

# **FAITH EXPLOSION PRETEEN CAMP**



## **July 21-24**

**Kids entering 5th - 6th grades (fall 2023)  
Lakeview Baptist Encampment  
Lonestar, Texas**

**Cost: \$170 (Before June 15 - after  
June 15 cost: \$185)**

**Deposit: \$50 due at sign up**

**Registration deadline June 30.  
Camp Meeting for parents & kids  
July 9 at 12:15 p.m. in The Summit.  
Camp balance due at meeting.**

**Scholarships available  
Contact 903-663-7348 for more information.  
Return forms and money to Children's  
Ministry Office or Analisa Hood.**

- Complete “Lakeview Baptist Assembly Medial Information/Consent/Agreement to Participate Form”
- Complete “Medication Release” form if needed.
- Turn in forms and money to Children’s Ministry Office or Analisa Hood. Make checks payable to Mobberly Baptist Church

## **THEME NIGHTS AT CAMP**

### **DURING NIGHTLY WORSHIP TIME**

**FRIDAY:** Suit Up: Wear a Tie (Bow or Neck Tie)

**SATURDAY:** Shoes of Peace: Wear Crazy Socks

**SUNDAY:** Helmet of Salvation: Camp Shirt and Wear a Hat (Hats may be: crazy, baseball, etc., and they must be put under chairs during the sermon to lessen distractions.)

- See information sheet on “What to Bring” , Camp Schedule, and Lakeview Camp Rules for more information.
- Contact Children’s Ministry Office at 903-663-7348 for additional information and to turn in forms.

**Lakeview Baptist Assembly**  
**P. O. Box 0130 – Lone Star, Texas – Phone 903-656-3871**

**Medical Information/Consent/Agreement to Participate**

Church/Organization: \_\_\_\_\_

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Number & Street) (City & Zip Code)

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(If different than participant's)

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

**Emergency Notification**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Medical Dr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Name of Insured: \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sponsor allowed authorizing emergency care in lieu of Parent/Guardian: \_\_\_\_\_

Person permitted to take Participant from camp: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Please include any other information you think we need to know on an extra sheet of paper.

**Medical Information**

Allergies (List and Explain Reaction): \_\_\_\_\_

Check any conditions: Diabetes \_\_\_ Epilepsy \_\_\_ Asthma \_\_\_ Heart \_\_\_ Chest Pain \_\_\_ Thyroid \_\_\_ Kidney \_\_\_ Dizziness \_\_\_ Back pain \_\_\_

Broken Bones \_\_\_ Bleeding Disorders \_\_\_ Operations \_\_\_ High Blood Pressure \_\_\_ Any Other Conditions \_\_\_\_\_

Explanation of the above: \_\_\_\_\_ List Any dietary or Physical Restrictions on back:

Are all immunizations current: Yes \_\_\_ No \_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

List Medications currently being taken: \_\_\_\_\_

I/we hereby authorize the camp nurse or camp director to administer all medication brought by participant. If a medical emergency should arise while the above listed camper is in attendance at Lakeview Baptist Assembly, I/we hereby authorize the camp nurse or camp director to provide care to the camper and/or transport the camper to a medical facility. I/we further authorize the health care provider of the medical facility to administer necessary medical and/or surgical care upon arrival at the medical facility. I/we understand that camp officials will make a conscientious effort to locate the parent/guardian or the emergency contact listed on this document before any action will be taken. If it is not possible to locate the emergency contact listed, I/we will accept the expense of emergency medical and/or surgical treatment. I/we give my authority and consent for Lakeview Baptist Assembly or camp nurse to treat my child for minor injuries and illnesses with the appropriate non-prescription medication.

**AGREEMENT TO PARTICIPATE: ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

WHEREAS, THE UNDERSIGNED ("the PARTICIPANT") wishes to be accepted for participation in all activities conducted by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC.

In consideration of, and for the right to participate in such an activity by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors, Officers, Trustees, Employees, Agents, and/or Associates, I/we have and do hereby assume all of the risks and any other ordinary risk incidental to the nature of the activity. Further, I/we will hold them harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss, medical bills, hospital bills, and doctor bills, or other wise, which the participant now has or which may arise from or in connection with participation in any other activities arranged for me by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors, Officers, Trustees, Employees, Agents, and/or Associates, and their heirs, executors, and administrators, successors and assigns and for all members of my family, including any minors accompanying me. I/we fully understand that my physical activity involves risk of injury. I/we also understand that my participation in any activity is entirely VOLUNTARY. I/we enter into this activity and take full responsibility for the decision to participate or not to participate and agree to follow all safety instructions.

**AGREEMENT TO HAVE PHOTOGRAPH TAKEN:**

I/we are aware of the fact that photos of my child or of myself may be taken during the week by camp staff, which may appear in future camp publicity. By signing this, I/we give permission to use these photos, aware of the fact that my child or myself WILL NOT be identified by name in any such photos. I/we hereby give permission to have my photograph taken. If this is unacceptable, I/we will so state that fact here by writing "NO" in the space provided. \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian (if participant under age 18)

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date of Signature

**FOR ADULT SPONSORS ONLY (What is your responsibility while attending camp?)**

Pastor/Staff Recommendation: I recommend this adult to be a responsible sponsor. \_\_\_\_\_  
(Sponsor, camp director, recreational team)

\_\_\_\_\_  
Pastor/Staff Signature

Lakeview Baptist Assembly  
Camps-Conferences-Retreats

Medication  
Release/Administration Form

Lakeview requires that all sponsors/campers who need medication during their attendance at camp must do the following:

1. Complete and present the consent below, signed by parent or legal guardian for administration of medication while the student attends camp at Lakeview.
2. Bring the medication **IN THE ORIGINAL BOTTLE** (prescription or over-the-counter), properly labeled as prescribed by law.
3. Present this form and the medication indicated on this form to the nurse upon arrival on campus and abide by his/her instructions for administration.
4. If more than one medication is to be administered, a separate form is to be completed and signed for each medication.

Medication Information for:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_ M \_\_\_\_ F  
(Month/Day/Year)

Church group student came with \_\_\_\_\_  
(Church Name) (Church City & State)

Name of medication \_\_\_\_\_

Purpose for medication use (e.g. allergies, asthma, antibiotic) \_\_\_\_\_

Form of medication: \_\_\_\_ Tablet \_\_\_\_ Pill \_\_\_\_ Capsule \_\_\_\_ Liquid \_\_\_\_ Inhalation  
\_\_\_\_ Other (specify) \_\_\_\_\_

Dosage (amount to be given): \_\_\_\_\_ How often or at what time: \_\_\_\_\_

Remarks or special instructions: \_\_\_\_\_

As the parent or legal guardian of the above child, I hereby give permission for the camp nurse or administration to administer this medication to my child.

Parent/Guardian signature \_\_\_\_\_ Daytime Phone # (include area code) \_\_\_\_\_ Evening Phone # (include area code) \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

Day	Date	Time Given/ Person Administering			
		Dose 1	Dose 2	Dose 3	Dose 4
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Please indicate at the left, time and your initials each time medication is administered. Each person administering medication should indicate full name and title in space below.

Initial \_\_\_\_\_ = Name \_\_\_\_\_  
Initial \_\_\_\_\_ = Name \_\_\_\_\_  
Initial \_\_\_\_\_ = Name \_\_\_\_\_  
Initial \_\_\_\_\_ = Name \_\_\_\_\_

Notes or comments: \_\_\_\_\_



# Student Information

## What Student's Should Bring:

Personal Hygiene Items (soap/shampoo)	Bible/notepad/pen
Sheets/sleeping bag/pillow	Snack Money (labeled in baggies, if possible)
Towels/washcloths	Trash bag for dirty clothes
Clothes for 4 days (appx. 2 changes a day)	A Christ-like Attitude
Bathing suit	Tennis shoes
<b>Water Shoes (required to swim in lake)</b>	Bug Spray
Flashlight	SunScreen

Please mark your child's clothing and familiarize your child with what you sent them.

## What Not to Bring:

No electronic equipment (iPods, iPads, Cell Phones, game systems, etc.)	Inappropriate t-shirts (Christ like only)
Water balloons/ water toys	Fireworks
Shaving cream	Matches/lighters
Tobacco/drugs	Flip Flops
Knives	

## Dress Code



1. Tees should be Christian in orientation or positive in word or emblem.
  2. No bare midriffs (no exposed stomachs).
  3. When **spaghetti strap shirts or dresses are worn, a cover will be required** at all times.
  4. One-piece bathing suits are required, if one is not owned – a dark t-shirt over bikinis must be worn. Shoes and a tee shirt are to be worn to and from pool and blob.
  5. **Shorts must reach the tip of your fingers with hands down to side.**
- If you are in doubt about your dress or shorts being too short, take it as the Holy Spirit leading and don't wear it!
6. We ask that you please take your cap/hat off during prayer and worship time.

## Safety Rules

1. **No one may drive their vehicle around camp. Vehicles should stay parked.**
2. NO snacks in cabins. ANTS love to visit cabins!
3. Eat in the cafeteria.
4. Rec Time is not an option. **You cannot stay in room or run around camp.**
5. No one outside of cabins after lights out.
6. No one may leave campus without permission.
7. Medication given by nurse only.
8. Prayer Mountain (with sponsor only)
9. Lake is off limits without lifeguard supervision.

## Lost and Found

Articles that are lost and found will be in camp office or in the front of the sanctuary. If unclaimed, they will be donated locally or discarded.

**There will be a Registered Nurse on duty to handle emergencies and administer all medications.**

## **2023 Faith Explosion Kids Camp 1 Schedule\*\***

### **Friday, July 21**

- 1:00 p.m.: Group Registration & Swim Test
- 2:30 p.m.: Orientation in Worship Center
- 3:10 p.m.: Yellow Bible Study / Green Game Time
- 4:00 p.m.: Yellow Game Time/ Green Bible Study
- 5:00 p.m.: Dinner
- 6:00 p.m.: Fun Feature / Training Program for Adults
- 6:45 p.m.: Break
- 7:00 p.m.: Worship
- 8:30 p.m.: Church Time
- 10:30 p.m.: In Cabins/Lights Out

### **Saturday, July 22 & Sunday, July 23**

- 6:45 a.m.: Rise & Shine
- 7:00 a.m.: Church Sponsor Meeting in Cafeteria
- 7:00 a.m.: Student Devotion in Cabin
- 7:30 a.m.: Breakfast
- 8:15 a.m.: Camp Video
- 8:30 a.m.: Praise Time
- 9:15 a.m.: Yellow Bible Study / Green Game Time
- 10:05 a.m.: Yellow Game Time/ Green Missions
- 10:55 a.m.: Yellow Missions/ Green Bible Study
- 12:00 p.m.: Lunch
- 1:00 - 2:30 p.m.: Yellow Rec Time / Green Free Time
- 2:45 - 4:15 p.m.: Yellow Free Time / Green Rec Time
- 5:00 p.m.: Dinner
- 6:00 p.m.: Fun Feature
- 6:45 p.m.: Break on Saturday/Camp Video Sunday
- 7:00 p.m.: Worship
- 8:30 p.m.: Church Time
- 10:30 p.m.: In Cabins/Lights Out

### **Sunday, July 23 Only**

- 10:00 – 11pm: 6<sup>th</sup> Grade BLAST OFF

### **Monday, July 24**

- 7:00 - 8:00 am: Rise and Shine/ Student Devotion
- 8:00 a.m.: Breakfast
- 9:00 - 10:30 a.m.: Praise Time & Closing Challenge
- 10:45 a.m.: Leave for home!!

\*\*schedule is subject to changes