

# **Fusion Youth Church Camp 2016**

**June 6 - 11, 2016**

**The cost is \$125 per camper**

**McCormick's Creek State Park  
250 McCormick's Creek Road  
Spencer IN, 47460**

**IN CASE OF EMERGENCY ONLY**

**State Park #: 812-829-2235**

**Camp Director 1 #: 812-223-6528**

**Camp Director 2 #: 812-229-7975**

## **Things to bring to camp:**

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- 1) Money for food on the way there and back. Extra spending money for the camp store (during swim time only)
- 2) Sunscreen and bug spray.
- 3) *Appropriate* clothing to last the entire week.
- 4) Swimwear (1-piece suits please).
- 5) Toiletries (Shampoo, soap, toothbrush, toothpaste, etc.)
- 6) Bedding (Pillows, sheets, sleeping bags, etc.)
- 7) Towels
- 8) Extra shoes/sandals for the shower house
- 9) Bible, notebook, pen/pencil

## **Rules of conduct for camp:**

- 1) Youth must attend all scheduled activities unless excused by the director.
- 2) Youth may not leave the property.
- 3) Smoking, alcohol, drugs, and profanity of any kind is not permitted.
- 4) Cell phones, tablets, computers, radios, stereos, CD OR MP3 players, video games, laser pointers, and other electronic devices are not permitted on the premises. (Flashlights and two-way radios are for adults only)
- 5) Shorts must be at least to the fingertips.
- 6) No sleeveless shirts/blouses, halter or tube tops, spaghetti straps, or bare midriff. Tank tops okay as long as none of the 4 B's show.
- 7) Boys may not wear facial jewelry or earrings; girls' earrings are limited to their ears.
- 8) No intimate contact between the sexes. 4 inches of space between couples at all times.
- 9) No hazing or pranking.
- 10) Damage to property will be the expense of the individual and his/her parents.
- 11) While swimming girls should be in modest swimwear.
- 12) No gum or hats in any worship service.
- 13) No skateboards, scooters, or roller skates.
- 14) All youth must comply with an adult's reasonable request.

The Youth Camp leaders reserve the right to send a youth home, at their own expense, for not obeying the rules. Rules are subject to change as the need arises for different situations.

**FUSION YOUTH 2016 CHURCH CAMP PERMISSION AND  
REGISTRATION FORM**

I give permission for my child to travel with and attend Faith Church's Fusion Youth Church Camp at McCormick Creek State Park in Indiana June 6 – 11, 2016. I also give permission for my child to participate in supervised swimming, canoeing, and other athletic games and events with the other campers with the exceptions or stipulations listed below.

*Exemptions/Stipulations for activities:*

1. \_\_\_\_\_
2. \_\_\_\_\_

CAMPER'S NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

BIRTHDATE: \_\_\_/\_\_\_/\_\_\_

PARENT OR GUARDIANS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAYTIME PHONE #: \_\_\_\_\_

NIGHTTIME PHONE #: \_\_\_\_\_

EMERGENCY PHONE #: \_\_\_\_\_

EMERGENCY CONTACT'S NAME: \_\_\_\_\_

EMERGENCY CONTACT'S PHONE #'s: \_\_\_\_\_

*I will abide by all camp rules as in the Rules of Conduct and at camp. I will conduct myself in a manner that will honor God, my church, my parents, and myself. I realize that if I break any of the rules, camp officials may call my parents/guardians and I will not be allowed to stay for the remainder of the camp.*

Camper's Signature: \_\_\_\_\_

*I assume full responsibility for the actions of my child at church camp and will pay for any damaged done by him/her. If for any reason my child fails to abide by the rules, I understand that he/she will not be allowed to stay for the remainder of camp and I will be notified to come and pick him/her up.*

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

**FUSION YOUTH 2016 CHURCH CAMP MEDICAL TREATMENT  
PERMISSION FORM**

PRINT CHILD'S NAME: \_\_\_\_\_

HAS INSURANCE: (Y)\_\_\_\_\_ (N)\_\_\_\_\_

INSURANCE NAME: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

MY CHILD IS ALLERGIC TO:

- 1.
- 2.
- 3.

MY CHILD HAS THE FOLLOWING MEDICAL CONDITIONS:

- 1.
- 2.
- 3.

MY CHILD IS TAKING THE FOLLOWING MEDICATIONS:

- 1.
- 2.
- 3.

MY CHILD WILL TAKE THE FOLLOWING MEDICATIONS AT CHURCH CAMP

*(PLEASE INCLUDE DOSAGES AND TIMES):*

- 1.
- 2.
- 3.

MY CHILD IS ALLOWED TO TAKE THE FOLLOWING MEDICATIONS *(Please check):*

- Tylenol
- Benadryl
- Pepto-Bismol

PARENT'S SIGNATURE: \_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOUR CHILD'S INSURANCE CARD ALONG WITH THIS FORM.**