

Buckville Baptist Association church Camp  
c/o Amanda Ford Ault  
2159 Hamilton Dairy Rd  
Hot Springs, AR 71909  
501-620-9569

April 9, 2019

Greeting Kids and Parents!!

***This camp is completely free!!!!***

The BBA church Camp will be held **Wednesday June 19<sup>th</sup> through Friday June 21<sup>st</sup>**. This camp will be for children age 8 (birthday by May 1, 2019) and above to graduating 2019 seniors. Camp will be held at Camp Story located in Buckville, Arkansas. We are LIMITED to how many kids we'll be taking.

Parents are to complete, sign and return all forms requiring their signature. Signed forms may either be returned by mail (see address above) or hand delivered to Amanda Ault **NO LATER THAN** June 9th.

Because this camp is Local, drop off for camp will be at Camp Story at 8am, Wednesday June 19<sup>th</sup>. We also want to welcome you to come and worship with your kids at out night service at 6pm each night. **CAMPERS ARE TO BE PICKED UP FRIDAY JUNE 21<sup>st</sup> AT 12 NOON.**

If you require more information, please give me a call at 501-620-9569.

Sincerely,

Amanda Ford Ault  
Director

## Buckville Baptist Association Code of Conduct

1. All campers will act in Christian like manner, showing respect to property, Counselors and one another.
2. All campers will dress appropriately with the following codes:
  - A. No clothing will be worn with obscene pictures or language. (this includes alcohol & tobacco products).
  - B. Cover-ups will be worn over swimsuit, except while swimming.  
**\*NO BATHING SUIT SHOWING STOMACH WILL BE ALLOWED!!!**NOTE: Counselors may approve/disapprove dress apparel.
3. No weapons, tobacco products, alcohol, or drugs will be allowed in the possession of campers.
4. Any camper taking medication will turn it in to the camp nurse, where it will be dispensed in appropriate dosage and time.
5. Any camper breaking rules will be brought before the camp director(s).
6. This is a camp and we intend to have fun. However, we must remember that GOD will be at the center of our camp and that these young people are our church leaders of tomorrow.
7. At no time will boys be allowed in the girl's sleeping quarters, or girls allowed in the boys sleeping quarters.
8. All groups are expected to keep building and grounds clean during their stay.
9. No use of alcohol or illegal drugs anywhere on the facility.
10. All campers will have at least one (1) responsible adult counselor in the cabin.

### **ALL CAMPERS MUST BRING THE FOLLING TO CAMP**

1. Sheets, blankets, quilts, or sleeping bags and pillow
2. Towels and washcloths
3. Soaps and shampoo
4. Toothpaste and Toothbrush
5. Deodorant, cologne, hair brush, etc.
6. Extra pair of shoes for swimming

Bible, if you have one, if not please check box below

Yes, I have a Bible

No, I do not have a Bible

Camper Sign: \_\_\_\_\_

Parent Sign: \_\_\_\_\_

Date: \_\_\_\_\_

# Buckville Baptist Association Church Camp Application

APPLICATION MUST BE COMPLETED BY PARENT OR GUARDIAN

## INFORMATION:

Date:

Camper:

Check One :

Boy

Girl

Home Address:

Phone #:

Emergency Phone #:

Date of Birth:

Age on May 1st

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name

Home Address:

Phone #:

Work Phone #:

Cell Phone #:

Home Physician

Physician Phone#

Emergency Contact Info:

How did you become interested in Church Camp?

## PERMISSION

My Child Does Not Have To Wear A Life Jacket While Swimming

My child Does Have To Wear A Life Jacket While Swimming

## DROP OFF/PICK UP INFORMATION

Drop Off Information: Camp Story, Wednesday June 19<sup>th</sup> 8 am

Pick Up Information: Camp Story, Friday June 21<sup>st</sup> no later than 12 noon

Parent/Guardian Signature:

# Buckville Baptist Association Church Camp Application

## PARENT AUTHORIZATION TO PROVIDE HEALTHCARE

CHILD'S NAME:

**CAMPERS (THAT ARE ON MEDICATION) NEED TO BRING THE MEDICATION TO THE DIRECTOR IN THE ORIGINAL BOTTLE. THIS MEDICATION WILL NOT BE GIVEN TO THE CAMPER WITHOUT BEING IN THE ORIGINAL BOTTLE.**

ALLERGIES:

LIST ANY MEDICAL PROBLEMS:

LIST ANY MEDICATION AND DOSAGE THAT CHILD IS PRESENTLY TAKING

HEALTH INSURANCE COVERAGE WITH:      INSURED NAME:      POLICY #

HOME PHYSICIAN?      PHYSICIAN NUMBER (      )

## PERMISSION

TO BUCKVILLE BAPTIST ASSOCIATION:

I request that you give medication to my child during church camp in accordance with policy printed below. You are authorized to delegate this authority to another person, if needed. I will not hold anyone responsible for any undesired reaction, which may occur from the medication.

Camp Director has my permission to give non-prescription medicine such as Tylenol, Ibuprofen, Antacid, topical creams/ointments for itching, etc. as needed to my child while he/she is at camp.

I agree to pay for ambulance service if used to transport my child from church camp to doctor or hospital.

Parent/Guardian Signature:

Date: