



Missions Camps Registration Packet

Lake Sallateeska

June 24-26 Big MAC (Missions Apprentice Camp for Girls grades 7-12)

June 25-26 Girls' Missions Camp

June 25-26 Ageless Mother-Daughter Camp

June 26 Girls' Missions Day Camp

The following pages contain everything you need to begin registering your groups for 2010 Girls' Missions Camps. Read on and you will find the details you need to successfully and efficiently register your girls for a fantastic mission's experience.

- Always keep the original! (In case you need to make more copies later).
- The packet is purposely produced in black and white to make it easier for you to make copies on your own for your girls, mothers, and leaders.
- Please make sure you send a Camper Information & Medical Release form for every girl you are registering for camp.
- Each church sending campers to an overnight camp is required to provide adult chaperones. For every 1-7 campers, the church must enlist and send one chaperone. For every 8-14 campers, the church must enlist and send two chaperones, etc. Chaperones must be at least 21 years old.
- Every chaperone must complete an Authorization and Request for Criminal Records Check form. These must be completed and sent with the registration packet.
- Girls who have completed 7th through 12th grades may attend Big MAC, Missions Apprentice Camp.
- Girls who have completed 3rd through 6th grades may attend Girls' Missions Camp.
- Girls Who have completed 1st through 6th grades may attend the Girls' Missions Day Camp.
- Girls and women of all ages can attend the Ageless Mother-Daughter Camp.
- Register as soon as possible to reserve a space at camp. Registration will close on June 1 (unless camps fill up prior to that time).
- If you have any questions, please call (217) 391-3138.





2010 Mother/Daughter Missions Camp

PURPOSE: To give daughters and their mothers an opportunity to experience missions education in an outdoor setting.

ACTIVITIES: Missionaries, singing, quiet times, crafts, recreation, swimming, and more!

DATES: June 25-26, 2010

PLACE: Lake Sallateeska, 4867 Baptist Camp Road, Pinckneyville (between Nashville and Pinckneyville, Illinois, on Route 127).

TIME: Camp begins at 5:30 p.m. on Friday with registration and ends at 5 p.m. on Saturday.

COST: The cost is \$35 per person. This includes insurance, three meals, lodging, and program costs.

SNACK SHACK/CAMP STORE: Snacks may be purchased during break times. Other items will be available for purchase at the camp store.

REGISTRATION: Use the enclosed registration form. Each mother and daughter should be listed on the form. The form may be duplicated if needed. Registrations are accepted on a "first come, first served" basis until June 1. Copy the Camper Information & Medical Release form. This form should be completed on all girls attending camp. Collect the forms and send with your registration.

TO REGISTER: Mail the registration form, camper information/health forms (on minors) and total amount due to Missions Team, Illinois Baptist State Association, P.O. Box 19247, Springfield, IL 62794-9247. **Registrations must reach Missions Team Office by June 1.** Please make checks payable to IBSA. If camps fill prior to June 1, registration will close early. Copy this information page for each mother/daughter team.

WHAT TO BRING: Shorts, shirts, jeans, sweater or light jacket, raincoat or umbrella, tennis shoes, socks, swimsuit and underwear, sheets and blanket or sleeping bag for a twin size bed, pillow, towels and wash cloths, toiletries, flashlight, Bible, notebook, pen or pencil, money for the mission offering, snacks, and items at the camp store. Short shorts, midriffs, and tube tops are not permitted.

PLEASE NOTE: Cabin assignments are made prior to arrival at camp. Groups will be kept together unless bed space for entire group is not available.

AGELESS MOTHER-DAUGHTER REGISTRATION FORM

June 25-26, 2010 at Lake Sallateeska
Cost: \$35 per person

* Camper Information and Medical Release forms must be completed on all campers under the age of 18.

** Registration deadline is June 1.

Name of person making reservations _____ E-mail _____

Address _____ City/Zip _____ Phone _____

Church & Town _____ Association _____

Mother's name _____ Address _____

City/Zip _____ Phone _____ E-mail _____

Daughter's name _____ Age (if under 18) _____

Mother's T-shirt size _____ Daughter's T-shirt size _____

Mother's name _____ Address _____

City/Zip _____ Phone _____ E-mail _____

Daughter's Name _____ Age (if under 18) _____

Mother's T-shirt size _____ Daughter's T-shirt size _____

Mother's name _____ Address _____

City/Zip _____ Phone _____ E-mail _____

Daughter's name _____ Age (if under 18) _____

Mother's T-shirt size _____ Daughter's T-shirt size _____

Mother's name _____ Address _____

City/Zip _____ Phone _____ E-mail _____

Daughter's name _____ Age (if under 18) _____

Mother's T-shirt size _____ Daughter's T-shirt size _____

Note: Please indicate if campers are grandmother/granddaughter, aunt/niece, etc.

Note: If daughter is also an adult, please list her address, phone number, and e-mail on the back of this page.

Send this Registration Form, Camper Information & Medical Release Forms for campers under the age of 18 with \$35 per person to: Missions Team, IBSA, P.O. Box 19247, Springfield, IL 62794-9247. Make checks payable to: Illinois Baptist State Association.

Camper Information and Medical Release Form

Date of Camp _____

If under age 18, this form must be completed and signed by parent or guardian and returned with the camp registration packet to: Missions Team, Illinois Baptist State Association, P.O. Box 19247, Springfield, IL 62794.

Name of camper _____ Birth date _____ Age _____

Name of parents or guardians _____

Address _____ City _____ State _____ Zip _____

Phone No. Home _____ Work _____ Cell _____

Emergency Contacts – please list two:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I understand that the 2010 IBSA Missions Camps require good physical condition. The above named may participate in all activities, including sports, with the following exceptions; if no exceptions write "NONE": _____

ALL medications MUST be filled prior to camp and given to the nurse in their original prescription or over the counter bottles at the time of registration. Please list any and all medical information the camp nurse should have (for example: allergies, prescribed treatment, major illnesses and medical conditions, medications taken by the camper, dosage and frequency of medication, etc.). Attach pages or write on back as needed.

Physician's Name and phone number _____

Date of last Tetanus shot: _____ Insurance Carrier: _____ Policy # _____

I, _____ parent/legal guardian of _____, a minor, hereby acknowledge that said minor is under my care, custody, and control. I hereby give my child, the said minor, my express permission to attend one of the 2010 Missions Camps. I further expressly grant my permission for my child to participate in all activities of said camp. I understand that my child may be photographed and videotaped at camp for promotional purposes. These photos/videos will not be sold for profit.

I have listed said minor's physical defects or medical problems that may need attention. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the Missions Team of the Illinois Baptist State Association, or its representatives, or the camp nurse or counselors, or any attending physician to make such decisions and to perform such medical treatments, and/or surgery upon said minor which may, in their sole discretion be necessary and proper under such circumstances.

I do release, acquit, discharge, and covenant to hold harmless the Missions Team staff personnel, camp nurse or counselors, the Illinois Baptist State Association, or its representatives, or any attending physician to make such decisions.

Signature of Parent/Guardian

Date: _____