



# Community of Christ

## 2024 JUNIOR HIGH CAMP REGISTRATION FORM

Brush Creek USA Mission Center

**REGISTRATION FOR ALL YOUTH CAMPS WILL START AT 3:30 P.M. AND END AT 5:00 P.M. ON THE FIRST DAY!**

### Junior High Camp

**July 6 - 12, 2024 (Saturday – Friday)**

(Grades - going into 7,8 & 9)

(Suggested ages 12 -14)

**Early Registration Fee \$120.00 (post marked by 6/1/2024)**

**Late Registration Fee \$140.00**

**Directors – Rhiannon & Bobby Bridgeman**

614 North 1<sup>st</sup> Street Fairfield, Illinois 62837

Phone: (618) 599-7471 or (618) 264-6316

Email: [bridgemanfamily5@gmail.com](mailto:bridgemanfamily5@gmail.com)

**IMPORTANT: PLEASE MAIL THE COMPLETED REGISTRATION FORMS TO THE DIRECTOR  
AT LEAST 2 WEEKS PRIOR TO THE BEGINNING OF CAMP**

**DO NOT SEND FEES WITH REGISTRATION FORM**  
Fees will be paid upon arrival at camp.

**You may reach your child while at camp by calling the campground dining hall: (618) 835-2277**

**CAMPS CLOSE FOR ALL CAMPS ON THE FINAL DAY AT 11:00 A.M.**

### Registration Instructions:

#### **PLEASE COMPLETE THE FOLLOWING CHECKLIST:**

- Read *Important Information* portion (page 2).
- Make sure to FILL OUT SHIRT SIZE: portion of the form. Please make clear whether it will be a youth or adult size.
- **Mail pages 3 and 4 to the Camp Director along with a copy of their insurance card, and any other relevant information prior to camp.** Keep the other pages for contact info and instructions.
- If a congregation is helping to pay your fees, please notify the Pastor of your child's intent to attend this youth camp.
- Make sure the consent form is completed and signed.
- Mark your calendar for the date your child will be attending youth camp.
- Prepare for camp and check with the director for any other questions or important information.

**FEES:** When preparing to pay fees on registration day, make checks payable to: Community of Christ and include the registrant's name on the memo line of the check.

## WELCOME TO THE 2024 BRUSH CREEK CAMPGROUNDS JUNIOR HIGH CAMP



### IMPORTANT INFORMATION:

It is the desire of the Youth Camping Program for all campers to attend the entire camp. If you are **unable to attend the majority of camp** according to the start and end dates, **you must make arrangements prior to the start of the camp with the director.**

**VISITOR POLICY** - Individuals, Parents, or Friends who are unable to register for camp, should not take the liberty to visit the camp unannounced. **If you want to make a visit, you must make prior arrangements with the director.**

**WHAT TO BRING:** Each camper should bring bedding materials, clothes, bath towels, shampoo, soap, and etc. to live at the campgrounds for the specified number of days of the camp. All campers should bring old clothing for certain activities. We suggest that campers bring their scriptures, writing materials, and musical instruments suitable for worship activities (guitar, flute, etc), baseball glove, fishing equipment, and other items if they want to participate in those activities.

All items should be identified with the camper's name.

**WHAT NOT TO BRING:** Food, candy, iPads, computers, video games, and similar devices are not allowed at church camp. They will be confiscated and given back at the end of the camp. Valuables such as jewelry and large amounts of money should not be brought to camp.



Brush Creek youth camps are a **Drug Free Environment.** Only prescribed medical prescriptions for the camper are allowed. Upon arrival, the medicine will be given to the camp nurse for proper administration.

**CANTEEN (snacks):** Plan on bringing \$3 - \$8 per day for canteen breaks as desired by camper and parent.

**DRESS CODE:** Wear modest clothing, keeping in mind the spiritual nature of the camp. It is required that all campers wear footwear everywhere on the grounds.

**The following clothing choices are considered unacceptable and campers may be asked to change clothing if deemed inappropriate:**

- Clothing promoting consumption of alcohol, tobacco and illegal drugs
- Clothing that explicitly or implicitly promotes racism, sexism or hatred of any group or person
- Wearing sports bras without cover-ups, wearing 3/4 length or cutoff t-shirts, or wearing shorts shorter than fingertip length (arms at sides)
- All tops must have straps on both shoulders and should be waist-length
- Bikinis or brief "Speedo" type swimming suits are considered unacceptable.....

**Swim Suit Policy:** Please bring modest swimming attire consistent with a church sponsored activity. Ladies are asked to wear a modest one-piece bathing suit or if you do not have such a bathing suit a T-Shirt must be worn over your bathing suit.

**CELL PHONES AND iPods:** may be used at designated times at the discretion of the director. **Campers accept all responsibility for the damage or loss of their own possessions. Neither camp personnel nor the sponsoring organization will be responsible for lost or stolen items.**

**2024 Liability Release and Activity Participation Consent:**

The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur.

In consideration for being accepted by the Brush Creek USA Mission Center of the Community of Christ, for participation in this event, we (I) being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant, if said child is not 21 years of age or older) hereby release, forever discharge and agree to hold harmless the aforementioned Mission Center and the Community of Christ and the directors thereof from any and all liability, claims, or demands based upon ordinary negligence for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

I/We specifically consent to \_\_\_\_\_ (child's name) participation in activities offered by the Brush Creek USA Mission Center, including but not limited to camping, boating, swimming, hiking, and sporting events. I have deleted any items from the preceding list to which I do not give consent for participation.

I/We certify that \_\_\_\_\_ (child's name) has the necessary skills to participate in any of the approved activities (e.g. if boating is approved, the child can swim).

I/We specifically do **not** want \_\_\_\_\_ (child's name) to participate in the following activities: (if none, please indicate)

**2024 Photo & Video Release:**

In consideration of the right of the registrant to participate in this activity, I hereby give consent to and authorize the taking of photographs or video tape in which the registrant may appear. I hereby waive all right of privacy in and to any said pictures or video, , and authorize their use for any and all official resource, use or purpose, including but not limited to print, film, or electronic media and reproduction or digital representation on the internet/world wide web.

**Please sign and date below to approve the above release and consent:**

**Date: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_**

**\*\*\*MAIL THIS COMPLETED PAGE TO THE DIRECTOR PRIOR TO CAMP\*\*\***

Office use only

Payment: Sponsor=\$\_\_\_\_\_, Camper=\$\_\_\_\_\_, Check #:\_\_\_\_\_/ CASH

**GENERAL INFORMATION FOR JUNIOR HIGH CAMP 2024**

Camper's Name:					
Age:	Birth date:	<b>Shirt Size:</b>		Gender- circle M F	
Grade Going into in Fall:			Phone Number:		
Address:					
City:			State:		Zip
Email:				Have you attended a BCMC camp in the past?	
Church/Congregation:				Y N	
Sponsoring Congregation (If applicable):					
Name of Parent/Legal Guardian					
Work Phone		Home		Cell	

Person(s) allowed to pick up your child from camp: \_\_\_\_\_

**WHO TO CONTACT IN CASE OF AN EMERGENCY**

Name		Relationship		Phone	
Address				Cell #	
City		State		Zip	

**2024 Medical Treatment Consent**

I, the undersigned, being the parent, legal next of kin, or guardian of \_\_\_\_\_ hereby authorize any necessary medical treatment for this person (Physician, EMT, hospital, camp nurse). I also guarantee payment of all charges incurred during this medical treatment. (Physician, hospital, x-ray, lab, drugs, ambulance, etc.) and authorize release as necessary of HIPAA Protected Health Information.

**MEDICAL HISTORY for \_\_\_\_\_**  
(Name of Camper)

1. Allergies to foods, medications, etc. (if none, so state) \_\_\_\_\_

2. Is camper presently under a physician’s care for any acute or chronic medical condition? Y N

If Yes, please explain:

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

3. Does camper carry medications on person? (If none, so state) \_\_\_\_\_

Medication(s): \_\_\_\_\_

Purpose: \_\_\_\_\_

4. Does camper require prescription medications? (If none, so state) \_\_\_\_\_

Medication(s): \_\_\_\_\_

Purpose: \_\_\_\_\_

5. Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Office: \_\_\_\_\_ Address: \_\_\_\_\_

6. Health Insurance Co: \_\_\_\_\_ Phone: \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Group No.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

7. Has individual recently been exposed to a contagious disease? Y N

If "YES, describe: \_\_\_\_\_

8. Does this individual camper have any health problems, restrictions, or other personal concerns that the camp staff should know about? Y N

Describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person completing health information: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Date: \_\_\_\_\_

Early registrant: Yes \_\_\_\_\_ No \_\_\_\_\_ Early Registration Fee: \$120.00 Late Registration Fee: \$140.00

**\*\*\*MAIL THIS COMPLETED PAGE TO THE DIRECTOR PRIOR TO CAMP\*\*\***