

SoulQuench Youth Camp - Baptist Hill - Mt. Vernon, MO

REGISTER ONLINE INSTEAD!
Link@ Facebook/Soulquench

July 5 – July 9, 2021

This camp is for any youth grades 7-12.

(entering grade 7 or having just completed grade 12 this past year)

Cost: Advanced - \$165, postmarked by May 18- accompanied with students' registration forms

Regular - \$200, postmarked after May 18.

What to Bring: Bible, Clothing for 4 days (jeans, shorts, t-shirts) Swim suit, Jacket, Sleepwear, Hat, Two pair of shoes. Please see dress code for more detailed information. Bring either bed linens or sleeping bag, Pillow, Small notebook, pen or pencil, Toiletries: soap, shampoo, deodorant, toothbrush and toothpaste. Towels and washcloths. (additional clothes needed for messy games)

If your child needs a special diet, contact the camp director for meal times and please send snacks.

Money - optional - there will be merchandise available for purchase.

What NOT to Bring - Electronic devices, this includes IPODS, MP3 players & Cell Phones, Non-prescription medicine or drugs, vaping products, fireworks, or any type of weapons.

Arrival Time @ camp: Between 1:30 and 2:45 Monday, July 5

Departure from camp: 11:30 a.m. on Friday, July 9.

Directions to Baptist Hill are on the website or you can contact your camp director.

If your child becomes ill while at camp, it may be necessary for the parents to come and pick up their child from camp.

In the event of an emergency, the camp will use the Aurora ER.

Camp address: Please try to contact your youth pastor first.

Baptist Hill Camp Facility, 9519 State Highway V, Mount Vernon, MO 65712

Baptist Hill phone: 417-466-3034 (for emergency use only)

Check out our web site: Facebook.com/SoulQuench

Please complete the form below and return it to your youth pastor or

Greene County Baptist Association, 834 W. Battlefield, Springfield, MO 65807

2021 Greene County Baptist Association SoulQuench Camp - July 5 – July 9, 2021 - Registration Form – STUDENT

Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ Zip Code: _____

Church Attending with: _____

Male / Female (circle one) Grade Completed: _____

Birthdate: ____/____/____ Age as of June 1st: _____

T-Shirt size: S M L XL XXL (Circle one)

Emergency Contact: Name _____

Relationship to camper _____

Phone (home) _____, (cell) _____

The above named camper has my permission to swim in pool Yes / No

The above named camper has my permission to appear in camp photos and videos Yes / No

The above named camper has my permission to be transported off campus, if chosen for certain elective classes Yes / No

Parent or legal guardian _____ Date _____

(signature is required to attend camp)

Dress Code for SoulQuench

This is the dress code that Baptist Hill requires and we support.

As participants of SoulQuench, you are required to follow these guidelines.

- All shorts must be of modest length (no shorter than mid-thigh).
- Skirts and dresses should be longer than top of the kneecap.
- Apparel displaying pictures, trademarks or advertising of tobacco products, alcoholic beverages, drugs, controlled substances, rock groups, or messages with non-Christian themes is prohibited.
- Biker shorts may be worn if appropriate length shorts are worn over them.
- Shoes and shirts must be worn at all times outside your cabins, except when swimming.
- A cover-up (shorts, t-shirt, robe, or large towel) must be worn over bathing suits going to and from the swimming pool.
- Females will wear t-shirts (dark, not white) over two-piece, low cut, or cut-out bathing suits while swimming.
- Males may not wear tight fitting, speedo, or brief type swimming suits.
- Dresses or shirt with spaghetti straps will not be allowed. Straps need to be at least 2 inches
- No shirts showing stomach, even when hands raised above head.
- When a shirt is longer than the shorts being worn it must be tucked in.
- Yoga pants and leggings will not be allowed unless the shirt or dress covers past mid-thigh on both front and back.
- No Bro tanks allowed.
- Modest attire is required during worship gatherings. (“Modest Attire” is at the discretion of the Camp Directors)

If you do not abide by this dress code you will be asked to change. If you do not have proper apparel, you may be asked to leave camp.

Dress Code for SoulQuench

I, _____, understand this dress code and will pack appropriately.

Student Signature: _____ Date: _____

I, _____, understand this dress code and will make sure my child packs appropriately.

Parent Signature: _____ Date: _____

2021 Greene County Baptist Association SoulQuench Camp Health Form

Name _____ Church _____ Age as of camp _____

Grade completed _____ Birthdate _____

Parent or Guardian _____

Phone (home) _____ (work) _____ (cell) _____

Address _____

City _____ State _____ Zip _____

Emergency Contact _____ Relationship to camper _____

Phone (home) _____ (cell) _____

Social Security Number _____ (medical attention may be delayed w/o SSN or copy of insc. card)

Please do not send your child to camp if they has been exposed to any contagious or infectious disease during the two weeks before camp.

Does your child have any of the following medical conditions? (please circle)

Food Allergies - Ear Trouble - Sleep Walking - Athlete's Foot - Heart Condition - Sinus Problems - Diabetes Asthma - Excessive Bleeding - Stomach Problems - Seizures - Kidney/Bladder Problems - Emotional Difficulties

Please give instructions for any of the above circled items _____

- Other conditions we should be aware of _____

-Surgeries (please list) _____

-Physical Limitations _____

For prescription medication that will be brought to camp use attached "Prescription Medication Form"

(Please bring a bag labeled with camper's name, individual prescriptions needs to have campers name, do not send more than will be needed for the duration of camp.)

Permission to give Tylenol? Yes / No

Permission to give Ibuprofen? Yes / No

Permission for camp nurse to treat injuries, head lice, sickness, etc. Yes / No

Has your child had a tetanus shot (DPT) within the last 5 years? Yes / No

Are your child's immunizations current? Yes / No If no, please explain _____

Camper's Physician _____ Phone _____

Other Physicians _____ Phone _____

Primary Insurance _____ Policy Number _____

Primary policy holders name _____

PLEASE ATTACH A COPY OF INSURANCE CARD

In case of emergency, I understand I will be notified if possible, and I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia for surgery for my child as named above.

Parent or Guardian Signature _____

Printed Name _____ Date _____

Prescription Medication(s) Form

1. Name of medication: _____
Purpose for Medication (medical condition treating): _____
Circle One: Pill Liquid Other: _____
When to Take: _____
2. Name of medication: _____
Purpose for Medication (medical condition treating): _____
Circle One: Pill Liquid Other: _____
When to Take: _____
3. Name of medication: _____
Purpose for Medication (medical condition treating): _____
Circle One: Pill Liquid Other: _____
When to Take: _____
4. Name of medication: _____
Purpose for Medication (medical condition treating): _____
Circle One: Pill Liquid Other: _____
When to Take: _____
5. Name of medication: _____
Purpose for Medication (medical condition treating): _____
Circle One: Pill Liquid Other: _____
When to Take: _____
6. Name of medication: _____
Purpose for Medication (medical condition treating): _____
Circle One: Pill Liquid Other: _____
When to Take: _____