



Adventure in Missions Girls Camp is a camp for girls who have completed grades 1-6. The week is filled with exciting activities that teach the spiritual foundation for living a life *"On Mission"* for God. This camp offers opportunities to meet North American and International missionaries on a personal level, participate in "hands on" mission projects, and learn ministry skills that can be used throughout their lives. We offer a weeklong camp for girls who have completed grades 3 thru 6 and an overnight camp for those who have completed grades 1 thru 3. Both camps are operated by the same capable staff of counselors and teachers; and both offer a well balanced experience of learning and fun.

Overnight Camp (1-3 gr.) – July 5-6, 2016 \$80
Weeklong Camp (3-6 gr.) – July 5-9, 2016 \$240*

***\$25 Discount if PAID by MARCH 31, 2016!**

Registration Deadline: June 10th**

****After that date, a \$10 late fee will be added.**

(Registration Fee includes Snack Card and T-Shirt.)

The Grove at Red Oak Lake, 849 Rocky Point Rd., Cordova TN 38018

Download Registration form: www.midsouthbaptist.com/wmu



Send Registration Form, Medical Release Form (Must be notarized), Informed Consent/Release, and registration fee (Make checks payable to Mid-South Baptist Association) to:

Mid-South Baptist WMU
ATTN: Julia Binford
6896 U.S. Hwy. 70
Bartlett, TN 38133

CHECK IN (ALL): 1:30 PM – JULY 5 (849 Rocky Point Rd., Cordova TN 38018) Pioneer Lodge

CHECK OUT: OVERNIGHT CAMPERS – JULY 6 @ 5:30 PM

CHECK OUT: WEEKLONG CAMPERS – JULY 9 @ 11:00 AM (PARENT PROGRAM 10AM)

Director: Julia Binford (901)428-2802 or email julie@midsouthbaptist.com

'Like' us on Facebook!

Activities Available

In addition to the classes and activities planned by the AiMGC Staff, *The Grove at Red Oak Lake* (www.mygrove.org) has a wonderful facility with a wide variety of outdoor activities. Campers will be able to enjoy water slide, lake activities, climbing wall, canoeing, hiking trails, giant swing, outdoor games, Human Foosball, and lots of "fun-in-the-sun" at the pool. Certified life guards will be stationed at the pool and lake when campers are present.

Celebration for Parents! There will be a special program on Saturday, July 9th in the Pioneer Lodge at 10:00 a.m. Parents are invited to attend. Come and see what your camper has learned during her week at *Adventure in Missions Girls Camp!* Campers will be dismissed after program.

Opportunities for Ministry

- A mission offering will be taken at registration. This offering allows us to offer scholarships for qualified applicants for *Adventure in Missions Girls Camp* the following year.
- **Ministry Project:** *Tennessee Baptist Children's Home* – Bring individually wrapped snack items; Little Debbie Snack Cakes, Chips, Goldfish, Capri Sun's, or Jammers.

What to Bring:

Casual Clothes	Sunscreen	Bible and pen
Pajamas	Insect Repellent	Jacket/Rain Coat/Umbrella
One-Piece Modest Swimsuit	Flashlight/Batteries	Shower/Pool Shoes
Tennis Shoes (climbing wall)	Personal Toiletries	Water Bottle (refillable)
Bed Linens or sleeping bag and a pillow	Shower/Bath Towels	Stamps and Stationary (with Addresses) to write home
	Beach Towel	

Items for the ***Ministry Project and/or camp scholarship donation.***

Note: It is cold in the worship area in the evening, so they will need a jacket and/or pants.

NO MEDICATION WILL BE KEPT IN THE CABINS. All medications must be kept in the first aid station and dispersed by the nurse. Prescription medication **MUST** have pharmacy label and name of doctor. Place all medications in a zip lock bag clearly labeled with camper name, name of medication(s), and instructions.

What NOT to Bring: Please **NO** cell phones, MP3's, iPod's, CD players, DVD players, electronic game systems, electronic readers, iPads, food/snacks for cabin, or any kind of Teen magazines.

Camp Policies & Procedures:

1. Please notify the AiMGC Director **in advance** if your camper needs to leave early. If an emergency arises and camper needs to be picked up unexpectedly **you must notify** the AiMGC Director before coming. Anyone picking a camper up must be listed on the Registration Form and provide photo identification.
2. We have *Mail Call* daily. It makes a girl feel really special to get mail from home. Try to send at least one piece of mail during the week. Address your mail to "*The Grove at Red Oak Lake*", C/O Adventures in Missions Girls Camp, 849 Rocky Point Rd., Cordova, TN 38018. Be sure to include your camper's name in the address. It is **recommended** that you give mail to the Director on check-in day (designated box) and it will be given each day during camp.
3. We will have two scheduled snack times each day. If you would like to donate snacks for our evening break time please contact the AIMGC Director. There is a concession area, which a \$5 snack card (provided in registration fee) will be used during the day. Please do not send extra money with the girls for snacks.
4. **ALL medications MUST** be given to the camp nurse at the First Aid Station during check-in on the first day. (See Medical Release Form for specific instructions.)
5. There is **NO** phone available on the camp grounds; you can call the AiMGC Director, (901)428-2802, if there is an emergency.
6. AIMGC is not responsible for any lost or stolen items. We will have a lost and found area during camper pick-up on last day in the worship area. You can also call the AIMGC director (901-373-6161) about any left items after camp. Items will be held for 3 months, after that time they will be donated to a local ministry center.

Adventure in Missions Girls Camp
Mid-South Baptist Woman's Missionary Union
CAMPER REGISTRATION FORM 2016

(This form MUST be completed by parent or guardian.)

DEADLINE JUNE 10th, after that date a \$10 late fee will be added.

- Overnight Camper (grades 1-3 only) \$80.00 July 5-6**
- Weeklong Camper (grades 3-6 only) \$240.00 July 5-9 (\$25 discount if paid by March 30th)**

Camper Name _____ 2015-2016 Grade _____ Age _____

♥ **T-SHIRT SIZE:** (Circle One) YM YL AS AM AL XL 2X 3X (T-Shirt is included in camp fee.)

Date of Birth ____/____/____ School _____ First year at camp? Yes / No

Address _____
Street City State Zip Code

Parent/Guardian Name _____

Address of Parent/Guardian: _____
Street City State Zip

Parent/Guardian Phone: (H) _____ (W) _____ (C) _____

Parent/Guardian Email Address: _____

Church Name and City _____

List one camper that your camper would like to have in her cabin and/or group.

Camper Name: _____ Church registered with: _____

Does camper have any medical conditions that prohibit outdoor activities? Yes No If yes, please explain _____

Medications camper must take while at camp: _____

NO MEDICATION WILL BE KEPT IN THE CABINS. All medications must be kept in the first aid station and dispersed by the nurse. Prescription medication **MUST** have pharmacy label and name of doctor. Place all medications in a zip lock bag clearly labeled with camper name, name of medication(s), and instructions. The nurse will have over-the-counter medications for headaches, stomach problems, swimmers ear, insect bites, allergy/sinus problems, etc. She will administer these medications at her discretion.

- I certify that I completed this form personally. I understand that all information will be treated confidentially.
- I agree to the above stated rules concerning control and administration of medications.

Parent/Guardian Signature _____ **Date** _____

I promise to obey the rules and regulations of AIMGC and The Grove at Red Oak Lake and I will cooperate with leaders and fellow campers. If I do not follow the rules and regulations as specified by camp leaders, I understand that I may be returned home without a refund.

Camper Signature: _____ **Date:** _____

MEDICAL RELEASE FORM

CABIN _____

Group Name: Adventure in Missions Girls Camp/Mid-South Baptist WMU

Camper NAME: _____ Date of Birth ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Names _____

Parent/Guardian Phone No.(s) _____ / _____

Emergency Contact Information: (OTHER than Parent/Guardian)

Emergency Contact Name: _____ Relationship to Camper _____

Emergency Contact Phone Number: _____ / _____

Family Physician _____ Phone: _____

Insurance Information:

Insurance Carrier: _____ Policy # _____ Phone: _____

Medical Information:

Date of Last Tetanus Immunization: _____

Check is camper has had: ____ Ear infection ____ Epilepsy ____ Operation or Serious Health Problems

____ Respiratory Problems ____ Heart trouble ____ Frequent Headaches ____ Dietary Restriction

List any helpful information to item(s) checked above: _____

List any things, foods, or drugs the camper is allergic to: _____

Is there any other medical information we should know about your camper? _____

List medications camper is currently taking, including vitamins: (Prescription medications MUST have pharmacy label and name of doctor.) _____

Is camper subject to: ____ Sleep walking ____ Bed wetting ____ Rheumatic fever ____ Upset Stomach
____ Asthma ____ Fear of Dark ____ Fear of Water ____ Sunburn ____ Sore Throat ____ Diabetes
____ Poor Appetite ____ Fainting ____ Side Aches ____ Other (Specify): _____

Indicate any other special needs which the Camp Staff should be aware of: _____

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the staff, employees, and agents of the Mid-South Baptist Association, Bartlett, TN and any and all adult sponsors of this event from any nature incurred by injury or damage I (or my child under 18 years of age) may cause to suffer while participating and I agree to bear the costs of such injury or damage myself. **I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending medical personnel or physician to administer medical care if deemed necessary by the adult in charge during this activity.**

Parent/Guardian Signature

Date

Notarization:

On this _____ day of _____, _____ personally appeared
(date) (month) (year) (Name of parent/guardian)

before me in _____ County (in the state of _____) and, in my presence, signed this medical release form.

Name of Notary Official: _____

Signature: _____

Commission Expires: _____

****PLEASE FILL OUT FORM COMPLETELY WITH SIGNATURES OF PARENT/GUARDIAN, WITNESS, AND PARTICIPANT!****



INFORMED CONSENT/RELEASE OF LIABILITY

You are going to join us on a program involving outdoor and/or indoor Christian activities. We are requesting that all participants sign an Informed Consent/Release of Liability Form.

I _____, the undersigned, agree to participate in The Grove programs using indoor and/or outdoor adventure learning activities. I acknowledge that I have been advised that I can decline to participate in all of, or any part of, the activities occurring during the program if I wish. I will only engage in the activities I consider will not put my physical or emotional health at risk. I hereby hold harmless, release and indemnify The Grove, its employees and its volunteers from any and all liability with relationship to my participation in any program. This release includes, but is not limited to, the transportation to and from the site of the activities, as well as the activities themselves and covers all the sessions of a program occurring over time.

I have read this Release and understand its terms. I further represent that I am at least 18 years of age or, if I am under the age of 18, that my parent/guardian has read and signed this form below.

Participant's Name (Please Print): _____

Participant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

WITNESS:

Witness SIGNATURE: _____

Witness Printed Name: _____

PHOTO AND MEDIA RELEASE

I _____, the undersigned, grant The Grove and persons or organizations acting for or through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recording of myself, for use in educational or promotional materials they may create.

Participant's Name (Please Print) _____

Parent/Guardian's Signature: _____ Date: _____