**COME BE A GOD CHASER**

**Children’s Camp**

**2015**

We are excited to announce that we will be having an **International Connections Children’s Camp** this year. God has an Exciting invitation for our children to **Come Be A God Chaser**. Dates for the Camp will be Friday, May 29 through Sunday May 31, 2015. Camp will be held at Camp Big Cedars in Wanette Oklahoma.

**AGE GROUP**

Children’s camp is designated for those who have completed the first grade through those who have completed the sixth grade. There are no provisions made either for activities or for child care for younger children; therefore, we ask that each church follow the requirements given and not bring any child who has not completed the first grade.

**COST**

The cost for camp this year is **$110.00 per camper**; this covers the cost for camp T-shirt, meals/snacks, art/activities, swimming and insurance. Camp T-shirt will be available in children sizes: Small 6-8;Medium 10-12; Large 14-16; Extra Large 18-20.

**CLOTHING**

Dress for camp will be as expected for Christian young men and woman. Nice, casual clothes such as jeans, pull over shirts, t shirts, and shorts are appropriate dress for camp. All shorts should be a modest length. Tops that bear the mid drift, short shorts, and miniskirts are not considered appropriate dress for camp. Girls should wear a modest one piece swimming suit. If girls bring two piece swimming suites, they will be ask to wear shirts over them. Boys may wear cut offs.

**ITEMS NEEDED FOR CAMP**

* Bible
* Clothes for 3 days (Play times and services)
* PJs
* Sleeping bag/Blanket
* Sheets (Twin)
* Pillow
* 2 Towels (1 for swim, 1 for showering)
* Wash cloths
* Deodorant
* Soap
* Shampoo/Conditioner
* Insect repellant
* Sun Screen
* Life Jacket (a MUST if child cannot swim)
* Flashlight (helpful but not required)

**WHAT NOT TO BRING**

***Please do not bring anything to camp that might be a distraction.***

* Cell Phones
* Any electronic devises (tablets, games, Iod, PS3.…)
* We want this to be a time for the children to receive from the Lord without any of these distractions.

**INFORMATION**

* ***Camp forms and fees are due by Sunday May 3rd***
* The Walk-a-thon to raise money for camp will be held April 25th – for more information on this see “Walk-a-thon Information Forms”

If you need any additional information about camp, please contact

Lauren Phillips (405) 585-5411 or flo.phillips\_93@yahoo.com

See you at camp,

Lauren Phillips

Family of Faith Children’s Worker

**Children’s Camp**

Camper Registration Form

Personal Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Entering: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female

Church Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Church Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children Workers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shirt Size: (Circle One)

 Small 6/8 Medium 10/12 Large 14/16 X-Large 18/20

**Can your child swim on his/her own; And to what proficiency?** (Circle One)

1: Child swims on his/her own

2: Child swims with a life jacket or assistance

3: Child does not swim on his/her own

If your child can not swim without assistance please send his/her life jacket due to they are not provided by the camp.

**Parent Permission-Release Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardians of (student’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, permit my child to participate in all the activities at Children’s Camp. This permission shall cover the time period of May 29-31 2015. I do not hold responsible any ministry, faculty or staff member representing International Christian Leadership Connections for any and all liabilities incurred while at camp.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Parent or Guardians Signature Date

**Authorization for Medical Care of a Minor**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, undersigned parent or person having legal custody or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby authorize Chris and Sheila Haney or Trevor and Amber Holt to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon, or dentist in the event I cannot be reached by phone.

In giving this consent, I recognize and understand that in situations where the above named minor requires immediate medical or hospital care, it may not be possible to contact me. I authorize the physician, surgeon, or dentist to exercise his or her professional judgment and choose the necessary treatment from the available alternative and to render such care and perform such treatment as he or she, in professional judgment, determines to be necessary for the health or safety of the above named minor.

**The above Minor is allergic to the following medication and food(s).**

Please list all allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child take daily medication?** Yes/No (Circle One)

Please list all Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All daily medications must be checked in upon arrival of camp and will be distributed by the Camp Nurse only.**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the Parent/ Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_ (Childs Name) give permission for the Camp Nurse Amanda Smith (LPN) to administer my child’s

medication as instructed by their physician while attending children’s camp.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­Signature of Parent/ Guardian having Legal Custody Date