# SPACE IS LIMITED! To ensure you have your spot reserved -pre-registration AND payment online is required: CampWesley.com (Click on "Youth" to register & for forms)

• AGES: 12-18

• COST: \$100.00 per camper

• REGISTRATION:

- o Sunday, June 22nd, 3–5 PM in Dining Hall
- o Bring all Health & Medical forms & payment balance, if any
- o Registration payment through Paypal or Credit Card online
- o Checks payable to: Camp Wesley Youth Camp

# If you have any questions, please call: Rev. Blake Hinson, Youth Ministries Director @ 336-953-1812

#### Rules & Guidelines

- No tobacco, alcoholic beverages, weapons, or fireworks allowed
- No one can be out of dorms after lights out
- Dorms are off limits to the opposite sex
- No one is allowed on fire escapes unless it is an emergency
- Everyone should dress modestly
- Prescription drugs must be turned into the camp nurse at time of registration
- On time attendance is required at all services
- You must have parent/guardian permission to attend camp
- Youth must always remain on campgrounds except for scheduled off-site activities –
   youth will be <u>required</u> to sign out if leaving camp for any reason

**PLEASE NOTE:** We will be going off-site most days to swim and other recreational activities. We ask that the girls wear a one-piece bathing suit or a shirt over their regular swimsuit. All female swimwear must be approved by the women leadership of the youth camp. Thanks for your cooperation.

Any youth who must leave camp for reasons such as a ballgame, work, etc., must prearrange this with the camp director as well as have written permission from the parent on file. No youth will be allowed to leave with anyone other than the parent/guardian without written permission.

NEW as of 2016: Sign out will be required to leave camp for ANY reason.

(Use ink to fill in all information on this form.)

#### For your information, we expect each student to conform to these rules of conduct:

No possession or use of alcohol, drugs, or tobacco

No student can drive to activities off campus unless previously cleared by the Youth Camp leadership

No fighting, weapons, fireworks, lighters, or explosives

No offensive or immodest clothing

Dorms are off limits to those of the opposite sex

Participation with the group is expected – on time attendance to all services required

Respect camp property and other people's property

Respect one another, staff, and adult leaders

Respect and comply with event schedules

Have lots and lots of fun!

Students who repeatedly fail to comply with these expectations may be sent home at their parents' expense.

Student Consent	(Must be signed)

	evaluation of my health, and permission to participate in all youth gree to abide by the stated personal limitations and code of
Student signature:	Date:
Parent Consent (Must be signed)	
broomball, volleyball, softball, baseball, camping, swimm	asketball, roller skating, rollerblading, games in the park, soccer, ing, bowling, hiking, biking, concerts, Bible studies, hayrides. event, please submit your wishes in writing to the <b>Camp Wesley</b>
(Student's Name)sponsored by <i>Camp Wesley Youth Camp</i> from June 22	has my permission to attend all youth activities -June 29, 2025, and additional events until June 29, 2026.
This consent form gives permission to seek whatever me Camp and its staff of any liability against personal losses	dical attention is deemed necessary and releases the Youth of named child.
attend events being organized by Camp Wesley Youth C any ministry or athletic event, and I/we hereby release Ca volunteer workers from any and all liability for any injury, course of my/our child's involvement. In the event that he consent to any reasonable medical treatment as deemed required from a physician and/or hospital personnel design person free and harmless of any claims, demands, or sui acknowledge that we will be ultimately responsible for the not be reimbursed by the health insurance provider. Furth above is accurate at this date and will, to the best of my/or	amed above, a minor, and have given our consent for him/her to amp. I/We understand that there are inherent risks involved in amp Wesley Youth Camp, its pastors, employees, agents, and loss, or damage to person or property that may occur during the she is injured and requires the attention of a doctor, I/we necessary by a licensed physician. In the event treatment is gnated by Camp Wesley Youth Camp, I/we agree to hold such tts for damages arising from the giving of such consent. I/We also e cost of any medical care should the cost of that medical care ner, I/we affirm that the health insurance information provided our knowledge, still be in force for the student named above. I/we ense should they become ill or if deemed necessary by the youth
I/We give Camp Wesley permission to use any official ph to be used in Camp Wesley Publicity materials (Example	otographs taken by camp officials that may include my/our child, Brochures, internet, etc.).
Parent/Guardian signature:	Date:

### **CAMP WESLEY MEDICAL RELEASE FORM**

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(Use ink to fill in all information on this form. Please print.)

Name: Last First Midd		Age	Birthdate		
LAST FIRST MIDE  ☐ Male ☐ Female Address:					
Phone					
Medical insurance company	Polic	cy #	_		
Mother	Phone: Home	e	_ □Work □Cell		
Father	Phone: Home	<del></del>	_ □Work □Cell		
Emergency	. Phone: Home	e	_ □Work □Cell		
Medical History					
If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.					
Check the following areas of concern for this stu	dent. If neces	sary, add another p	page with details:		
<ul> <li>1. For your child's safety and our knowledge, is your student a—</li> <li>□ good swimmer</li> <li>□ non-swimmer</li> </ul>					
2. Does your child have allergies to— □ pollens □ medications □ food □ insect bites Other:					
3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  ☐ asthma ☐ epilepsy / seizure disorder ☐ heart trouble ☐ diabetes ☐ frequently upset stomach ☐ physical handicap ☐ other					
4. Date of last tetanus shot:					
5. Does your child wear ☐ glasses	□ contac	t lenses			
6. Please list and explain any major illnesses the child experienced during the last year:					
Additional comments:					
Should this child's activities be restricted for	any reason? F	Please explain:			
7. Medications (List here or on a separate sheet)					
My child/teenager may be administered over the cou	nter medicatio	ins.			
Parent/Guardian Signature			Date		
I understand that the camp staff and volunteers will use their best efforts to supervise; however, I also understand the camp staff is not responsible for loss of personal property or bodily injury. If I cannot be reached at the time of an emergency and if treatment is urgent in the judgment of the camp staff and medical authorities, I authorize and direct the camp staff members present to send my child ( <i>properly accompanied</i> ) to the hospital or the most easily accessible medical facility. I understand that I will assume full responsibility for the payment of any services rendered.					
Parent/Guardian Signature:			Date:		
*Note – This document is to remain active one year from the date in which it is signed.					



## **NO DRAMA AGREEMENT**

**Event:** Camp Wesley Youth Camp 2025

**Date:** June 22-28, 2025

I agree that I will be an example and a Christian witness during the event that is listed above. I choose to use words and actions that are positive, encouraging, uplifting and polite. I promise to set an example of how a Christian student is supposed to behave.

I understand that the listed event is intended to honor God and be enjoyed by <u>all</u> who participate. Therefore, I promise that I will <u>NOT</u> perform any of the following actions or behaviors:

- Start and/or participate in drama of any kind.
- Make fun of or pick on other people.
- Lie, gossip or start rumors about other people.
- Complain and/or display an unthankful attitude.
- Show disrespect in any way, form or fashion to any of the counselors, campers, leaders or other attendees at camp meetings.
- Take something that belongs to someone else.
- Participate in verbal, physical or psychological abuse.
- Make sexual advances toward anyone.
- Participate in a fight.

I understand if I violate any of the stated rules above that I <u>will</u> be asked to leave camp, I will <u>not</u> be able to return, and I will <u>not</u> receive any reimbursement for my registration fee(s).

Student's Printed Name	Student's Signature
Youth Pastor/Leader's Signature	 Date