

Dear Fellow Camper,

The staff is indeed happy to have your name listed among those who hope to spend a week with us in WBA Youth Camp. Every effort is being made to ensure a week of clean, wholesome, fun living in Christian love and fellowship. For many of you, it may be your first time in camp and for this reason the rules and regulations are being provided in advance. For those who are returning, it never hurts to refresh your knowledge of the rules and regulations as well. Please read them carefully.

Weather permitting, special campfires are planned. Campers are encouraged to bring musical instruments and sound tracks for sharing your talents and to honor God. Campers are encouraged to share testimonies and/or encouraging words during this special time.

Please study the Bible verses and key passages prior to coming to camp. Bible drills are very important in gaining points for your color team. This is a great opportunity to grow closer to God as you study His words. Come expecting to experience God, discover His creation, fellowship with brothers and sisters in Christ and, hopefully, learn a little more about yourself and who you are. See you there!

In Christ's love,  
Youth Camp Staff

**REGISTRATION: Limited to first 150 campers.**

- **Date of Camp:** Sunday, July 11 – Friday, July 16, 2010
- **Must have completed 4<sup>th</sup> through 12<sup>th</sup> grade**
- **Cost to attend camp:** WBA Churches: \$65.00; Other: \$85.00 (includes 3 meals and 2 snacks per day)
- **Non-refundable Registration Fee (check made to WBA Youth Camp):**  
WBA Churches: \$25.00; Other: \$35.00
- **Deadline to register:** June 1, 2010
- **Balance of fee:** paid to **WBA church before coming to camp.**
- **Arrival to camp:** Sunday, July 11, 2010 at 7:30 pm
- **Departure from camp:** Friday, July 16, 2010
- **All campers must be out of camp by 3:30 PM Please make arrangements for your camper if unable to arrive by 3:00 PM.**

An official church roster will be emailed or faxed to the WBA church by June 12, 2010.

**When duplicating forms, please do not copy registration form with medical form on one page. COMPLETED MEDICAL FORM MUST ACCOMPANY REGISTRATION FORM. ONE FORM MUST BE COMPLETED FOR EACH CAMPER / STAFF MEMBER.**

❖ **Mail registration form AND medical form together with registration fee (check made to WBA Youth Camp) to:**

Dee Lockard  
Rt 1 Box 275  
Miller Road  
Ridgeley, WV 26753

**DIRECTIONS TO CAMP FRAME:**

**From Cumberland:** I-68 East to Hancock Rte 522 Exit. Take Rte 522 Exit, stay on 522 until coming to SHEETZ store in Berkeley Springs. Make a left onto Rte 9 East (at traffic light) and follow Rte 9 East for approximately 14 miles. Will see a sign that reads CAMP FRAME ROAD at JOHNSONTOWN BIBLE CHURCH.

**From Martinsburg:** Follow Rte 9 West through Hedgesville and look for sign that reads CAMP FRAME 4-H on the right just beyond JOHNSONTOWN BIBLE CHURCH at CAMP FRAME ROAD. Make right and follow road to the end into Camp Frame.

**WHAT TO BRING TO CAMP**

Bible	Soap	Pajamas
Notebook	Washcloths	Pillow and Pillowcase
Pencil / Pen	Towels	Two sheets
Fan	Toothbrush	Sleeping Bag/Blanket
Flashlight	Toothpaste	Insulated drinking cup
Sun Block	One-piece modest bathing suit & dark tee for coverup	

**WHAT NOT TO BRING TO CAMP**

CD/ MP3 players/iPods      Illegal drugs / Alcohol/Tobacco products  
Cell phones/pagers/laptops      Video games/equipment  
Fireworks/Firearms/Knives      Food/Snacks/Soda  
Skateboards/Scooters      Alarm clock  
Tee-shirts that advertise beer/alcohol, killing, drugs, non-Christian rock bands and/or other non-Christian agendas or ideas. *Any items on this list will be confiscated and locked up at the discretion of the camp staff. Items will be returned to camper parent/guardian when the camper is picked up at close of camp. Any money brought will be the responsibility of the camper. **Camp Staff will not be responsible for any property/money lost, damaged or stolen.***

## RULES AND REGULATIONS

1. Every camper is expected to keep the CAMP SCHEDULE.
2. No one (camper or staff) is to leave camp without the Camp Executive Leader's permission.
3. No camper is permitted to drive to or from camp.
4. The use of tobacco, alcohol and profanity is absolutely PROHIBITED at all times.
5. Sickness or injury must be reported to the Camp Exec Leader and Camp Nurse immediately.
6. Swimming will be permitted only at the scheduled periods when the lifeguard is on duty.
7. No one is to be absent from classes or services, except in the case of illness. If you are ill enough to miss classes or services, then you are to be in the nurses' cabin unless advised otherwise by the nurse.
8. Everyone is expected to take part in some recreational activity, unless physically unable. All campers are to stay with their color team during recreation time unless excused by the color team staff.
9. Everyone is expected to take at least ONE SHOWER DAILY, USING SOAP. Swimming during recreation is not a substitute for a shower.
10. No food is to be taken from the dining hall into the cabins.
11. Girls are NOT ALLOWED in the boys' cabin areas and the boys are NOT ALLOWED to go into the girls' cabin areas, except when accompanied by a cabin leader.
12. Every camper is expected to keep his/her cabin area clean and to participate in assigned cabin details. Cabin and detail work will be inspected every morning during classes and/or services
13. NO ONE is to wear bathing suits to meals, classes or services. Tee shirt cover-ups are required for recreation activities. Boys are to keep shirts on except when in the pool.
14. UNDERGARMENTS are NOT TO BE SEEN at anytime. Boys are to wear shorts and shirts so that boxer shorts are not exposed. Girls are not to wear spaghetti strap tops, low scoop neck tops, nor tops that expose the tummy. Girls are to wear shorts that are long enough to cover behinds when bending over at the waist with straight legs and touching toes. MODESTY MUST PREVAIL.
15. Girls are to wear one-piece modest bathing suits. If you do not have a one-piece bathing suit, a dark colored tee-shirt cover-up MUST be worn over a two-piece bathing suit at ALL times.
16. Any DESTRUCTIVE, DISRUPTIVE, WILLFUL DISOBEDIENCE AND/OR DISRESPECTFUL CONDUCT will be grounds for dismissal from camp. A parent/guardian WILL be called by the Exec Leader to come for this individual. Examples: willfully damaging camp property; willfully hurting a fellow camper; romping on beds and mattresses; misbehaving in classes, services, cabins or anywhere in camp; refusal to cooperate with any camp staff, foul language directed at another camper and/or staff member.
17. Please observe the six-inch rule. Six-inch rule states that campers keep a six-inch personal space around their person when in the presence of a member of the opposite gender and that a person of the opposite gender should not invade this personal space.
18. Parent visitation to camp during the week is discouraged. The Exec Leader MUST approve any visitation from parents/relatives.
19. ALL campers are prohibited from use of cellular and/or land phones. Phones will be taken from any camper using a cell phone. Camp staff will not be permitted to make contact with camper's parents. All contact will go through the Exec Leader.
20. Discipline for minor infractions of the rules will be brought before the Camp Exec Leader for discipline.
21. If you hear an airhorn, this means lightning has been seen – return to your cabin immediately.
22. Campers are not permitted to enter any cabin other than their assigned cabin.

REGISTRATION FORM

Western Baptist Association Youth Camp

NAME \_\_\_\_\_

AGE \_\_\_\_\_ GENDER \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

GRADE COMPLETED \_\_\_\_\_ / STAFF MEMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_

PARENT'S WORK PHONE (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT PERSON:

\_\_\_\_\_

CONTACT PERSON'S PHONE NUMBER:

(\_\_\_\_) \_\_\_\_\_

CHURCH ATTENDING \_\_\_\_\_

WBA CHURCH FOR CAMP \_\_\_\_\_

CHRISTIAN:    YES        NO  
(circle)

PASTOR'S NAME: \_\_\_\_\_

TEE SHIRT SIZE:    (circle one)

Adult sizes:    XXXL XXL XL LG MED SM

Child sizes:    LG    MED    SM

**For Campers grades 8 thru 12 Only**

I give permission for \_\_\_\_\_ to be transported from Camp Frame by a staff member of the Western Baptist Association (WBA) Youth Camp for the purpose of a mission project. I understand that the camper will be adequately supervised and will follow the directions of the staff member under whose supervision he/she will be placed. WBA Youth Camp will not be held responsible for injury or misconduct while on this mission project.

\_\_\_\_\_ Camper

\_\_\_\_\_ Parent and/or guardian

**STAFF MEMBERS: Please indicate your area of interest in serving:**

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| Campfire Pastor – Senior Group     | Campfire Pastor – Junior Group      |
| Campfire Monologue                 | Campfire Control Officer            |
| Camp Nurse                         | Campfire Assistant                  |
| Bible Drill Leader                 | Kitchen Helper                      |
| Bible Drill Time Keeper            | Crafts Leader                       |
| Bible Drill Scripture Verification | Crafts Assistants                   |
| Bible Drill Score Keeper           | Teachers                            |
| Camp Missionary                    | Chief Cabin Leader                  |
| Music & Worship Leader             | Cabin Leader (Age group Preferred?) |
| Music & Worship Assistant          | Camp schedule time keeper           |
| Sports Leader                      | Other _____                         |
| Sports Assistant                   |                                     |

E-mail address \_\_\_\_\_

**MEDICAL FORM:**

CAMPER'S / STAFF NAME \_\_\_\_\_

NAME OF INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

INSURANCE CO TELEPHONE # \_\_\_\_\_

(May attach copy of insurance card)

**HEALTH INFORMATION**

Please complete the following items as they pertain to your child:

Asthma _____	Hay Fever _____
Bedwetting _____	Heart Condition _____
Bleeding Problem _____	Low Blood Sugar _____
Convulsions _____	Nosebleeds _____
Diabetes _____	Rheumatic Fever _____
Ear Infections _____	Sleep Walking _____
Headaches/Migraines _____	

Allergies:

Bee Sting Allergy (please explain what happens when your child is stung)

Do you have an EpiPen? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

Medication Allergies \_\_\_\_\_

Food Allergies (please list) \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_

Notes to the Nurse

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMISSION FOR MEDICATIONS**

I HEREBY GIVE MY PERMISSION TO SHARE PERTINENT MEDICAL INFORMATION WITH CAMP STAFF AS NECESSARY. I HEREBY GIVE MY PERMISSION FOR THE PERSON HEREIN DESCRIBED TO RECEIVE THE FOLLOWING MEDICATIONS WHILE ATTENDING CAMP, UNDER THE SUPERVISION OF THE CAMP NURSE.

Current Medications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As needed medications (Please check all that your child may receive):

\_\_\_ Tylenol (Acetaminophen) 160 mg (junior strength), 325 mg or 500 mg as needed for pain or fever

\_\_\_ Ibuprofen 200 mg as needed for pain

\_\_\_ Robitussin Cough Syrup (or other similar product) as needed for cough

\_\_\_ Benadryl 25 mg (capsule or liquid) for allergy symptoms or bee stings

\_\_\_ Sudafed (or similar product) for cold symptoms

\_\_\_ Cough Drops or Throat Lozenges for cough or sore throat

\_\_\_ Tums (or similar product) for gastric distress

\_\_\_\_\_

**Print Camper's Name**

**Date**

\_\_\_\_\_

**Signature of Parent or Guardian**

**Date**

**PLEASE NOTE: NEITHER CAMPER NOR STAFF MEMBER should have any medication in their possession at any time. Please give ALL medication to the Camp Nurse at time of check-in. She will see that medication is given when due. This is a requirement of our camp. Thank you for your cooperation.**