

# Boys Missions Camp Registration Packet

Boys Mission Camp &  
Guys Mission Camp  
June 21-24, Lake Sallateeska



The following pages contain everything you need to begin registering your groups for 2010 Boys' Missions Camps. Read on and you will find the details you need to successfully and efficiently register your boys 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 boys, mothers, and leaders.
- Please make sure you send a Camper Information & Medical Release form for every boy you are registering for camp.
- It is our desire for each church sending campers to an overnight camp help provide adult chaperones (*we will work with you if this is a challenge*). We must have one chaperone for every seven campers. Chaperones must be at least 21 years old. Contact us if you need scholarship help for your chaperone.
- Every chaperone must complete an Authorization and Request for Criminal Records Check form. These must be completed and sent with the registration packet.
- Boys who have completed 7th through 12<sup>th</sup> grades may attend Guys', Missions Camp.
- Boys who have completed 3rd through 6th grades may attend Boys' Missions Camp.
- Boys and men of all ages can attend the Father/Son Camp.
- Register as soon as possible to reserve a space at camp. Registration will close on June 1 (unless camps fill prior to that time).
- If you have any questions, please call Linda Darden (217) 391-3137

**PURPOSE:** To give boys in grades 4-6 and their leaders an opportunity to experience missions education in an outdoor setting.

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

**DATES:** June 21-24 at Lake Sallateeska.

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

**TIME:** Camp begins at 3:30 p.m. on Monday and ends at 11:00 a.m. on Thursday.

**COST:** The cost is \$95 per person. This includes insurance, 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 boy and chaperone should be listed on the form. 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 boys attending camp. Copy the Authorization and Request for Criminal Records Check form. This form should be completed by all chaperones attending camp. Collect the forms and send with your registration.

**TO REGISTER:** A church leader sends the registration form, camper information/medical release forms, Authorization and Request for Criminal Records Check forms and total amount due to Missions Team, Illinois Baptist State Association, P.O. Box 19247, Springfield, IL 62794-9247. **Registrations must reach the 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 to give to the boys, their parents, and the chaperones.

**WHAT TO BRING:** Shorts, shirts, jeans, sweater or light jacket, raincoat or umbrella, tennis shoes, socks and underwear, swimsuit, sheets and blanket or sleeping bag for a twin size bed (or a sleeping bag), pillow, towels and washcloths, toiletries, flashlight, Bible, notebook, pen or pencil, money for the mission offering, snacks, and items at the camp store.

**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.

# BOYS' MISSIONS CAMP REGISTRATION FORM

June 21-24, 2010 at Lake Sallateeska  
Cost: \$95 per person

- \* You will need one adult chaperone (age 21+) for every 1-7 boys.
- \* Camper Information and Medical Release forms must be completed on all campers.
- \* Authorization and Request for Criminal Records Check must be completed on all chaperones.
- \* Registration deadline is June 1.

Name of person making reservations \_\_\_\_\_

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

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Church & Town \_\_\_\_\_ Assn. \_\_\_\_\_

**List all adult chaperones below: Add additional names on back.**

Name \_\_\_\_\_ Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ T-shirt size \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ T-shirt size \_\_\_\_\_

**List all children attending camp below: Add additional names on back.**

Name \_\_\_\_\_ T-shirt size \_\_\_\_\_

Name \_\_\_\_\_ T-shirt size \_\_\_\_\_

Name \_\_\_\_\_ T-shirt size \_\_\_\_\_

Name \_\_\_\_\_ T-shirt size \_\_\_\_\_

Name \_\_\_\_\_ T-shirt size \_\_\_\_\_

Send this Registration Form, Camper Information & Medical Release Forms and Chaperone Authorization Forms with \$95 per person to: Missions Team, IBSA, P.O. Box 19247, Springfield, IL 62794-9247. Make checks payable to: Illinois Baptist State Association.

**CAMPER INFORMATION & MEDICAL RELEASE FORM**

Date of Camp \_\_\_\_\_

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 video-taped 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 : \_\_\_\_\_

## AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, \_\_\_\_\_, hereby authorize Illinois Baptist State Association to request the Church Mutual Insurance Company, along with appropriate police/sheriff's departments, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff's department from all liability that may result from any such disclosure made in response to this request.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Print applicant's full name: \_\_\_\_\_

Print all other names that have been used by applicant (if any):  
\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State issuing license: \_\_\_\_\_

License expiration date: \_\_\_\_\_

Name as it appears on license: \_\_\_\_\_

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Pastor/Church Recommendation

\_\_\_\_\_ is a member of \_\_\_\_\_ Baptist Church,  
(city)\_\_\_\_\_. I am recommending this worker to you to assist in a volunteer capacity in your  
children/youth camping program.

Signed \_\_\_\_\_