



CIVIL WAR

YOUTH CAMP
August 8-12, 2016

\$115

Superman



Batman

\$115

FIR POINT BIBLE CAMP
GLENDALE, OREGON

Ages:
Middle School through 12th grade graduates

Camp Pastor
Brock Railey
Fairfield Baptist
Eugene, Oregon



PASTORS: PLEASE PASS ON TO YOUR YOUTH LEADERS! THANKS SO MUCH!



Dear Friends,

YOUTH CAMP!! It is CIVIL WAR! Choosing between what is good and what is BEST! As I have prayed and studied, I feel led to study Abraham and the choices he made. Our world this year has been rocked by choices: from shootings to transgender issues. I want us to explore how when God speaks, we must learn to listen and OBEY! I am using a superheroes theme this year. Superman vs Batman etc. Our society claims we just need to make the choice right for us--I want to explore how God prepares our lives and how He can bring purpose and meaning to our lives-especially the pain. Choices!

I need YOU! Please pray for me and for our camp pastor, Brock Railey from Eugene, Oregon. I need you to come willing to seek God and His leadership for the week of Aug 8-12. Be willing to begin now seeking God. As always, I will be calling on you to help me. Our association has added a behavior contract that each person MUST sign to be able to attend camp.

I am still looking for a lifeguard, We can always use help in the kitchen area. If you have an area you would like to work in during tract time, call me. Tract time is 50 minutes on Tuesday, Wednesday & Thursday mornings.--PLEASE call me.

Please help me by gathering a list of the kids coming and the grade they just finished in school. Call me 547.784.5776 or email : mycindyland@hotmail.com. I **really need this by the weekend before camp**. The earlier you get it to me, the more I can pray for them and work with them. You can always add/subtract names up to Sunday night. This will help us be ready for the kids AND help the kitchen staff prepare.

Also, if you have any lawn chairs you could bring, PLEASE do so. We are adding some Bible study groups and will need **chairs**. Write your name in permanent ink on them.

I am praying for YOU too. Please feel free to contact me with any questions or brilliant ideas!

*Seeking God's guidance,
Cindy Schenewerk
alias Wonder Woman
Director of S.W.O.B.A Youth Camp
541.784.5776*



Youth Camp
Aug 8-12
\$115⁰⁰

Children's Camp
Aug 15-19
\$115⁰⁰

WHAT SHOULD I BRING TO CAMP?

Plan to bring the following items with you:

- Bible, notebook, pen or pencil
- Personal articles such as toothbrush, shampoo, deodorant, towels, washcloths, soap, etc.
- Appropriate clothing. You are coming to a great Christian camp. Your clothing should reflect a Christian example. Shorts are acceptable for Bible study, recreation, fellowships, and worship. If worn to worship, shorts should be modest, clean, and neat. Skirts and dresses are acceptable in worship. Jeans are always acceptable. Backless or halter dresses and are not acceptable at any time. Modest one-piece swim suits are allowed. No bikini, French cut, or even one-piece resembling two-piece suits can be worn. Immodest shorts or tops, distasteful artwork or messages or other extreme clothing are not acceptable. Pajamas or other sleeping attire is inappropriate for daytime wear outside of the cabins. Underwear-type clothing must be covered at all times. Keep in mind it may be cold at night. Camp leadership reserves the right to approve clothing.
- Comfortable shoes for hiking and playing outdoors.
- Bedding or sleeping bag (bring your own pillow)
- A flashlight (two cell preferred)
- During children's camp all canteen fees are included in the camp fee. Your child will be restricted to \$1.25 in purchases from the canteen. Please don't send your child to camp with a supply of candy! We encourage campers to eat meals provided, if there are special dietary needs please note on the form.
- A good attitude and willingness to share your life with other people.
- Any recreational equipment for football, baseball, volleyball, basketball, etc. Note: Many sport items will be provided!

DO NOT BRING: (THESE ITEMS ARE IN VIOLATION OF CAMP POLICY)

- Cigarettes, E-Cigarettes (or any ENDS device) or chewing tobacco.
- Alcoholic beverages.
- Radios or playing cards
- Firearms or fireworks.
- Improper reading material.
- Water balloons and / or water guns.
- Any other items that are forbidden by law.
- The camp will not assume responsibility for missing or damaged Cell phones. If you bring a cell phone please be aware if you use it in an inappropriate manner you will be asked to surrender it at the camp director's discretion.

VISITORS AT CAMP:

All visitors at camp must sign in at the camp office and receive an identification badge. Visitor's who plan on staying for a meal will be responsible for the fees upon signing in. All visitors must leave the camp prior to the campfire, or dusk. Visitor's must check out through the office and surrender their identification badge. The camp reserves the right to restrict visitors to camper's parents or guardian. All visitors agree to abide by the same rules of the camp. For prolonged visits there may be a day camper fee, please inquire at the office.

We also encourage parents to notify the camp on the form of any restraining orders that may prohibit visits to their child by a family member or any other party.

WE STRONGLY RECOMMEND THAT ALL PERSONAL BELONGINGS BE MARKED WITH NAME AND PHONE NUMBER. WE CAN NOT BE RESPONSIBLE FOR LOST PERSONAL BELONGINGS, EVERY EFFORT WILL BE MADE TO RETURN LOST ITEMS TO THEIR OWNERS!

Southwest Oregon Baptist Association Behavior Contract

Be safe.

- a. please follow all camp rules., including curfews.
- b. do not go into the woods alone or off the paths.
- c. if you are injured in any way/stung- report to an adult/nurse.
- d. don't use your phones/cameras in the restroom facilities.
- e. use the restroom designated for the gender you were born

Encourage others.

- a. don't be a litter-bug!
- b. instead of gossip/ speak nicely!
- c. during worship-participate instead of being a distraction.

Show respect.

- a. only 1 person in a bunk (unless a parent & child use the double bunks.)
- b. do not touch another person's belongings in your cabins.
- c. do not enter a cabin of the opposite sex unless instructed by someone in authority.
- d. dress appropriately-**NO** clothing mentioning alcohol, tobacco, marijuana, vapor cigarettes or illegal activity or vulgarity. My clothing will cover my undergarments.
- e. keep your hands to yourself-no fighting, kissing, touching of others!
- f. be on time to all activities.
- g. In worship/teaching opportunities listen & participate-don't be a distraction.

Take responsibility.

- a. decide now to enjoy camp--all campers are to attend all activities.
- b. drink lots of water/juice etc. take care of your body!!!!
- c. eat! You will be walking ALOT this week, your body needs food!
- d. pick up your own trash. We clean the camp on Friday, so do it now.
- e. God is here and wants you to experience Him. Choose to do so!

If I am enough of a distraction to the purpose of camp, I will be sent home.

Signed: _____ Date: _____

Parent Signature: _____ Date: _____

Southwest Oregon Baptist Association Camps

FIR POINT BIBLE CONFERENCE GROUNDS

PHONE (541) 863-5591

CAMP: YOUTH CAMP AUGUST 8-12, 2016 \$115.00 Male Female
 CHILDREN'S CAMP AUGUST 15-19, 2016 \$115.00 Male Female
 Counselor (\$40) Non-Camper (\$40) Children Mission's Offering \$

NAME _____ AGE _____ GRADE COMPLETED _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ DATE OF BIRTH _____

IN CASE OF EMERGENCY NOTIFY _____ PHONE (____) _____

YOUR CHURCH _____ PASTOR _____ PHONE _____

ARE PARENTS CHURCH MEMBERS? MOTHER FATHER

HAS YOUR CHILD EVER ATTENDED CAMP BEFORE? YES NO CHRISTIAN YES NO

WILL YOU ALLOW YOUR CHILD TO SWIM IN THE CAMP POOL? YES NO

DOES YOUR CHILD HAVE ANY PHYSICAL LIMITATIONS THAT MIGHT PREVENT HIS/HER PARTICI-PATION IN RECREATIONAL ACTIVITIES? YES NO IF YES, PLEASE EXPLAIN ON BACK.

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR PERSONALITY TRAITS? _____

MY CAMPER HAS PERMISSION TO HAVE PHOTOS TAKEN FOR PUBLIC RELATIONS (CAMP PROMOTION) YES NO
 ARE THERE RESTRICTED VISITORS TO YOUR CHILD AT CAMP? YES NO
 IF YES PLEASE LIST THE NAMES ON THE BACK OF THE FORM. RESTRAINING ORDER? YES NO
 WHO MAY PICK UP YOUR CHILD (EITHER AFTER CAMP OR AT CAMP)? _____

IN THE EVENT THE CAMPER IS RELEASED DUE TO DISCIPLINARY ACTIONS, I AGREE TO HAVE ARRANGEMENTS MADE TO TRANSPORT THE CAMPER HOME WITHIN THREE HOURS OF BEING NOTIFIED. I FURTHER AGREE TO BE RESPONSIBLE FOR ANY INCURRED EXPENSES (I.E. TRANSPORTATION EXPENSES). I AGREE THAT MY CHILD WILL PARTICIAPTE IN ALL ACTIVITES OF THE CAMP UNLESS PHYSICALLY OR MENTALLY UNABLE TO PARTICIPATE AS NOTED ON THIS FORM. I HAVE RECEIVED A COPY OF THE ITEMS THAT MY CHILD SHOULD BRING TO CAMP (PAGE THREE OF THIS FORM).

SIGNATURE OF PARENT OR GUARDIANX _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

HOME PHONE _____

NAME OF PERSON TO CONTACT SHOULD WE BE UNABLE TO REACH YOU IN CASE OF EMERGENCY:

BUSINESS PHONE _____ HOME PHONE _____

SOUTH WEST OREGON BAPTIST CAMP IS DULY AUTHORIZED MINISTRY OF THE SOUTHWEST OREGON BAPTIST ASSOCIATION.

FEE RECEIVED	\$	DATE RECEIVED		Kitchen Worker	<input type="checkbox"/>	Non-Camper (Child)	<input type="checkbox"/>
CANTEEN	\$	SIGNATURES CHECKED		Counselor	<input type="checkbox"/>	Other (Nurse, Etc.)	<input type="checkbox"/>
MISSION OFFERING	\$	RELEASE OK		Other Notes:			
TOTAL	\$	MEDICAL HISTORY					

SPONSORING CHURCH: _____
 (Please Do not print on the back of this form)

MEDICAL/PERMISSION AND RELEASE FORM

NAME _____ DATE OF BIRTH _____ GRADE COMPLETED _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
IN CASE OF EMERGENCY NOTIFY _____ PHONE (____) _____
CHURCH _____ PASTOR _____ PHONE _____
FAMILY PHYSICIAN _____ PHONE _____
FAMILY INSURANCE COMPANY _____ POLICY # _____
OTHER: _____

PAST ILLNESSES & MEDICAL HISTORY

[] Asthma [] Sinusitis [] Bronchitis [] Kidney trouble [] Diabetes [] ADHD
[] Heart trouble [] Dizziness [] Stomach upset [] Hay fever [] Other
(List Other) _____

ALLERGIES: Food _____
Penicillin or other drug (name) _____
Insect stings/bites _____ EPI PEN? []
Poison sumac, oak, or ivy _____
Previous operations or serious illnesses _____

Any current medications (list): _____
Special diet (name): _____
Childhood diseases: [] Chicken pox [] Measles [] Mumps [] Whooping Cough
Other (list): _____

NOTE: If your child is on medication, please have him/her leave it with our CAMP NURSE with a detailed note of dosage schedule. ONLY THE CAMP NURSE MAY ADMINISTER ANY OR ALL MEDICATIONS DURING CAMP AS REQUIRED BY OREGON STATE LAW! PLEASE WRITE ANY SPECIAL INSTRUCTIONS FOR THE CAMP NURSE ON THE BACK OF THIS FORM.

PERMISSION FOR TREATMENT

My permission is granted for the Camp Director, Assistant Director, or other staff person in charge to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors, Southwest Oregon Baptist Association and the _____ Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in camp.
Dated this _____ day of _____, 2016

State of _____ County of _____

Signature X _____
Relationship to Camper _____
Witnessed by Signature)X _____
Address _____

SPONSORING CHURCH:

Please Only Print on this side, leave back blank For Medical Information