

New South Conference Teen Camp 2017 Information Packet

Packet Index

- 1) Letter to Pastors/Youth Leaders
- 2) Teen Camp Flyer
- 3) Registration Form
- 4) GRADS (class of 2017) Registration Form
- 5) Medical Permission/Release Form
- 6) Teen Camp Staff Application
- 7) Staff Application Pastoral Recommendation

New South Conference Teen Camp

April 8, 2016

Dear Pastor and Youth Leaders,

It seems like only yesterday we were tromping through the snow; and now, I look out the window to see evidence of Spring all around. Can it be that NSC Camps are just around the corner?!?!

*Teen Camp: June 12-17

*Kids Camp: June 19-23

*Family Camp: July 6-9

Enclosed you will find a flyer for Teen Camp along with Registration forms. Please make copies and pass these along to your teenagers. You will also find staff applications. We need committed, energetic staff to show the love of Christ to the campers. Please consider this ministry.

You will notice in the packet a registration form entitled "GRADS" Project. It is for any 2017 high school graduates that come to camp. They will receive a \$25 discount on registration (so if they hit the early bird registration, they could pay as little as \$100), and special "GRADS" gifts. They will, along with the regular camp activities, attend Bible Study specifically for them, and will have opportunity to serve at some point through the week. Please encourage these students to attend camp.

This year our camp theme comes from Isaiah 64:8:

**"And yet, O Lord, you are our Father.
We are the clay, and you are the potter.
We all are formed by your hand."**

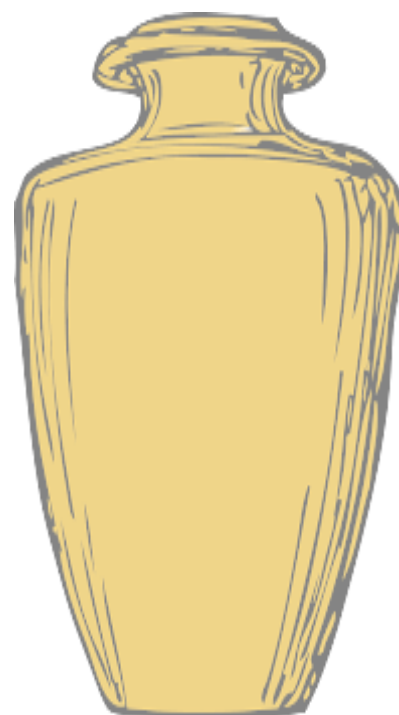
Please pray for our leadership team and staff as the final plans and preparations are made."

I look forward to seeing you in June. If you have any questions, please do not hesitate to call (931)212-8083 or email atinsley@wfmc.net or connect with me on Facebook.

Serving Him,

Andrea

Andrea Tinsley, Camp Director

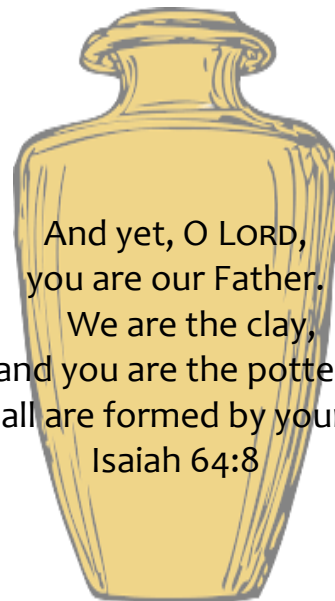


Address: Wilmore Free Methodist Church
1200 Lexington Ave Wilmore, KY 40390

NEW SOUTH CONFERENCE

TEEN CAMP

JUNE 12-17, 2017



And yet, O LORD,
you are our Father.
We are the clay,
and you are the potter.
We all are formed by your hand.
Isaiah 64:8

Registration

Registration/medical form and \$25 (non-refundable) pre-registration fee is due no later than **May 29, 2017**. After May 29, registrations are welcome contingent on space available.



Early Bird Special: Registrations received on or before **May 8, 2016** will receive a \$25 discount.



GRADS Special: If you are a 2017 graduating senior, you will receive an additional \$25 discount on your camp registration!!

GRADS Project

Growing Responsible And Disciplined Servants

If you are a 2017 High School graduate, you can apply for the GRADS Project. In addition to regular camp activities, you will participate in a Bible Study especially for GRADS, receive special "GRADS" gifts and \$25 discount on registration.

Camp Activities

Bible Study, Hikes, Crafts, Bonfire, Great Camp Food, Quiet Time, Worship Services, Recreation, Workshops, Leadership Training

Questions??

Contact Pastor Andrea Tinsley, Camp Director
Cell: (931)212-8083 Office: (859)858-3521
Email: atinsley@wfmc.net

Important Details

Ages: Teens completing 7th-12th grades

Cost: \$150

Early Bird Deadline: May 12, 2017

Regular Registration: May 12-28, 2017

Location: Eagle Ridge Retreat Center
Bowling Green, KY

Things to Bring

Bible, pen, notebook, comfortable shoes, modest clothing, towels, toiletries, bedding, canteen money, softball gloves, flashlight, sunscreen bug repellent, and a good attitude
(No electronics such as cell phones, mp3 players, hand-held games, etc. No spaghetti strap shirts, short shorts, clothing with rude, crude or socially unacceptable slogans.)

New South Conference Teen Camp

Registration Form

Name: _____ Birthdate: _____
M/D/Year

Address _____
Street address city, state zip

Email Address: _____

Please circle: Male Female

Last grade completed: 7th 8th 9th 10th 11th

T-shirt size _____ (Important: if you don't fill it out, you may get the wrong size!!)

Roommate Request _____

Parents Name _____ phone number _____

Name of Church _____

Name of Youth Leader _____ phone number _____

Did you attend any of the New South Conference (NSC) Youth Events this year?

Yes No Events _____

Have you been to a NSC camp before? Yes No Year(s) _____

Have you been to Eagle Ridge Retreat Center? Yes No Event _____

Please send

- ⇒ this form (Registration form)
- ⇒ Medical Permission/Release Form
- ⇒ \$25 pre-registration fee (check made out to "NSC" memo: Teen Camp)

TO:

Andrea Tinsley, Teen Camp Director
WFMC 1200 Lexington Ave Wilmore, KY 40390

For office use only:

Amount Received: _____

Early Bird: Yes No

FMYC Discount: Yes No

Amount Due at Check-In:

New South Conference Teen Camp
“GRADS” (Class of 2017) Project-Registration Form
Growing Responsible And Disciplined Servants

Name: _____ Birthdate: _____
M/D/Year

Address _____
Street address city, state zip

Email Address:

GRADUATION CLASS of 20____ Please circle: Male Female

T-shirt size____ (Important: if you don't fill it out, you may get the wrong size!!)

Roommate Request _____

Parents Name _____ phone number _____

Name of Church _____

Name of Youth Leader _____ phone number _____

Did you attend any of the New South Conference (NSC) Youth Events this year?
Yes No Events _____

Have you been to a NSC camp before? Yes No Year(s) _____

Please send

- ⇒ this form (Registration form)
- ⇒ Medical Permission/Release Form
- ⇒ \$25 pre-registration fee (check made out to “NSC” memo: Teen Camp)

TO:

Andrea Tinsley, Teen Camp Director
WFMC 1200 Lexington Ave Wilmore, KY 40390

For office use only:

Amount Received: _____

Early Bird: Yes No

FMYC Discount: Yes No

Amount Due at Check-In:

Medical Permission/Release Form

Our commitment is to never misuse the information provided below or release it to unauthorized persons. It will never be used at Camp unless necessary, and then only with the greatest discretion. - Eagle Ridge, Inc and New South Conference of FMCNA-

NAME: _____ Male: ___ Female: ___ Birthdate: _____

EMERGENCY CONTACT PERSON(S): _____ Phone: _____

_____ Phone: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Policy #: _____

IMMUNIZATIONS: (give dates if available) ___ Tetanus, ___ Polio Booster, ___ Measles, ___ Mumps, ___ DPT or TD, ___ Rubella, Others _____

PAST MEDICAL HISTORY: ___ Asthma, ___ Sinusitis, ___ Bronchitis, ___ Kidney Trouble, ___ Diabetes, ___ Dizziness, ___ Heart Trouble, ___ Stomach Upset, ___ Hay Fever, Other (be specific) _____

CHILDHOOD DISEASES: ___ Chicken Pox, ___ Measles, ___ Mumps, ___ Whooping Cough, Others (list) _____

* Please use the back of this page if more space is needed. Thank you! ***ALLERGIES:**

Food:

_____ Penicillin or other medications: _____

Insect stings or bites: _____ Poison sumac, oak or ivy: _____

Other allergies: _____

***PREVIOUS SURGERY OR SERIOUS ILLNESS:** _____

***CURRENT PRESCRIPTION MEDICATIONS or OVER THE COUNTER MEDICATIONS:**
(Give dosage instructions): _____

***SPECIAL DIET:** _____

OVER-THE-COUNTER MEDICATIONS: Does the camp staff have permission to give the camper the following over-the-counter medication or generic equivalent when it is appropriate? : ___ Tylenol (Acetaminophen), ___ Advil (Ibuprofen), ___ Milk of Magnesia/Tums/Antacid, ___ Benadryl or Cough Syrup

PERMISSION FOR TREATMENT: My permission is granted for the Camp Director, Camp Nurse, or an Adult Counselor 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.

Dated this ___ day of _____, ___ (month/year) in the State of _____, County (parish) _____.

Signature: _____ Date: _____ Relationship to Camper: _____

NOTARIZATION:

On this the ___ day of _____, 20____, _____ (the signer above), appeared before me _____, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this ___ day of _____, 20____.

My commission expires on _____. _____ Notary Public

New South Conference Teen Camp Staff Application

Name: _____ Male: ____ Female: ____
 Address: _____
 Telephone: _____ Email: _____
 Date of Birth: _____ Adult T-shirt Size: _____
 Home Church: _____
 Emergency Contact Person *: _____
 Relationship to you: _____ Telephone: _____

A Medical Permission / Release Form is advisable in case of emergency.

Have you served at an Eagle Ridge Summer Camp before? _____

If so, please fill in the following information:

In what area are you willing to serve? (please circle)

Area of Service (counselor, teacher, kitchen, etc.)	Event and Date	Name of Leadership/Phone Number

Counselor Support Staff (please specify) : _____

Please list the all churches you have regularly attended in the past 10 years. Please supply dates and contact information. (Use another sheet if more lines are needed.)

Please answer the following questions on the back of this form or a separate sheet of paper.

Church	Dates Attended	Contact Information

1. How long have you been a Christian?
2. Describe your personal relationship with Jesus Christ.
3. Why are you interested in serving at Camp?
4. What strengths can you add to the camp staff and camp experience?

Mail this application to Andrea Tinsley. To complete your application, have your pastor complete and mail the Pastoral Recommendation form to Andrea Tinsley, Camp Director.

Note: Anyone who has not worked camp before is subject to a background check.

New South Conference Teen Camp

Staff Application

Pastoral Recommendation

Camp Staff Applicant: _____

Pastors: Please be as objective as possible in your evaluation of this applicant. Serving as a camp counselor or support staff requires a genuine Christian commitment and spiritual, emotional maturity. You are an important link in helping us determine whether the applicant meets these criteria. Please keep this in mind as you fill out this evaluation. Your evaluation will be kept confidential. After completing this recommendation form, please mail directly to **Andrea Tinsley, Camp Director**. Thanks!

Pastor's Name _____ Church: _____

Phone Number: _____ Email: _____

Address: _____

How long have you known the applicant? _____

Does the applicant exhibit characteristics of a servant leader (ex. Honesty, confidence, dependability, etc.)? _____

Have you witnessed the applicant interact with teenagers? _____ What did that look like?

What is the applicant's involvement in your church? _____

Is there anything else you would like us to know about the applicant? _____

Do you recommend this applicant? _____