

Camp Registration Form

Western Baptist Association Children's Camp

July 8-11, 2024 (Registration Deadline is Wednesday, June 26)

- limited to the first 60 boys & 60 girls -

For Children age 9-12 at Rockridge Baptist Assembly, Franklin, Ga.

One Form Per Camper (PLEASE PRINT)

Name _____ Age _____ Boy (___) Girl (___) * 9 on July 19, 2024

Address _____
(Street or P.O. Box) (City) (State) (Zip Code)

Parent's (or legal guardian) Phone (Cell phone is preferred) _____

Parent Email _____

Church Name & Phone # _____

(VERY IMPORTANT) T-shirt size: (child) S M L XL 2XL OR (adult) S M L XL 2XL (circle one)

Is Camper allowed to sleep on top bunk? ___ yes ___ no

How well does your Camper swim? ___ can't swim. ___ beginner ___ advanced

CAMP ROCKRIDGE has VERY hilly terrain. All campers MUST be in very good physical condition and be able to take part in ALL activities. There is a LOW ROPES COURSE, lots of walking, hiking up the mountain, and other strenuous activity. SPECIAL DIET: Rockridge provides high quality camp food for meals. If your child, however, requires a special Diet (Gluten-free, no nuts, etc.), you must bring enough food (labeled with name) for them, for the week. You will be asked to sign the Rockridge Camper Release form (green) in order for your camper to attend.

Is there anything else we need to know about your camper? _____

REQUIRED Photo/Video Approval for each camper: "We agree to allow our child to be photographed / videoed during the WBA Children's Camp at Rockridge, but only for exclusive use for WBA Children's Camp and official Western Baptist Association publication purposes."

Parent's (legal guardian) Signature _____ Witness _____

Date: ____/____/2024

COST is \$250.00 per camper (\$25 is due with this filled-out registration form) Credit/ Debit Card payments COST is \$260.00 (only taken at the WBA office and amount must be paid in full if paying with credit/debit card)

Make check to: Western Baptist Association For: 2024 Children's Camp

- 1) Print and fill out forms completely
- 2) Take forms and \$25.00 to your WBA church secretary., or
- 3) Bring or Send \$25.00 registration fee with filled-out forms to:

(Office)
Western Baptist Association
18 Jefferson Place (behind Pizza Hut)
Newnan, GA 30263

(Mailing Address)
Western Baptist Association
P.O. Box 71100
Newnan, GA 30271

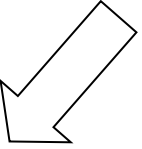
Balance of \$225.00 is due no later than June 26, 2024

**YOU MUST make arrangements to bring your child to ROCKRIDGE.
CHECK-IN is at the CAMP on Monday, July 8 from 9:00 (not before) to 10:00 AM.**

WHAT TO BRING (check list)



- Bible (put your name in the front! AND a pen or pencil
 - Sleeping bag or sheet and blanket (Bunks are twin-size)
 - Pillow and pillow case
 - Flashlight (with fresh batteries!)
 - Inexpensive RE-USEABLE water bottle
 - Toiletries (i.e. toothbrush, toothpaste, soap, towels, washcloth, deo, etc.)
DON'T forget to bring an extra towel for swimming, too!)
 - Short pants and shirts (at least 3 sets of clothes)
(BUT NO short shorts! or t-shirts with inappropriate pictures or words!)
 - Sports shoes (you will need these to HIKE and walk around in the woods, ball field, trails, etc.)
 - Flip flops (you will need these for the pool and showers)
 - Long pants and shirts (1 set)
 - Extra socks and underwear AND Sleepwear (pajamas)
 - Swimming suit (one-piece only- **NO 2-piece swim suits!**)
 - Big T-Shirt to wear over swimsuit when walking to/from pool
 - Stationery and stamps (optional) Rockridge has postcards that the kids can buy and send home to you.
 - Bug Spray (ouch!)
 - Sunscreen (optional) AND ___ Sunglasses (optional. Cheap ones, in case you lose them)
 - A hat (optional) AND
 - Cheap, small umbrella in case it pours down rain. (Start praying now for good weather!)
 - EXTRA Spending money in a small, clear plastic bag with your child's name & \$\$\$ amount on it.
- This will be kept in the CAMP BANK for safe keeping. REMEMBER: The SNACK SHACK is open twice daily.



FISHING CONTEST! Prizes for longest, heaviest, and smallest fish caught! So be sure to bring your own

- Fishing rod and tackle box. REAL Worms will be provided.

WE WILL ALSO have a TALENT Show this year, so bring whatever you need to show your talent!!!

*BE SURE TO

LABEL ALL CLOTHES, TOWELS, PERSONAL ITEMS, etc. with camper's full name.

Make sure all medicines are in original containers with clear dosage info. Put these medicine containers in a clear plastic zip-lock bag with child's full name in **PRINTED** in black on the bag.

DO NOT BRING TO CAMP (Don't even think about it!)

- Cell phones or Electronic devices of any kind.
- Knives (all sizes), hatchets, axes, guns
- Food (including gum and candy)
- Fireworks of any kind, or anything that makes loud noise.



WBA Children's Camp at Rockridge Baptist Assembly

**BRING YOUR CAMPER to CAMP ROCKRIDGE on
Monday, July 8!**

Check-in is at the CAMP from 9:00 (please not earlier) - 10:00am

**New!!! PICK UP YOUR CAMPER AT CAMP!
on Thursday evening, July 11!**

**Begins at 7:00 PM- Car line pick up- Drive up stay in your car and we
will bring your camper(s) out to you!**

ALL CAMPER(s) & THEIR STUFF must be picked up after the program in DANIEL HALL.

Please note!

Campers are NOT ALLOWED to have cell phones during camp!

**In case of emergency, call
Director at**

PLEASE WRITE to YOUR CAMPER!

We have "mail call" each day and it is exciting to get a postcard or letter from home. Please send your mail early enough, so your camper can receive it during camp. All post received after camp is over will not be delivered. The

camp's address:
**Camp Rockridge
13200 Hwy. 100
Franklin, GA 30217**

**Please pray for a great camp: the kids, the counselors, the directors and staff...and parents.
In Christ,**

**Please remember that we must have the full payment of \$250.00 by the June 26,2024
deadline.**

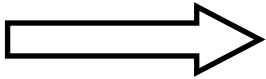
And since we already have your \$25.00 registration fee, please mail, send or bring the remaining \$225.00 to the
Western Baptist Association, P. O. Box 71100, Newnan, GA 30271 by June 26,2024

Please make checks out to: **Western Baptist Association (or WBA) for 2024 WBA Kids Camp.**
NO refunds will be made after June 26,2024. Failure to pay all fees by June 26,2024 will result in the loss of
registration fee and your camper's reserved space.

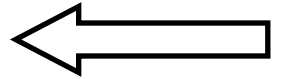
**The WESTERN BAPTIST ASSOCIATION office is located at:
18 JEFFERSON PLACE (off Bullsboro Drive behind Pizza Hut) in NEWNAN
Tel. 770-253-2118**

(If office is closed, please use the drop box on building near front door)

Medicine check list



Please check ALL the ones that they can have.



Name: _____

Parents name: _____

Parent phone number: _____

Emergency Phone number: _____

=====Office use=====

Cabin name _____

- | | |
|--|---|
| <input type="checkbox"/> Neosporin | <input type="checkbox"/> Children's Tylenol |
| <input type="checkbox"/> Swimmers ear | <input type="checkbox"/> Adult Tylenol |
| <input type="checkbox"/> Peroxide | <input type="checkbox"/> Benadryl |
| <input type="checkbox"/> Tums | <input type="checkbox"/> Children's Allergy |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Bee Sting |
| <input type="checkbox"/> Pepto | <input type="checkbox"/> Cortisone |
| <input type="checkbox"/> Children's Ibuprofen | <input type="checkbox"/> Poison Ivy ointment |
| <input type="checkbox"/> Adult Ibuprofen | |

Please bring this form with you to Rockridge and turn it into the Nurse.

ROCKRIDGE BAPTIST ASSEMBLY (FRANKLIN, GA.)

Authorization for treatment of a minor

I/(We), the undersigned, parent(s) of _____, a minor, do consent on his/her behalf to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable by, and is to be rendered under the general or specific supervision of, any physician and surgeon licensed by the State Board of Medical Examiners on the medical staff of Tanner Medical Center whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis or hospital care being required, but is given to provide specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable in the event of an emergency.

It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization shall remain in effect while this child is in attendance at camp, at the Rockridge Baptist Assembly, Franklin, Ga.

INSTRUCTIONS: (Please Print) Fill out one form per child. Rockridge is unable to accept any child without a completed medical treatment authorization. **Please have a friend or neighbor witness your signature.** A spouse cannot witness another spouse's signature.

LIST ANY RESTRICTIONS _____

CHILD'S NAME _____ PHONE(____) _____

ADDRESS _____

BIRTHDATE _____ SEX _____ LAST TETANUS/TOXOID BOOSTER _____

ALLERGIES TO DRUGS, FOODS, OR INSECTS _____

ANY SPECIAL MEDICATIONS OR PERTINENT MEDICAL HISTORY OR MEDICAL PROBLEMS _____

CHILD'S DOCTORS NAME _____ PHONE _____

PARENT OR LEGAL GUARDIAN _____

TELEPHONES WHERE PARENTS MAY BE REACHED

FATHER'S NAME _____ BUSINESS(____) _____ HOME(____) _____

MOTHER'S NAME _____ BUSINESS(____) _____ HOME(____) _____

FAMILY PHYSICIAN _____ PHONE(____) _____

AUTHORIZATION (Only one parent or guardian's signature is needed)

FATHER'S SIGNATURE _____ WITNESS _____

MOTHER'S SIGNATURE _____ WITNESS _____

LEGAL GUARDIAN _____ WITNESS _____

(VERY IMPORTANT!!) Any medication must be in the original pharmacy container with child's name, name of medication AND dosage. If more than one medication, each must be in own individual bottle. Place ALL containers for each child in a clear zip-lock plastic page with child's name printed (marker) on outside of bag.

CAMP ROCKRIDGE

It's My Favorite Place!

2024 RELEASE FORM

CHURCH INFORMATION:

DATE: _____ NAME OF CHURCH: _____
GROUP LEADER: _____ GROUP LEADER'S CELL#: (____) _____
CHURCH ADDRESS: _____ CITY: _____ STATE: _____
ZIP: _____

CAMPER'S INFORMATION:

NAME _____ AGE _____
DATE OF BIRTH: ____/____/____ GRADE COMPLETED (CAMPER'S ONLY): _____
ADDRESS: _____ CITY: _____ STATE: _____
ZIP: _____

IN CASE OF AN EMERGENCY NOTIFY: _____
RELATIONSHIP TO CAMPER: _____
PHONE NUMBERS: HOME: (____) _____ WORK: (____) _____
MOBILE: (____) _____ OTHER: (____) _____

PERMISSION, ACKNOWLEDGEMENTS, RELEASE, INDEMNITY

I THE UNDERSIGNED, IF CAMPER IS A MINOR, I THE UNDERSIGNED PARENT/GUARDIAN
HEREBY:

A. PERMISSION FOR MEDICAL TREATMENT: GRANT MY PERMISSION FOR ANY CAMP STAFFER, CHURCH STAFFER OR COUNSELOR, DIRECTOR, OR ADULT PRESENT IN CHARGE OF FIRST AID, TO OBTAIN NECESSARY MEDICAL ATTENTION IN CASE OF SICKNESS OR INJURY TO CAMPER, INCLUDING TRANSPORTING CAMPER TO A MEDICAL FACILITY AND SHARING THE ABOVE INFORMATION WITH THE MEDICAL PERSONNEL, AND FURTHER HEREBY GIVE PERMISSION FOR MEDICAL PERSONNEL TO ADMINISTER MEDICAL CARE TO CAMPER, AS NECESSARY.

B. ACTIVITIES ACKNOWLEDGMENT AND PERMISSION: I ACKNOWLEDGE AND GIVE PERMISSION FOR CAMPER TO BE INVOLVED IN 1) ACTIVITIES INCLUDING BUT NOT LIMITED TO ARCHERY, ARCHERY TAG, KAYAKING, LOW ROPES, TEAM SWING, BOATING, CANOEING, SWIMMING, AND HAYRIDES 2) THE CAMPER ASSUMES ALL THE RISKS INVOLVED IN THE AFOREMENTIONED ACTIVITIES, 3) IT IS THE SOLE RESPONSIBILITY OF EACH PERSON WHO PARTICIPATES IN SAID ACTIVITIES UNDER THE SUPERVISION OF A CAMP STAFFER, COUNSELOR, AND/OR OTHER ADULT(S) BY PARTICIPATING IN THE ACTIVITY, THE CAMPER ACKNOWLEDGES HE OR SHE UNDERSTANDS THE RULES AND GUIDELINES AND WILL COMPLY WITH ALL THE RULES AND REGULATIONS.

C. PHOTOGRAPH/VIDEO ACKNOWLEDGMENT AND PERMISSION: ACKNOWLEDGING THAT THERE MAY BE PHOTOGRAPHS TAKEN OR VIDEOTAPING DURING NORMAL PROJECT OR EVENT ACTIVITIES AND THESE PHOTOS/VIDEOS MAY BE USED IN PROMOTIONAL MATERIALS.

D. RELEASE AND INDEMNIFY: ACKNOWLEDGE AND AGREE THAT I RELEASE AND FOREVER HOLD HARMLESS ROCKRIDGE BAPTIST ASSEMBLY (A/K/A CAMP ROCKRIDGE), THE VENUE, CHURCH, EVENT SPONSORS AS WELL AS THEIR MEMBERS, TRUSTEES, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND AFFILIATES (COLLECTIVELY, THE "RELEASED PARTIES") FROM ANY AND ALL CLAIMS OR DEMANDS FOR PERSONAL INJURY, SICKNESS, VIRUS (COVID-19) AND DEATH, AS WELL AS PROPERTY DAMAGE AND EXPENSES, OF ANY NATURE WHATSOEVER, INCURRED BY ME OR MY MINOR CHILD WHILE PARTICIPATING IN THE EVENTS AND/OR WHILE ON CAMP PROPERTY. I FURTHER ASSUME FULL PERSONAL RESPONSIBILITY FOR ANY LOSS OF OR DAMAGE TO PROPERTY TO THE EXTENT CAUSED BY ME OR MY MINOR CHILD. I ALSO ASSUME FULL PERSONAL RESPONSIBILITY FOR ALL MEDICAL BILLS FOR ME OR MY MINOR CHILD. I AGREE TO INDEMNIFY THE RELEASED PARTIES FROM ANY AND ALL CLAIMS AND DEMANDS FOR PERSONAL INJURY OR DEATH AS WELL AS PROPERTY DAMAGE AND EXPENSES OF ANY NATURE WHATSOEVER ARISING OUT OF THE WILLFUL OR NEGLIGENT ACTIONS OF ME OR MY MINOR CHILD.

E. UNDERSTANDING: REPRESENT AND ACKNOWLEDGE THAT (1) I HAVE COMPLETELY READ AND UNDERSTAND THIS DOCUMENT AND ALL ITS TERMS AND ALL MATTERS REFERRED TO HEREIN, AND MY SIGNATURE BELOW IS MY VOLUNTARY, FREE ACT AND DEED, (2) I HAVE HAD AMPLE OPPORTUNITY TO OBTAIN THE ADVICE OF COUNSEL, (3) BY SIGNING THIS DOCUMENT, I UNDERSTAND THAT I AM RELINQUISHING LEGAL RIGHTS AND REMEDIES THAT MAY HAVE OTHERWISE BEEN AVAILABLE TO ME, (4) I UNDERSTAND THAT THE ABOVE RELEASES SHALL BE CONSTRUED AS BROADLY AND INCLUSIVELY AS IS PERMITTED BY APPLICABLE LAW AND AGREE THAT IF ANY PORTION OF THIS DOCUMENT IS HELD INVALID, THE REMAINING SHALL CONTINUE IN FULL FORCE AND EFFECT, (5) TO THE EXTENT ANY RESTRICTION ON FILING LAWSUITS IS DEEMED UNLAWFUL, I AGREE TO SUBMIT ANY CLAIMS TO CHRISTIAN CONCILIATION/MEDIATION ORGANIZATION FOR BINDING RESOLUTION, AND (6) A COPY OF THIS FORM AS SIGNED SHALL BE TREATED AS AUTHENTIC AND BINDING AS THE ORIGINAL.

COMPLETE AND SIGN BELOW

(CAMPER'S WHO ARE MINORS PER STATE LAWS REQUIRE PARENT/LEGAL GUARDIAN SIGNATURE)

CAMPER'S SIGNATURE: _____ DATE: ___/___/___

PARENT/GUARDIAN SIGNATURE: _____

PHONE: (____) _____ DATE: ___/___/___

WITNESS: _____,

RELATIONSHIP TO CAMPER/GUARDIAN _____

PRINT NAME: _____