



REGISTRATION PACKET

JULY 23-27, 2017
PALACIOS, TX

Faith Family Church PO Box 4528 Victoria, TX 77903
Phone: 361-573-2484 ext. 37 Fax: 361-572-4602 Web: myff.com

Hey Parents and Teens!

Summer is right around the corner and we are so excited about introducing to you Ignite 2017, the awesome summer experience for the teens of FFC! This year we are celebrating our **11th** year of hosting our own camp and we are believing God for our most powerful and fruitful year of camp yet!

We're loading up the buses and heading to the beautiful Texas Baptist Encampment located in Palacios, TX, for 5 days of incredible worship and fun. You are sure to have a blast with your friends and experience God in a fresh way. We are looking forward to hanging out with you!

Important Information: Please review!

Camp Dates: July 23rd- 27th (Sun-Thurs)

- **Early Bird Registration \$210 (paid in full by Sunday 5/1)**
- **Regular Registration \$220 (paid in full 5/2 – 7/1)**
- **Late Registration \$250 (paid in full 7/2-7/16)**

Frequently Asked Questions (FAQ's)

- 1. What does the cost include?**
 - 5 Days at TBE
 - 4 nights lodging
 - 11 home cooked meals (the food is great! Buffet Style)
 - Travel / Fuel Expenses
 - Camp T-Shirt
 - Discipleship Manual
- 2. What does the cost not include?**
 - 1 Traveling Meals (fast-food)
 - Concessions
- 3. Will there be plenty of adult supervision?**
 - Absolutely. We will have an adult-camper ratio of 1:10.
- 4. Will there be lifeguards on duty?**
 - Yes. The Texas Baptist Encampment will provide trained and licensed lifeguards for all water activities. All campers must wear life jackets during water activities regardless of swimming ability in accordance with camp guidelines.
- 5. Will a nurse be available to administer medication to my child?**
 - Yes. A licensed nurse will be on site to administer all medication and treat any injury / illness your child might incur..

Spaces are limited so reserve your spot today. For more information, please contact us at jdelagarza@myffc.com

Ignited by God...

Pastor of Student Ministries

Jake Kabelo

IGNITE TRAVEL TIPS

WHAT TO BRING:

1. Linens (twin size bunk)
2. Towels
3. Toiletries (Deodorant Please!)
4. Swimsuit (please no revealing swim suits, no speedos)
5. Comfortable Clothing for 5 days
6. Tennis Shoes (for recreational time)
7. Bible
8. Notebook
9. Pen
10. Money for 1 (traveling, meals, and concessions)

WHAT NOT TO BRING:

1. Skateboards
2. Revealing Swimsuits / Clothing.
3. A Bad Attitude
4. Video Games
5. iPods / MP3 players
6. Firecrackers
7. Portable DVD Player
8. Laptop Computer

TRAVEL TIMES:

Depart: Sunday, July 23rd – 1pm from Main Campus of Faith Family Church

- Check in will be in the Connection Center 10:00am (we will leave at 12:15pm).

Return: Thursday, July 27rd – 1PM

Texas Baptist Encampment Guidelines

1. Honor and respect God, the staff, each other, and the facilities here at the TBE.
2. Do not be alone with a member of the opposite sex at any time or you will be sent back home.
3. Be on time for all scheduled events.
4. Do not leave the dorm after curfew is called.
5. All medications are to be listed on the Registration/Medical Release form and taken to the Health Center and registered with the LTCRC medical staff. All medications must be in the original bottle and/or container. Medications will be administered as per RX label instructions and dosage, unless written, signed, and dated parental instructions state otherwise. Students are not to share any medications, including over-the-counter drugs.
6. Students who are ill or injured must be either in the TBE camp office, medical clinic, or hospital. In the event of illness or injury, students will not be permitted to remain in their dorm rooms.
7. Prank supplies are not allowed (i.e. shaving cream, body paint, water balloons, water guns/blasters). There are no exceptions.
8. Adult supervision is required at the lake. At no time is a student to go to the lake without adult supervision. Lifejackets are required for lakefront activities, regardless of a person's age or water safety ability.
9. Drugs, alcohol, any form of tobacco, firearms, knives, or any other kind of weapon, fireworks, rollerblades or skateboards are NOT allowed.
10. Clothing should reflect a godly attitude, and not divert the attention of those around you from their focus on God's word and His purpose in their lives.
11. No fighting is allowed.
12. All snack items must be stored in sealable containers to prevent ants and other insects in the dorms and meeting rooms. Texas Department of Health Regulations prohibits cooking in dorms or meeting rooms (no hot plates, electric skillets, etc.)
13. Students and/or church group leadership will be held financially responsible for any property damages that occur during their stay at Texas Baptist Encampment. Students should refrain from writing on dormitory beds and/or walls. Please do not use duct tape to affix signs to doors or walls.
14. Take a shower every day!
15. HAVE FUN AND ENJOY THE GREATEST WEEK EVER!!!

Release Form for Faith Family Church

This form is REQUIRED!

Step 1: Health Insurance

Check following 4 boxes and attach copy of ins. card to back of form.

- _____
Policy Holder's Name
- _____
Insurance Company
- _____
Policy #
- (_____) _____
Insurance Company Phone Number

**ATTACH
COPY OF
INSURANCE
CARD**

Participant's Name (last, first) _____

T-Shirt Size (please circle)

S M L XL XXL

For office use only:

Date: _____

Rep: _____

Status: _____

Step 2: Emergency Contact Information

Fill out at least 2 different contacts.

In case of emergency where parents cannot be reached, contact:

Name _____ Relationship to Applicant: _____ Phone # (_____) _____

Address _____ Work Phone # (_____) _____

City _____ State or Province _____ Zip _____ Cell (_____) _____

Mother/Guardian's Information:

Name _____ Phone # _____

(_____) _____

Address _____ Work Phone # (_____) _____

City _____ State or Province _____ Zip _____ Cell (_____) _____

Father/Guardian's Information (if different):

Name _____ Phone # (_____) _____

Address _____ Work Phone # (_____) _____

City _____ State or Province _____ Zip _____ Cell (_____) _____

Step 3: Medical Checklist/Questions

If any box is checked below, a Medical Release Form [pg.4] is required

Medical Checklist

Please check if the participant has any of the following:

Asthma or Chronic wheezing	Mental Health Counseling	
Any other respiratory problems	treatment/depression	
Cysts or Tumors of any kind	Fainting spells	
Chronic or persistent cough	Convulsions, epilepsy or seizures	
Skin disorder other than acne	Parkinson's disease	
Attempted suicide	Anemia or any other blood disorder	
Intentionally inflicted harm on oneself	Serious bodily injury	
Diabetes or Hypoglycemia (low blood sugar)	Thyroid ailment	
Circulatory trouble	Severe allergic reactions	
Hearing or Vision Impairment	AIDS virus or HIV	
Kidney Problems	High or Low Metabo	
Tuberculosis	Gall bladder stones or colic	
Rheumatism, Arthritis, Painful swollen joints	Prostate problems	
Severe Knee Problems	Venereal disease	
Intestinal or bowel problems	Breast or menstrual disorder	
Cancer	High blood pressure/any cardiac problems	
Persistent, recurring indigestion, stomach or duodenal ulcers	Eating disorder	
	Any other disease or disability not listed above	

Medical Questions

Prescription Medication? yes/no

What medication: _____

Dosage: _____

Non-Prescription Medication? yes/no

What medication: _____

Dosage: _____

Allergic to any foods/med? yes/no

What foods/meds: _____

Treatment/Counseling for Chemical or Alcohol abuse yes/no

When: _____

Where: _____

Under physician's care for illness yes/no

Explain: _____

Last date of physical exam? ____/____/____

Are you a vegetarian? yes/no

How long: _____

.....
Turn this form in.
.....

Step 4: Release, Hold Harmless, Consent, Agreements

Medical and Travel Release, Hold Harmless Agreement: *(If you are under 18, a parent/guardian must complete the following)*

On behalf of myself/my child, I further authorize Faith Family Church to:

- Release any and all other medical information or records to any party deemed necessary by Faith Family Church, its agents, servants, employees;
- Assign for the providing of medical treatment to my child or to members of the missionary group;
- To insure proper placement of my child in such group.

I hereby release and agree to indemnify Faith Family Church, its agents, servants, employees and assigns for any and all damages, liability or costs resulting from the authorizing of medical treatment on my/my child's behalf under the terms of this consent. I further hold Faith Family Church harmless from any and all costs, damages or expenses incurred by Faith Family Church as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided.

I am aware that serious injury may occur on a summer camp trip and that such injury may result in myself/my child incurring costs, expenses, and damages for which I am solely responsible including, but not limited to, return of myself/my child by air ambulance or other extraordinary means. On behalf of myself and my heirs (and participant, if participant is under 18), I personally assume all such risks, whether foreseen or unforeseen by myself or Faith Family Church.

I hereby release and hold harmless Faith Family Church, its officers, employees, agents, and representative/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my/my child's participation in this trip. I understand that this release and indemnification releases liability for the conduct of Faith Family Church and its agents, servants, employees or assigns.

I also give Faith Family Church the right to use my/my child's picture, voice and/or testimony in any form of promotional or advertising materials.

Consent for Medical Treatment.

• Participant wishes to be a member of a Faith Family Church summer camp trip. Certain circumstances may occur resulting in Participant's need for medical/dental care and treatment, and further resulting in Participant's or (in the case that Participant is a minor) Participant's Parent's or Legal Guardian's inability to personally give consent for such care and treatment. In consideration of permission from Faith Family Church for Participant to participate in said trip, Participant or (in the case that Participant is a minor) Participant's Parent or Legal Guardian authorizes Faith Family Church, or any designated agent of Faith Family Church or medical facility to act on Participant's behalf should Participant be unable to do so and to consent to all medical/dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery or other procedures which Faith Family Church deems necessary for Participant's medical well-being for the duration of the trip. This consent is given in advance of any specific diagnostic tests, treatment, surgery or medications, and is given to provide authorization and specific consent for medical/dental treatment and care on Participant's behalf. Any consent by Faith Family Church shall have the same force and effect as if Participant had personally given the consent.

• I certify I have personal health insurance, which will provide coverage for participant during the duration of said trip. I understand that Faith Family Church provides no health insurance plan.

Accountability Agreement

The rules and regulations of Faith Family Church are specifically designed to ensure the safety and well-being of each camper and to maintain the high degree of Christian integrity. These rules and regulations are enforced by Faith Family Church staff, which includes Youth Pastors, Team Leaders and Assistant Team Leaders. Enforcement shall occur in a manner which **Faith Family Church staff** feels is in accordance with Christian principles and the stated purpose of the camp. We expect full cooperation from members and parents in disciplinary decisions made. **The discipline committee reserves the right to send home any camper that shows disregard for the stated rules and regulations. The team member and/or their family are responsible for any cost involved in sending the team member home. I have read the rules, regulations and the disciplinary measures and agree to abide by them.**

.....
Turn this form in.
.....

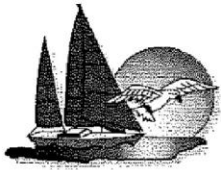
Behavioral Agreement

By participating in a Faith Family Church summer camp trip, I understand I am expected to follow the stated rules as well as carry myself according to Christian principles including:

- **Honor** – I will be honorable through thoughts, actions and speech daily.
- **Faith** – I commit to listen to and obey God’s Word, knowing that when I do so, His power will be made manifest in my life and in the lives of others.
- **Relationships** – I commit to love and esteem others higher than myself, understanding that my leaders, and fellow campers.

My/our enclosed signature signifies my/our approval of all limitations listed above as well as my/our agreement with the *Accountability and Behavioral Agreement*. I/we have read and understand the above information. My/our signature represents that all information on these forms is true and correct to the best of my/our information.

_____	_____	_____/_____/_____
Father’s signature (if applicant under 18)	Mother’s signature (if applicant under 18)	Date
_____	_____	_____/_____/_____
Guardian’s signature (if applicant under 18)		Signature Date
_____	_____	_____/_____/_____
Student’s signature		Participant’s signature Date



Texas Baptist Encampment

HEALTH CARD / CAMPER REGISTRATION FORM

CAMPER INFORMATION

This information is for a (please circle only one):			Child / Youth (under 18)	Adult (18 & over)
First name:	Last name:	Full address w/ city & zip code:		
Age:	Date of birth:	Church name & city:		
Parent / Guardian name:	Relationship to camper:	Full address (if different):		
Parent's Home Phone(s):	Parent's Work Phone(s):	Parent's Cell Phone(s):		

MEDICAL HISTORY

Circle any and all conditions that this camper / adult currently has or has had in the past and then explain specifically:
 Diabetes Heart Asthma Seizures Hypertension Bleeding Disorder Broken Bones Thyroid Kidney Epilepsy Other

*Allergies:

IMPORTANT! - Please check your child for head lice at this time and, especially, prior to departure for the camp.

IMMUNIZATION RECORDS (List here or attach shot record. This section not required for adult Shepherds.)

***VERY IMPORTANT!** – Texas state law requires that certain information be disclosed. Your cooperation as leaders and parents will aid in that. This form **must have allergy and current immunization** information listed with exact dates for anyone under 18. This may be an inconvenience but state law **requires guests to be sent home immediately** that do not give complete information.

Immunizations:	DPT / DT	Polio	MMR	TB	Other:
Exact Date:	_____	_____	_____	_____	_____

(Only if applicable) I have chosen to not have my child immunized: (Signature) _____

MEDICATIONS

List only current medications sent with camper:	Specific instructions on taking each medication, i.e. how much, how often, certain times, etc...
1.	
2.	
3.	

** Texas law requires that all prescription medications (meds) for children & youth be stored & dispensed only by the Camp Health Officer (CHO). For a further step of safety, TBE recommends that all youth & adult meds, prescription & non-prescription, be stored & dispensed only by the CHO. This recommendation will be at the discretion of the group leader and the CHO. Prescription meds shall be sent in the original container with prescription label and gathered in a clear ziploc-type bag with camper name & church clearly marked. Upon camper arrival, the CHO shall place meds and related paraphernalia in a lockable storage area not accessible to campers. Meds shall be administered only by the CHO, unless otherwise allowed. At no time shall a child or youth be allowed to carry or self-administer meds without adult supervision, except in the case of immediate-use meds needed for life-threatening conditions (i.e. bee-sting meds, inhaler, etc...) and limited medications approved for use in first-aid kits. In each of these cases, the camp shall have on file a written statement of medical necessity from the prescribing doctor or the written approval of the Camp Health Officer for any camper to carry medication and related paraphernalia or devices.

EMERGENCY AUTHORIZATION

Parent or Guardian:	Insurance company, name of insured, & policy number:		
Daytime phone: () -	Evening phone: () -	Doctor's name:	Office phone: () -
Other contacts:	Cell phone: () -	Dentist's name:	Office phone: () -

I understand that any youth or adult with a high fever will be sent home. I hereby authorize the camp health officer to administer medication to this child. If a medical emergency should arise while the above youth or adult is in attendance at TBE, I hereby authorize the camp health officer or camp director to provide care &/or transport them to a medical facility. I further authorize the medical facility to administer necessary care upon arrival. I do understand that camper insurance at TBE is secondary to personal insurance which should be used for any claims occurring at TBE.

Signature of parent/guardian or adult camper: _____ Print name: _____ Date: _____