Salina, Kansas, I acknowledge that during the activities in which I will participate, there will be a certain amount of risks & danger. These include, but are not limited to, depending on other people & being at various heights (ground to 35'), & accidents. I recognize that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury.

I certify that I am completely healthy (both physically & emotionally) & capable of participating in this activity. My health form is current & accurate, & I understand it is solely my responsibility to determine where there is any medical reason that I should not participate. I also state that I am not under the influence of any chemical substance including alcohol.

I have & do hereby assume all the above risks and any other ordinary risk incidental to the activity that are not specifically foreseeable, & will hold Webster Conference Center, Inc., its Directors, Officers, Employees, Agents, and/or Associates harmless from any & all liability, actions, causes of action, debts, claims & demands of every kind & nature whatsoever, whether for bodily injury, property damage or loss. In short, I will not sue Webster Conference Center, Inc., its Directors, Officers, Employees, Agents, and/or Associates. This is binding on me, my executors, heirs & next of kin, successors & assigns, or anyone else who might sue or claim on my behalf. I also understand that my physical activity involves risk of injury, & I have entered into this activity voluntarily & take full responsibility for my decision to participate or not to participate & I agree to follow all safety instructions.

Signature of Parent/Guardian required if participant is under 18

- Do you frequently suffer from pains in your chest? YES NO
- Do you often feel faint or have spells of severe dizziness? YES NO
- Has a doctor ever told you that you have high blood pressure? YES NO
- Has a doctor ever told you that you have heart trouble? YES NO
- Has a doctor ever told you that you have epilepsy? YES NO
- Has a doctor ever told you that you have asthma? YES NO
- Has a doctor ever told you that you have diabetes? YES NO
- Are you currently sick, in treatment and/or using a medication(s)? YES NO

If yes, explain: _____

List any Allergies (incl. drugs): _____

Other Medical Needs: _____

Have you had any operations or serious injuries in the last three months? YES NO

If yes, please list: _____

Do you have arthritis, joint or back problems that might be aggravated by exercise? YES NO

Have you been restricted from sports or swimming for any reason? YES NO

If yes, explain: _____

Have you ever had a severe reaction to a bee/hornet sting, or insect bite? YES NO

If yes, explain: _____

Parent's Address: _____

City/State/Zip: _____

Employed by: _____

Daytime Phone:(_____) _____ Cell Phone:(_____) _____

Name of Physician: _____

City/State: _____ Physician Phone: _____

State of Kansas County of _____ Signed or attested before me on _____ by _____.

Signature of notarial officer: _____

My appointment expires ____/____/____ (Seal, if any)

STUDENT SIGNATURE: ➔ _____

PARENT SIGNATURE: ➔ _____

Last Name: _____
OBA Camp Team Use

First : _____

Grade: _____

Church: _____

Med Needs: _____

Form: Y / N

MEDICAL RELEASE FORM

Name _____ Birthdate ____ / ____ / ____ Age _____
 Address _____ City/ST/Zip _____
 Church Name _____ City, ST _____
 Parent/Guardian Name _____ Employed by _____
 Home Address *(if different from above)* _____ City/ST/Zip _____
 Daytime Phone (_____) _____ Evening Phone (_____) _____
 Name of Physician: _____ City, ST _____ Phone (_____) _____
 Are you currently taking medicine or treatment? yes no
 List all medications: _____

Please send all medications to camp in their original containers
 Have you been restricted from sports or swimming for any reason?
 yes no If yes, explain _____

 Date of last Tetanus Toxoid Immunization: Month _____ Year _____

EMERGENCY MEDICAL AUTHORIZATION

Event: _____ Today's Date _____

In the event of an emergency, I hereby give permission to the church-appointed sponsor who is with my child or to any Kansas-Nebraska Convention of Southern Baptists staff person, or their designee, who is present at the above mentioned event to obtain medical assistance for my child. I also give permission to the Physician selected to hospitalize and secure proper treatment for my child.

Parent Sign Here

Parent/Guardian Signature _____
 Insurance Company _____
(If not insured, please write "none" on the line above)

Mailing Address to Submit Claims: _____
 City, ST, Zip: _____
 Policy Number _____
 If I cannot be reached, please notify _____
 _____ or _____

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NOTARY SPACE IF DESIRED