

# Boys Missions Camp Registration Packet

Father/Son Camp  
June 18-19, 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.

- Please make sure you send a Camper Information & Medical Release form for every boy you are registering for camp.
- Boys of all ages and men 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 up prior to that time).
- If you have any questions, please call Linda Darden (217) 391-3137.

**PURPOSE:** To give sons and their fathers an opportunity to experience missions education in an outdoor setting.

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

**DATES:** June 18-19, 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 father and son 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 father/son team.

**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.



# FATHER-SON REGISTRATION FORM

June 18-19, 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 \_\_\_\_\_

Father's name _____	Address _____
City/Zip _____	Phone _____ E-mail _____
Son's name _____	Age (if under 18) _____
Father's T-shirt size _____	Son's T-shirt size _____

Father's name _____	Address _____
City/Zip _____	Phone _____ E-mail _____
Son's name _____	Age (if under 18) _____
Father's T-shirt size _____	Son's T-shirt size _____

Father's name _____	Address _____
City/Zip _____	Phone _____ E-mail _____
Son's name _____	Age (if under 18) _____
Father's T-shirt size _____	Son's T-shirt size _____

Father's name _____	Address _____
City/Zip _____	Phone _____ E-mail _____
Son's name _____	Age (if under 18) _____
Father's T-shirt size _____	Son's T-shirt size _____

*Note: Please indicate if campers are grandfather/grandson, etc.*

*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 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 : \_\_\_\_\_