

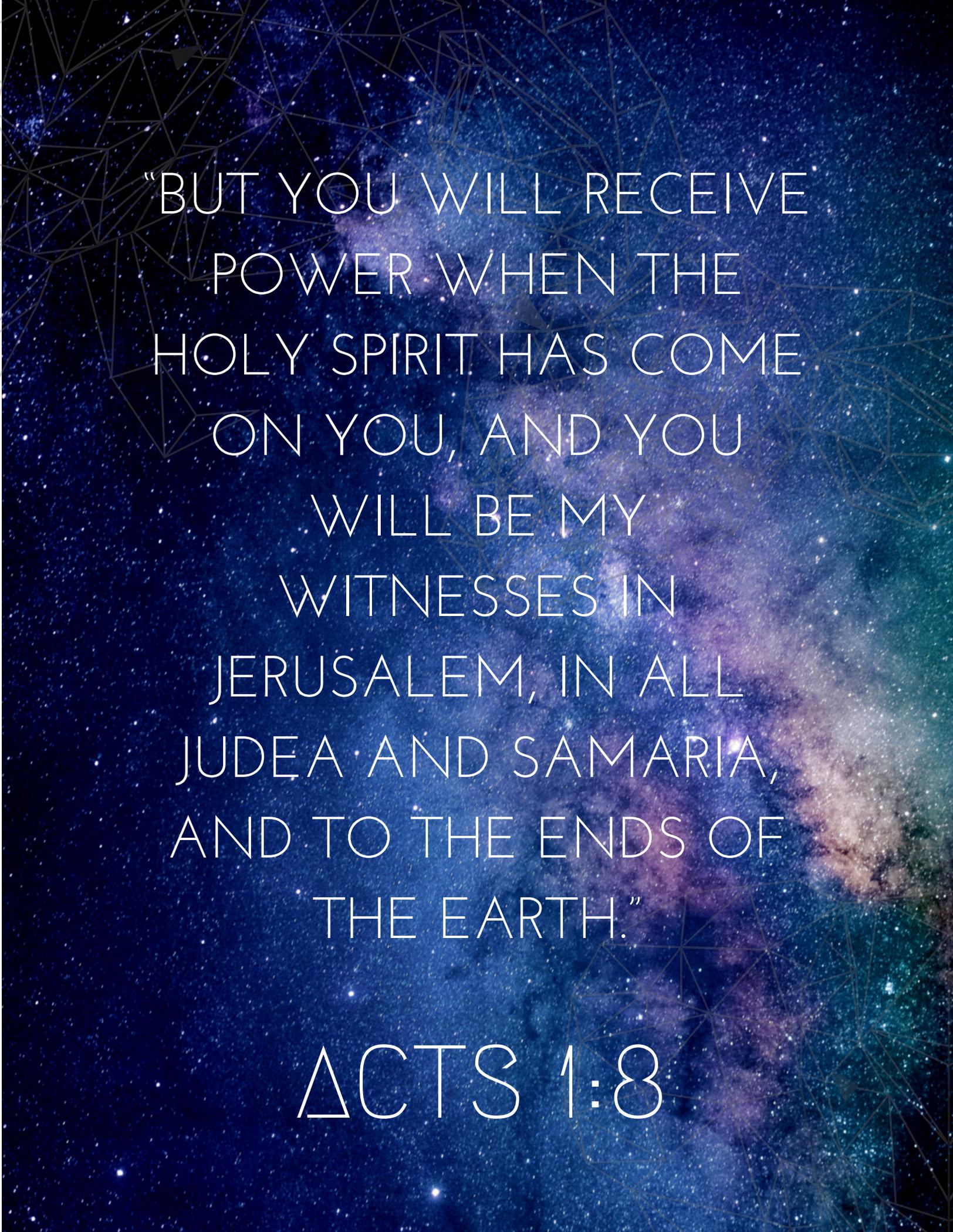


THE MISSION

GM YOUTH
CAMP 2018

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“BUT YOU WILL RECEIVE
POWER WHEN THE
HOLY SPIRIT HAS COME
ON YOU, AND YOU
WILL BE MY
WITNESSES IN
JERUSALEM, IN ALL
JUDEA AND SAMARIA,
AND TO THE ENDS OF
THE EARTH.”

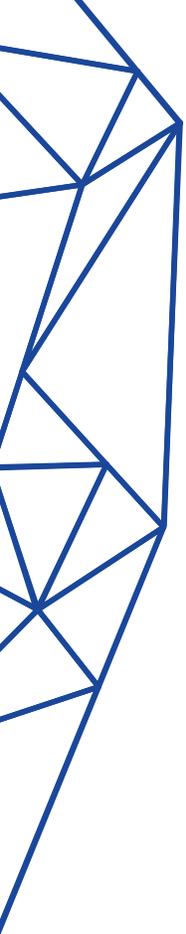
ACTS 1:8

LOCATION

LIFEWAY FUGE CAMP GLORIETA, NM

FOR 30+ YEARS, OVER A MILLION PEOPLE HAVE HAD THE FUGE EXPERIENCE. FUGE CAMPERS THROUGH THE YEARS HAVE RAISED MILLIONS OF DOLLARS FOR MISSIONS AND THOUSANDS OF LIVES HAVE BEEN CHANGED. OUR GROUP WILL ALSO BE A PART OF THE FUGE FAMILY OF CAMPS THIS SUMMER.

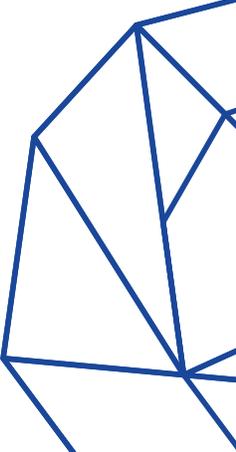
CAMP DATES:
SATURDAY JUNE 23 TO
WEDNESDAY JUNE 27



XFUGE

XFUGE ON MISSION IS A CUSTOMIZABLE MISSION TRIP FOR OUR STUDENTS BUILT INTO A CAMP EXPERIENCE. EVERY MORNING STARTS WITH CAMP-WIDE WORSHIP BEFORE OUR GROUP HEADS OFF TO A MINISTRY SITE CHOSEN JUST FOR US. XFUGE ON MISSION GIVES OUR STUDENTS THE OPPORTUNITY TO SERVE SIDE BY SIDE AND BUILD GROUP UNITY.

STUDENTS WILL GET TO CHOOSE THEIR MINISTRY TRACK WHICH WILL DETERMINE WHERE THEY GO ON THEIR MISSION. STUDENTS WILL ALWAYS BE WITH OTHER GMBC STUDENTS AND LEADERS.



SCHEDULE

OPENING DAY

6:15 AM ARRIVE AT GLEN MEADOWS

7:00 AM LEAVE FOR GLORIETA

11:30 AM LUNCH (BRING MONEY)

1:00 - 4:00 PM REGISTRATION

5:00 PM DINNER

6:30 PM OPENING CELEBRATION

7:30 PM ADULTS: ALL ADULTS MEET IN ADULT GATHERING

STUDENTS: MTET/TRACK PLANNING

9:15 PM CHURCH GROUP RALLY

9:45 PM CHURCH GROUP TIME

11:00 PM IN ROOMS

11:30 PM LIGHTS OUT

FULL DAYS OF CAMP

7:00 AM BREAKFAST

8:00 AM MORNING CELEBRATION

8:45 AM QUIET TIME / BIBLE STUDY & ADULT GATHERING

10:15 AM MINISTRY SITE SEND OFF

3:45 PM RETURN FROM SITES / HANG TIME

5:00 PM DINNER

6:30 PM WORSHIP

8:00 PM CHURCH GROUP TIME

9:45 PM NIGHT LIFE

10:30 PM HANG TIME

11:00 PM IN ROOMS

11:30 PM LIGHTS OUT

CLOSING DAY

7:00 AM BREAKFAST

8:00 AM QUIET TIME / BIBLE STUDY & ADULT GATHERING

9:45 AM CLOSING CELEBRATION

10:45 AM CHURCHES DEPART

2:00 PM LUNCH (BRING MONEY)

8:30 PM BACK IN SAN ANGELO

(NEW MEXICO IS MOUNTAIN TIME, 1 HOUR BEHIND SAN ANGELO)

MINISTRY TRACKS

Children's Ministry

This ministry track involves working with children in a variety of settings including: Vacation Bible Schools, Backyard Bible Clubs, Day Camps, and other site-specific work with children. Groups may work at churches, community centers, apartment complexes, children's homes, etc. The purpose of this track is to provide students with the opportunity to teach and lead children through Bible stories, games, crafts and music.

Games and Recreation Ministry

This ministry track is designed to help students use their athletic ability and willing hearts to share the gospel through sportsmanship and Christ-like attitudes. These tracks are located in children's centers or homes, apartment complexes, community centers and boys and girls clubs. Games and Recreation tracks will not always have the opportunity to lead Bible stories or share the Gospel directly, but will focus more on relational evangelism through intentional conversations. This track ministers to people of all ages, from Pre-K to High School and even adults.

Painting, Construction, and Yard Work Ministry

Students in this track will spend their time doing yard work, repairing, cleaning, painting, and light construction work. These tracks work with various organizations such as Habitat for Humanity and local housing authorities to meet the physical needs of churches, schools, families and individuals. Students in this track will be encouraged to share the love of Christ with people they are working for and with people they encounter through their work.

Social Ministry

This ministry track provides students a variety of ministry opportunities for meeting the physical, emotional, mental, and spiritual needs of people. Students in this track may minister in: mentally/physically handicapped centers, nursing homes, homeless shelters, soup kitchens, food banks, clothing closets, furniture distribution centers, refugee ministries, prison ministries, Baptist Centers, Salvation Army Sites, and other community organizations with similar purposes. Students will work both directly with people in the community as well as behind the scenes.

CAMP LIFE

Here is a look at what your student will experience each day at camp:

Quiet Time - Each morning, students will have the opportunity to spend time with the Lord, working through a devotion we provide to reinforce the camp theme.

Morning Celebration - Camp attendees will gather to kick off each day in a high-energy way with worship, games, and a word from the camp pastor.

Bible Study - Spending time in God's Word is top priority at FUGE. Whether led by one of our staff members or someone from our church's group, everyone at camp will engage in group Bible Study each day. We provide age-specific Bible study materials that align with the camp theme.

Worship - Each evening, all camp attendees gather for a time of corporate worship, prayer, and a message from the camp pastor that reinforces the biblical theme for the day.

Church Group Devotion - During this time your student will participate with their church group to unpack the way the Lord is working in their lives during their time at camp.

Night Life - These events take place in the afternoon or evening at camp and allow students to participate in camp programming in a really fun, interactive way. Don't be surprised if things get a little loud (or even messy!)

NITE LIFE

MISSION: EAST ASIA

Sometimes we understand a need more when we see it first hand. This walk-through prayer experience puts the student in the shoes of a child in East Asia to find out what the hindrances to the gospel are for that region and what your student can do to help. This is a partnership effort with the IMB (INTERNATIONAL MISSION BOARD).

MISSION: ESCAPE

We've seen our heroes fight to complete their mission on screen, now we'll strive to do the same. The Mission: Escape is an escape room experience where the student works mightily with the members of their Bible study group to crack the code, solve the puzzle, and break the lock before the others on campus do the same.

MEGA RELAY

Get your game faces on and come ready to compete for the FUGE Cup! We're taking it back to 1979, when FUGE started! Come decked out in your best 70's attire.



Students are NOT to pack anything that:

- Advertises alcohol, tobacco, or illegal drugs;
- Explicitly or implicitly promotes racism, sexism, or hatred of any group or person;
- Explicitly or implicitly refers to sexual actions or situations;
- Has spaghetti/small straps or open back, except for sleepwear;
- Is excessively short or tight fitting.

While at camp, we ask that students:

- Wear modest shorts (when hands are extended to the back or the front, finger tips must touch fabric). Sleeveless shirts and tank tops are now allowed during day-time activities. Shirts with spaghetti straps, open backs or excessive armpit cutouts which expose torso and undergarments are NOT allowed.
- Wear closed-toe and closed-heel shoes while at recreation and track times (Centrifuge and XFuge) and on ministry sites (MFuge and XFuge on Mission) and during Mega Relay.
- Wear modest, one-piece bathing suits or two-piece suits covered with a dark colored t-shirt, if participating in water activities.
- Wear modest shorts, pants, jeans, or dresses for worship. Dresses with spaghetti or small straps, open backs, and excessively short lengths are unacceptable (when hands are extended to the back or the front, finger tips must touch fabric). Modest sleeveless tops are allowed in worship.
- Do not dress in a way that calls attention to underwear (sagging your pants, rolling down your waistbands, etc.) or wear pants or shorts with lettering on the bottom.

WHAT TO BRING

- Linens, towels, pillows, blankets
- Water bottle you can refill and carry with you
- Closed-toe, closed-heel shoes (for outdoor activities)
- Bible, notepad, and pen
- Toiletries such as toothbrush and shampoo
- Swimsuit & sun protection
- Spending money for snacks, camp store, and missions offering (optional)
- Summer clothing & light Jacket
- 1970's attire for Mega Relay (optional)

WHAT NOT TO BRING

- Alcohol, tobacco, e-cigarettes, illegal drugs, fireworks, water guns, or any kind of weapon
- NO iPads, iPods, playstation portables or other gaming devices, roller blades or skateboards. NO CELL PHONES
- Items that may be used for pranks such as water balloons, shaving cream, silly string, etc. Pranks are not allowed at camp. Your family will be charged for any damages or issues related to clean up.



RULES

- Participate in all activities and be on time.
- Drink plenty of water and eat three meals a day.
- Wear closed-toe and closed-heel shoes to recreation, track times and ministry sites.
- Wear your name tag at all times.
- Be in your room by 11:00 PM with lights out no later than 11:30 PM.
- No guys in girls' rooms or hallways and no girls in guys' rooms or hallways.
- No public displays of affection.
- No practical jokes.
- No gum, food, or drinks allowed in the worship center.
- No video and flash photography are allowed in the worship center before or during the worship service.
- Sleeveless tops are allowed but no tank tops during worship.

MEALS & MEDICAL

MEALS

- Served Family Style at specified times.
- Glorieta food services will NOT be able to accommodate special food allergies or special food needs.
- Students can bring snacks for the bus ride to and from camp.
- We will be stopping for lunch to and from camp, students need to bring money for lunch.

MEDICAL

First Aid: Glorieta Camps do NOT provide First Aid.

Emergency Response: In the event of a medical emergency or major accident, Glorieta Camps staff will participate in emergency response by contacting the local Emergency Medical Services and assisting with patient care until EMS arrives, as is consistent with the training of the staff available at the time. In general, EMS response time averages 1-15 minutes.

Medications: Glorieta Camps are NOT responsible for the storage, administration, and logging of participants personal prescription medications while on Glorieta Camps property. You may request the use of locking cabinets and Glorieta Camps will be glad to provide it. GM Youth staff will administer medication to students, as authorized by parents (see registration packet)

Payments: Glorieta Camps does not provide medical insurance coverage for participants or guests; therefore, while attending camp, if a participant requires medical attention, they will be required to pay for it themselves.

PAYMENTS

TOTAL COST // \$290

DEPOSIT // \$50

DUE // FEB 15

DEPOSIT MUST BE TURNED IN WITH
COMPLETED CAMP FORMS

FIRST PAYMENT // \$80

DUE // MAR 21

SECOND PAYMENT // \$80

DUE // APR 18

THIRD PAYMENT // \$80

DUE // MAY 16

CASH, CHECK, CARD
ONLINE PAYMENT AVAILABLE

MEDICAL RELEASE FORM/PERMISSION TO TREAT

FOR CHURCH USE ONLY

PERSONAL INFORMATION

Name: _____

SS# (Optional): _____ Birthdate: _____/_____/_____ Age: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Secondary Contact: _____ Relationship: _____

Mobile Phone: (_____) _____ Work Phone: (_____) _____

INSURANCE INFORMATION

ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD TO THIS FORM.

Insurance Co.: _____ Group #: _____ Policy #: _____

Cardholder: _____ Relationship to Cardholder: _____

Insurance Co. Address: _____

Insurance Co. Phone: (_____) _____

PERSONAL MEDICAL INFORMATION

Physician's Name: _____ Physician's Phone: (_____) _____

Physical limitations (asthma, diabetes, allergies, etc.) and/or special instructions (allergic to certain meds, rare blood type, wears contact lenses, etc.): _____

List all medications taken on a regular basis and/or any brought with you to Camp (prescription medications MUST have a pharmacy label and name of doctor): _____

List all operations/serious injuries and dates within the past 5 years: _____

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

MEDICAL RELEASE FORM/PERMISSION TO TREAT

FOR CHURCH USE ONLY

EMERGENCY AUTHORIZATION

I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee or camp staff to order X-rays, routine tests and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking part in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian: _____ Date: _____



Name (of person attending): _____

Address, City, Zip: _____

Phone: _____

Email: _____

I/We (parent or guardian): _____ hereby consent for my child (named above) to participate in **2018 FUGE Camp, Glorietta, NM** , and I certify that my child is able to participate in the activities required of this event.

If my child has medical conditions, which may be relevant to a physician in the event of any emergency, I have listed them below. In the event of an emergency occurs, I may be reached at the phone number listed below. If I cannot be reached, I hereby authorize Glen Meadows Adult Leader or Pastor to make emergency decisions for my child.

(Parent Signature) _____

I understand and hereby agree to assume all of the risks, which may be encountered on this activity, including activities preliminary and subsequent thereto. I do hereby agree to hold Glen Meadows, and its leaders and employees, harmless from any and all liability, actions, cause of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which may arise in the future, connected with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

(Parent Signature) _____

I, furthermore, do not hold Glen Meadows, Restore Youth Ministry, or any leaders responsible for the loss of any personal property via theft, accidental loss, damage, left behind, destroyed, from any youth service, trip, event, or group hang out. And do not expect any loss replacement or money to replace any items that were lost, stolen, or destroyed from any event, service, trip or group hosted by Restore Youth Ministry.

(Parent Signature) _____

I further state that I have carefully read the forgoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

Parent or Guardian: _____

Date: _____

Telephone number where I may be reached in an emergency: _____

Medical conditions to be aware of:

Allergies to be aware of:

Medicine if any that they will be bringing to camp:

Food Allergies: _____

Disciplinary Agreement

I/We understand that, while my child participates in any regularly sponsored activities, he/she is responsible to abide by the rules set forth by the sponsoring organization, its leaders and supervisory personnel. Any serious infraction of rules and/or conduct by the youth may result in dismissal from the program. In the event my child is dismissed from the program, I/We (parents) agree to assume the cost of returning my child to his/her home. I/We also agree to forfeit any possible refund. I/We understand that such action would only be taken under special circumstances and only after direct consultation with my child's pastor and parents or guardians.

Parent or Guardian: _____ Date: _____

Notary Signature: _____ Date: _____

Seal:

FUGE Release Form

Group Leaders: Bring **ONE notarized copy** of this document to registration and keep a **photocopy** for yourself to have with you in case of emergency at camp. **Attach a photocopy of insurance card.**



Camper's Info:

Participant Name _____ Age _____
Date of Birth: ____/____/____ Grade Completed (campers only): _____
Address: _____ City: _____ ST _____ ZIP _____
In case of an emergency notify: _____ Relationship to camper: _____
Phone Numbers-Home:(____) _____ Work:(____) _____ Mobile:(____) _____ Other:(____) _____

Church Information:

FUGE Venue: XFUGE on Mission Glorieta, NM. Name of Church: Glen Meadows Baptist Church
Group Leader: Tammy Pape. Group Leader's cell # at Camp: (325.) 277-7904
Church Address: 6002 Knickerbocker Rd City: San Angelo ST: TX. ZIP: 76904

Medical Profile

Generally, the participant's Health is: (Check One) Excellent Good Fair Poor
If Fair or Poor, please explain the condition: _____
List any medical difficulties which are currently being treated: _____
Check any of the following that cause you problems & explain: Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble
 Diabetes Dizziness Stomach Upset Hay Fever _____
List any any medicines or substances to which you are allergic: _____
List any previous operations or serious illnesses _____
List any medications you are currently taking: _____
List any special diet or special needs: _____
Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other: _____
Date of Tetanus Immunization: ____/____/____
Family Physician _____ Phone: (____) _____
Insurance Co. _____ Policy #: _____
Subscriber Name: _____ Subscriber Number: _____ Employment: _____
Subscriber Occupation: _____ Work Phone: (____) _____

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge LifeWay Christian Resources of the Southern Baptist Convention, the FUGE Camp Venue, the Church, camp or event sponsors and state conventions and their employees ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in this camp or event. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in this camp or event or while on property leased or owned by any of the Released Parties.

Assumption of Risk. I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Recreation- The recreation programs at summer event venues strive to offer fun, safe, and challenging activities that engage the whole person—body, mind and soul. Program staffs are trained and as a team committed to your rewarding experience with safety as their highest priority. However there are inherent risks to participation in recreation activities, including but not limited to, initiative games, high and low challenge course, outdoor education, paintball, equestrian activities and aquatics, (not available at every FUGE venue). You could experience any of the following – elevated heart and respiratory rates, uncomfortable group dynamics, climbing or descending unpredictable and possibly slick or uneven terrain, crossing narrow wires and logs, jumping, running, climbing/descending steep rock faces, traveling long distances in remote settings, carrying weight on your backs and shoulders, unforeseen forces of nature or weather, any of which could result in injury/illness that could result in loss of life, limb, and/or property. For more detailed information about the recreation programs offered at summer event locations, go to www.FUGECamps.com and follow the specific link to the camp venue's Group Leader Information.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release 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 portions shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/arbitration organization for binding resolution.

Copy to Camp Venue. It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of same shall be provided to camp venue.

Complete and sign below (participants who are minors per your state statute require Parent/Legal Guardian signature).

Participant's Signature (only if 18 yrs of age or older): _____ Date: ____/____/____
Parent/ Guardian Signature: _____ Phone: () _____
Date: ____/____/____

Notary Acknowledgement: State of _____ County of _____ On _____
before me, _____, Notary Public, personally appeared _____ who
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and
acknowledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity
upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary signature: _____ My commission expires: _____



Health History Form

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp.

Name: _____ Birthdate: ___/___/___ Gender: _____

Age at camp: _____

Height: _____ Weight: _____

Parent or Guardian: _____ Phone: _____

(_____) _____

Email: _____ Work Phone: _____

(_____) _____

Permanent

Address: _____

Number and Street

City

State

Zip

Address during camp (if different from above): Phone: (_____) _____

Number and Street

City

State

Zip

EMERGENCY CONTACT: _____ Phone: (_____) _____

Relationship: _____ Work Phone: (_____) _____

Home address: _____

Number and Street

City

State

Zip

IF NOT AVAILABLE, NOTIFY: _____ Phone: (_____) _____

Relationship: _____ Work Phone: (_____) _____

Home address: _____

Number and Street

City

State

Zip

Medical Insurance: _____

Insured's Name: _____

Policy #: _____

Phone: (_____) _____

➔ **Photocopy of front and back of insurance card MUST be attached to this form**

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person **takes NO medications** on a routine basis.

This person **takes medications** as follows:

Medication #1: _____ Dosage: _____

Time to be given (circle): Breakfast Lunch Dinner Bedtime As Needed

Reason for taking: _____

Medication #2: _____ Dosage: _____

Time to be given (circle): Breakfast Lunch Dinner Bedtime As Needed

Reason for taking: _____

Medication #3: _____ Dosage: _____
Time to be given (circle): Breakfast Lunch Dinner Bedtime As Needed
 Reason for taking: _____

Medication #4: _____ Dosage: _____
Time to be given (circle): Breakfast Lunch Dinner Bedtime As Needed
 Reason for taking: _____

***Attach additional pages for more medications.**

Name: _____

Please list **ALL ALLERGIES:**

What happens when he/she comes in contact with the allergens? What type of care was provided?

For the following: *Explain "yes" answers in the space below by giving dates and events surrounding the incident*

	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever been diagnosed with a heart murmur or other heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had joint problems (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have any skin problems (e.g., itching, rash)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
5. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	20. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	21. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	22. Have problems sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
9. Wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>	23. If female, have an abnormal menstrual cycle?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	26. Ever had emotional or psychiatric difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Have any dietary modifications?	<input type="checkbox"/>	<input type="checkbox"/>
14. Any specific activities to be encouraged or limited by physician's advice?	<input type="checkbox"/>	<input type="checkbox"/>	28. Any other pertinent info not listed here?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain ALL marked answers: _____

Emergency authorization: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me as named above. I also understand that I will be held financially responsible for all medical expenses incurred. This form may be photocopied for use out of camp.

Signature of Participant: _____

Date: _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Signature of Participant: _____

Date: _____



Ministry Track Selection Card

Name: _____ Gender: _____

Grade Completed: _____

List 3 ministry tracks (not in order of 1st, 2nd, 3rd, but 3 choices in which you would like to participate):

1) _____

2) _____

3) _____

Special Considerations / Medical Notes: _____



Ministry Track Selection Card

Name: _____ Gender: _____

Grade Completed: _____

List 3 ministry tracks (not in order of 1st, 2nd, 3rd, but 3 choices in which you would like to participate):

1) _____

2) _____

3) _____

Special Considerations / Medical Notes: _____