

Dear 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> Graders and Parents,

Another exciting week of preteen camp is coming June 20-24, 2016. Preteen camp is for students that will have completed 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> grade at the end of this school year. We are going to Mt. Lebanon Baptist Encampment just south of Cedar Hill, TX. This five day, four

night retreat is not only a great way for kids to grow in community with one another but a wonderful time for them to grow in their relationship with Jesus. As usual, friends, who will also have completed 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> grade at the end of this school year, are allowed to attend with your camper as long as camper spots are available. To sign-up, e-mail me at [jbrooks@mbbcirving.org](mailto:jbrooks@mbbcirving.org) and/or return the attached documents to MBBC.



**Please have both the completed MBBC registration form and the Mt. Lebanon Camper Registration and Health form emailed to me or returned to the church office by April 20. Final payment is due on or before May 15.**

The cost of the week for each child is \$225 and will cover all meals, lodging, and activities. We do have scholarship funds available upon request. It is not necessary to send any other money. We will hold a camper and parent meeting on **June 12 from 5:00-6:00 p.m.** at MacArthur Blvd. to finalize instructions and answer questions one week before camp.

The camp theme this summer is "Marvel." The Bible studies we do as a church group will be driven by Psalm 86:10, "For You are great and do marvelous deeds; You alone are God." The camp worship leader during our camp week is Jagee, and Keith Coast will be serving as the camp pastor for the week.

We will leave **Monday, June 20 at 8:30 a.m.** and return **Friday, June 24 around 11:00.** Camp days are full of activities and fun. Each day campers have 2 camp wide services as well as rotations between games, swimming, crafts, Bible study, and the challenge course. Breakfast, lunch, and dinner will be eaten in the cafeteria. The Mt. Lebanon staff serves a variety of healthy foods throughout the week.

If you have any questions, please feel free to contact me at the church or by email.

Jamie Brooks  
Family Pastor for Children  
MacArthur Blvd. Baptist Church  
972.373.9833 | [jbrooks@mbbcirving.org](mailto:jbrooks@mbbcirving.org)

**Registration forms emailed to me or returned to the church office by April 20.**  
**Final payment is due on or before May 15.**

# What to bring to Preteen Camp

Kids will often wear multiple sets of clothes in a day due to the heat, activities, or weather. Please, pack extra clothes.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Casual Clothes (shorts must be modest, no spaghetti straps or halter tops) | <input type="checkbox"/> Bible                        | <input type="checkbox"/> pillow                                |
| <input type="checkbox"/> 2 pairs of tennis shoes (shoes must be worn at all times)                  | <input type="checkbox"/> rain clothes in case of rain | <input type="checkbox"/> sleeping bag, bedroll, or bedding     |
| <input type="checkbox"/> water shoes/flip flops for Splash Games and the pool                       | <input type="checkbox"/> underclothes                 | <input type="checkbox"/> toothbrush/toothpaste                 |
| <input type="checkbox"/> swimsuit (modest 2 pieces allowed)   | <input type="checkbox"/> socks                        | <input type="checkbox"/> deodorant                             |
| <input type="checkbox"/> swimsuit cover-up  | <input type="checkbox"/> beach towel                  | <input type="checkbox"/> soap                                  |
|   | <input type="checkbox"/> towels/washcloths            | <input type="checkbox"/> shampoo                               |
|   | <input type="checkbox"/> sleeping clothes             | <input type="checkbox"/> hairbrush/comb                        |
|   | <input type="checkbox"/> flashlight                   | <input type="checkbox"/> water bottle                          |
|   | <input type="checkbox"/> hat                          | <input type="checkbox"/> Care Package—see attached explanation |

## \*\*\*PLEASE LABEL ALL ITEMS WITH CHILD'S NAME\*\*\*

**Sleeping Bag, Bedroll, or Bedding** – All the beds have plastic covers on them. Twin sheets & a blanket will stay on the bed better than a sleeping bag. Put your complete sleeping bag, bedroll, or bedding in a large thick trash bag with your child's name marked on it. Send an extra trash bag for when we come home since the first one usually gets ripped open on Monday.

**All clothes** should be appropriate for the camp setting. **Shorts** are to be modest and must be fingertip length. **T-shirts** with inappropriate logos are unacceptable. **Dresses or shirts** with spaghetti straps or halter-tops are not allowed.

**Do not bring** cell phones, ipods/mp4 players, video games, water guns, etc. If you have to ask, you probably shouldn't bring it.

**No additional money is needed for camp.** Please do not allow campers to bring and keep money with them; it tends to get lost. If you would like for your child to be able to buy a CD of the band performing for the week (\$15), a group picture (\$7) or a camp DVD (\$12) you can give that money to one of the church sponsors. Please, put it in an envelope labeled with your child's name and the amount.

**All medication** needs to be given to Jamie Brooks. Please write dosing instructions on the registration form. All medications are given at the medical clinic by Mt. Lebanon medical staff.

## \*\*\*PLEASE LABEL ALL ITEMS WITH CHILD'S NAME\*\*\*

## Frequently Asked Questions

**Where do you stay while you're at camp?** We stay in our own lodge. We will have two bunk areas and a large meeting room as well as a kitchen.

**Are you attending camp with other churches?** Yes. Other churches will be at the camp participating in activities with us during the week.

**What is the Zip Line? What if my child does not want to take part?** The Zip Line Tower is optional. It is 55' high structure. The professionally trained staff instructs the children, properly secures harness equipment, and talks them through the steps. If your child does not want to take part, they will not be pressured in anyway. Even if you are convinced your child will not take part, please fill out the forms anyway as it is common for a child to decide at the last minute to take on the challenge. Without a signed consent form, they cannot ride the zip line, even if they change their mind.

**Who are the adult sponsors?** Our sponsors are usually a combination of Children's Workers accustomed to working with this age group, parents of 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> graders attending the camp, and junior counselors from our church youth group. If you are interested in going, please talk to Jamie Brooks. We will need to have a Volunteer Application on file for you with consent for a background check.

**What if my child has special medical conditions (allergies, medication, etc.)?** Please make Jamie Brooks aware of the situation with written instructions. Medicine should be in its original container and in a baggie with your child's name on the bag. The Medication Dosage and Frequency Chart must be completed on the registration form.

**How are the children transported?** Children will ride in a bus or a sponsor's vehicle.

**My child has never spent the night away from home, what if they get homesick?** Our experience over the years is that children are so excited the first day that by bedtime they are too exhausted to think about it. Each day remains extremely busy and leaves many campers looking forward to sleep at night. Nonetheless, we would definitely call you if there were a significant problem.

**Why will you be taking and posting pictures on Facebook & Shutterfly?** Pictures will be taken throughout the weekend and uploaded to the "MBBC Children's Ministry" page as able. This is a private Facebook page, so members must be approved. It's a fun way for you to see what is going on during the event. When we return, pictures will be uploaded to a Shutterfly account for you to look through and print what you like. A private link to access to this album will be provided later.

**What do I put on the 2016 Camper Registration and Health Form if I don't have health insurance?** Your child may still attend camp without proof of medical insurance. Next to *Insured Member's Name* simply write "uninsured."

**What if I don't have a copy of my child's shot record?** If all of your child's immunizations are up-to-date, writing "all immunizations are current" next to *Attach current shot record* will suffice. FYI the tetanus shot is often administered around the 5<sup>th</sup> birthday.

# The “Care Package”

By Thursday night at camp your child will be missing you! For some of the children attending, this will be their first time away from home. We would like for them to have a little something special from home on that last night. A “Care Package” is a great way to let them know you are thinking about them and praying for them.

If your child has gone to camp before, they will be looking forward to the Thursday night care package with anticipation. This has been a longstanding tradition at Preteen Camp that seems to be as much fun for you to put together as it is for your son or daughter to receive.

Suggestions for care packages are:

- A letter or note from each family member at home
- A note from the family pet (be creative)
- A note from grandparents or other close relatives
- A favorite snack and/or drink
- A neat pen, pencil, or small collectible

Place items in a brown, paper sack or decorative bag; staple the top together so nothing falls out. Put your child’s name clearly on the outside of the package. We know your child will be thrilled Thursday night by your thoughtfulness. Remember, the care package is just a fun, tangible way for you to say “I love you” to your child right before they return home; there’s no need to pack the entire candy aisle or a life size teddy bear. As always, it will be fun to see how excited they are when they receive their special package.

Care packages can be dropped off at the camper and parent meeting held the week prior to camp on June 12 or dropped off the morning we depart on June 20.

# Preteen Camp Registration

I give permission for my child, \_\_\_\_\_ to be transported to and attend Preteen Camp at Mt. Lebanon Baptist Camp with MacArthur Blvd. Baptist Church. I also authorize a representative of MacArthur Blvd. Baptist Church to seek medical attention for my child in the event of a medical emergency.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

Emergency Phone Numbers \_\_\_\_\_

\_\_\_\_\_

Name of emergency contact other than a parent: \_\_\_\_\_

Contact Phone Numbers \_\_\_\_\_

\_\_\_\_\_

Child's Physician \_\_\_\_\_

Insurance Company \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

Any Allergies: \_\_\_\_\_

### \*\*\*\*\* Photo Usage Policy \*\*\*\*\*

Children are photographed while participating in children's events with MacArthur Blvd. Baptist Church. Photographs are made available for your viewing convenience through the closed Facebook group "MBBC Children's Ministry" and/or Shutterfly during and after most events. If you DO NOT want your child's individual pictures posted in this manner, you must complete and sign the statement below.

I, \_\_\_\_\_, DO NOT want individual pictures of my child to be made available for viewing on the closed Facebook group or Shutterfly.

Signature \_\_\_\_\_ Date \_\_\_\_\_

email to Jamie Brooks or return to the offices of MacArthur Blvd.

## **“Yes” Contract**

This contract hereby states my full agreement and desire to maintain unity and group encouragement throughout our Preteen Camp. I do now commit myself to answer any request made of me by group leaders, shepherds, Mt. Lebanon staff, or fellow campers by simply responding, “YES.” I realize that anyone can endure under these conditions for at least one week for the cause of Christ without complaint. (Note: You will never be asked to perform anything that the requester himself or herself would not be willing to do.)

Understanding that arguing, complaining, and grumbling (even about food) are unattractive, unnecessary, and most definitely un-Christlike, I have decided to do away with them completely by cheerfully answering, “Yes.”

Camper’s signature: \_\_\_\_\_

Parent’s signature: \_\_\_\_\_

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

<b>T-Shirt Sizes</b>
Youth L - (Preteen camp only)
Adults Sizes - S M L XL XXL XXXL

**2016 CAMPER REGISTRATION & HEALTH FORM**

Name: \_\_\_\_\_ Date of Camp: \_\_\_\_\_ Sex: (M/F) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed by End of School Year 2016 \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of Church Camper Is Attending Camp With: \_\_\_\_\_ City \_\_\_\_\_

Parent /Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Parent /Legal Guardian Email: \_\_\_\_\_

Emergency Contact Information Other Than Parent/ Legal Guardian:

Name: \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

**PARENT/ LEGAL GUARDIAN'S STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY**

**1. ACKNOWLEDGMENT OF INHERENT RISKS**

I certify that I am aware of the inherent risks associated with outdoor camp activities, as well as the inherent risks of being on camp property. Notwithstanding, I hereby give my child permission to participate in all camp activities. Further, in consideration for Mt. Lebanon agreeing to accept the above named child as a camper, I hereby personally assume all risks in connection with my child's attendance and participation in the events at Mt. Lebanon.

**2. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY**

In the event that my child is injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/or dental services rendered to my child in response to said injury.

**3. LIMITATIONS ON INSURANCE COVERAGE**

I understand that my family/personal health and accident insurance will be the primary coverage.

**4. RELEASE AND HOLD HARMLESS AGREEMENT**

I agree to release and hold harmless the Dallas Baptist Association, Mt. Lebanon Encampment, it's trustees, employees, agents, and representatives for any injury, harm, or other damage by any occurrence in connection with my child's participation in camp activities in any form or fashion. I further agree to release and hold harmless Dallas Baptist Association, Mt. Lebanon Encampment, it's trustees, employees, agents, and representatives from any claim by me, or my family, estate, heirs or assigns out of my child's participation in activities at Mt. Lebanon.

**5. PRE-AUTHORIZATION FOR MEDICAL TREATMENT**

I hereby authorize any medical and/ or surgical treatment, including but not limited to hospital care, to be rendered to my child, as needed in the judgment of the treating physician, who is chosen by the Camp Director or any employee working under him/her, as circumstances require. I further authorize the Mt. Lebanon health staff to render first-aid and to administer medications as prescribed and programmed on the *Dosage & Frequency Chart*, executed by the parent or guardian.

**6. NON PRESCRIPTION MEDICATIONS**

I give my permission to the camp's health supervisor, or other health center staff, to administer non-prescription, over-the-counter medications to my child based on symptoms (not a diagnosis). For example, but not limited to, Tylenol or ibuprofen, for mild fever or pain; Benadryl or Claritin, of allergy symptoms; Pepto-Bismol, for diarrhea; cortisone cream, for bug bites; calamine, for poison ivy; and so on.

**7. ACKNOWLEDGMENT OF RESPONSIBILITY FOR DAMAGES**

I agree that I am financially responsible for any damage to camp property caused by my child, including any acts of graffiti.

**8. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS**

The above named camper agrees to obey and observe all camp rules, and to fully cooperate with the adult leadership, camp staff, and other campers. I agree that, if in the judgment of the adult leadership and/ or camp staff, my child becomes a discipline problem, my child may be sent home, at my expense, and that I will forfeit all camp fees paid.

**9. USE OF CHILD'S PHOTOGRAPH FOR PROMOTIONAL PURPOSES**

I agree and consent that my child's photograph may be used for promotional purposes or publicity material by Mt. Lebanon.

I acknowledge that I am the parent or authorized guardian of the above named child. By my signature below, I acknowledge that I have read and understand the information set forth above, including the Release and Hold Harmless Agreement.

\_\_\_\_\_  
PARENT/ GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

email to Jamie Brooks or return to the offices of MacArthur Blvd.

Camper's Name: \_\_\_\_\_ Church \_\_\_\_\_

**INSURANCE INFORMATION** (You may attach a photocopy of your current Health/Accident Insurance Card.)

Insured Member's Name: \_\_\_\_\_ Member ID \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Group ID \_\_\_\_\_

Health Insurance Provider Phone Number(s): \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**GENERAL HEALTH INFORMATION** (If necessary, attach additional copies of information which address camper health concerns.)

List any health concern/issue that would be relevant to an attending physician in the case of an emergency: \_\_\_\_\_

List any chronic or recurring illnesses or diseases: \_\_\_\_\_

List any food, medicine, or other significant allergies: \_\_\_\_\_

List any pre-existing injuries which occurred **BEFORE** attending camp: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ (Optional) Attach current shot record

**CAMPER MEDICAL POLICY AND INSTRUCTIONS**

1. All medications must be properly labeled and kept in original containers. Check expiration dates. No expired medications will be given.
2. All prescription and non-prescription medications must be presented to camp health center personnel upon arrival at Mt. Lebanon.
3. All medications must be stored and dispensed from the camp health center (except EpiPens or emergency inhalers). Campers are not allowed to keep or self-administer any medication in accordance with Texas Department of State Health Services regulations.
4. Diabetics must bring a copy of their Diabetes Management Plan.
5. Non-prescription medications such as vitamin supplements or pain relievers will be given only according to the age and dosage restrictions and instructions listed on the package unless a doctor's order is provided.
6. EpiPens or emergency inhalers may be kept with the camper. (Please send an extra one to be kept in the health center) Health center personnel must be notified immediately when a camper uses an EpiPen. If asthma symptoms are not completely relieved the camper must be brought to the health center for evaluation.
7. List any medical problem, medical alert, allergy, or other relevant health concern/issue under **General Health Information**.
8. List all medications, dosage and indicate after breakfast, lunch, dinner or bedtime on the **Medication Dosage and Frequency Chart**.
9. Place all medications and a copy of Page 2 of this form in a heavy-duty, quart sized zip-lock bag with the camper's name and name of church written with a permanent black marker on the outside of the bag.

**MEDICATION DOSAGE & FREQUENCY CHART**

Place all medications and a copy of this page in a heavy-duty, quart sized zip-lock bag. Print the camper's name and name of church on the outside of the zip-lock bag using a permanent black marker. If necessary, make additional copies of the Dosage and Frequency Chart.

Medication	Dosage/Time	Monday	Tuesday	Wednesday	Thursday	Friday
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____