

New South Conference Kid's Camp



*For I am about to do something new.
See, I have already begun! Do you not see it?
I will make a pathway through the wilderness.
I will create rivers in the dry wasteland.*

Isaiah 43:19 NLT

New South Conference Kid's Camp

June 1, 2022

Dear Pastor and Leaders,

Thank you for believing and investing in the young people in your church and community! Jesus wants their hearts and souls, and He is using you and your prayers, support, time, and energy to draw them near.

Summer is here, which means CAMP!!! Here are the dates for the NSC camps:

- Teen Camp: June 13-19
- **Kids Camp: July 11-14**
- Family Camp: July 14-17

Enclosed in this packet, you will find:

- Camp Info Page
- Camper Registration (including Medical Form)
- Staff & LIT Application (including Medical Form)
- Pastor Recommendation Form (to be submitted by LIT applicants)

Please make copies and pass these along to students and potential staff/LITs. We are always in need of committed, energetic staff to show the love of Christ to the campers. Please consider this ministry.

This year our camp theme comes from Isaiah 43:19 NLT

For I am about to do something new. See, I have already begun! Do you not see it? I will make a pathway through the wilderness. I will create rivers in the dry wasteland.

Please pray for our leadership team and staff as the final plans and preparations are made. We will see you in July!!

Many blessings,

Rebekah

Rebekah Tinsley, Kid's Camp Director

Meet Me in the Desert

Kid's Camp 2022

July 11th - 14th

Important Details

Ages: Kids finishing 3rd-6th grades

Cost: \$125

Registration Deadline: June 11, 2021

Location: Eagle Ridge Retreat Center
Bowling Green, KY 42101

Camp Activities

Bible Study, Hikes, Crafts, Bonfire, Great Camp Food, Worship, Recreation, Talent Show, Quiet Time, and **FRIENDSHIPS** that last a Life-time!

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 disrespectful slogans.)



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LIT & Adult Staff Needs

If you are interested in serving at KIDS camp, please fill out the applications for either Adult Staff or LIT. We need a loving, energetic, dependable staff. If that is you...We want you!!

Registration

Registration forms, medical forms, and a \$25 (non-refundable) pre-registration fee is due no later than June 24, 2022. The remaining \$100 can be paid in advance or upon arrival.

Please mail registrations to: 4006 West Green Hill Road, McMinnville, TN 37110

Questions?? Please contact:

Rebekah Tinsley, NSC Kids Camp Director at rftinsley@gmail.com or 931.212.5687

Camper Registration Form

Name: _____ Birthdate: _____
MM/DD/Year

Address: _____
Street Address City State Zip

Parents Name: _____ Phone Number: _____

Parents' Email Address for updates/details: _____

Please circle: Male Female

T-shirt size **Youth** Small Medium Large
Adult Small Medium Large XL

Last grade completed: 3rd 4th 5th 6th

Roommate Request (subject to housing requirements): _____

Church Information:

Name of Church: _____

Name of Pastor: _____

*Email: _____ Phone Number: _____

*We will send updates to church leaders and parents of registered campers

Camp Experience:

Have you attended Kids Camp before? If yes, which years? _____

Please send

- ✓ This Registration Form
- ✓ Medical Form (**Notarization REQUIRED**)
- ✓ \$25 pre-registration fee TO:

Rebekah Tinsley, Kids Camp Registration

4006 West Green Hill Road

McMinnville, TN 37110

Checks should be made out to NSC with *Kid's Camp* in the memo.

For office use only:

_____ Amount Received

_____ Amount Due at Check-In

_____ Notarized Medical

_____ Grade

_____ Shirt Size

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):

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Policy #: _____

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

PAST MEDICAL HISTORY: ___ Asthma, ___ Sinusitis, ___ Bronchitis, ___ Kidney Trouble, ___ Diabetes, ___ Dizziness, ___ Heart Trouble, ___ Stomach Upset, ___ Hay Fever, and/or Other _____

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

ALLERGIES: Food(s): _____ 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 dosing instructions):

SPECIAL DIET: _____

OVER-THE-COUNTER MEDICATIONS: Does the camp staff have permission to administer the following over-the-counter medication or generic equivalent when it is appropriate? : ___ Acetaminophen, ___ 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 (required):

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

Staff & LIT Registration Form

Name: _____ Male: _____ Female: _____

Address: _____

Telephone: _____ Email: _____ DOB: _____

Adult T-shirt Size: _____ Home Church: _____

Emergency Contact Person *: _____

Relationship to you: _____ Telephone: _____

A Medical Permission / Release Form is advisable for adult staff and REQUIRED for LITs

Have you served at an Eagle Ridge before? _____ If so, please fill in the following:

Area of Service (LIT, Counselor, Kitchen, Teacher, ETC.)	Event and Date	Name of Leader & Number

In what area are you willing to serve? (circle) LIT Counselor Other (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.)

Church Attended	Dates	Contact Information

Answer the following questions on a separate sheet of paper, and submit with this form.

General Staff Questions:	Additional LIT questions (required for LITs):
<ol style="list-style-type: none"> How long have you been a Christian? Describe your personal relationship with Christ. Why are you interested in serving at Camp? What strengths can you add to the camp staff and camp experience? 	<ol style="list-style-type: none"> Do you know Jesus as your Lord and Savior, and how would you describe your personal relationship with Christ? What does your daily witness look like at school, church, sports, and other activities where interacting with other young men and women? Are you willing to share how you came to know Jesus with others? In our secular world full of temptations and "gray area", where are some places you go in The Word to keep yourself rooted in Christ? In your perspective, what are the hardest struggles for kids today, and how would you point them to Christ if they asked you for advice about those struggles?

Mail this application, a completed medical form, and a pastoral letter of recommendation to Rebekah Tinsley as soon as possible. **In order for LIT Applicants to be considered, they must be submitted by Monday, June 20th.** Pastor Recommendation Letters for LITs must also be received by June 20th - directly from the pastor.

Staff & LIT Medical Permission/Release Form

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

EMERGENCY CONTACT PERSON(S):

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Policy #: _____

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

PAST MEDICAL HISTORY: ___ Asthma, ___ Sinusitis, ___ Bronchitis, ___ Kidney Trouble, ___ Diabetes, ___ Dizziness, ___ Heart Trouble, ___ Stomach Upset, ___ Hay Fever, and/or Other _____

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

ALLERGIES: Food(s): _____ 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 dosing instructions): _____

SPECIAL DIET: _____

OVER-THE-COUNTER MEDICATIONS: Does the camp staff have permission to administer the following over-the-counter medication or generic equivalent when it is appropriate? : ___ Acetaminophen, ___ 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 (required for anyone under the age of 18, specifically LITs):

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

Pastoral Letter of Recommendation (required for new staff and ALL LIT applicants)

Camp Staff Applicant: _____

Pastors: Please be as objective as possible in your evaluation of this applicant. Serving as a camp counselor, LIT, 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 **Rebekah Tinsley**.

Pastor's Name: _____ Church: _____

Phone Number: _____ Email: _____

How long have you known the applicant? _____

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

Have you witnessed the applicant interact with children? _____ What did you observe?

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? _____

In what role would you place this applicant? _____

Mail directly to: Rebekah Tinsley; 4006 West Green Hill Road ; McMinnville, TN 37110 or by email to rftinsley@gmail.com and feel free to call or text with any questions 931.212.5687