

Peachtree Baptist Church

6675 E Hwy 16, Senoia, GA 30276

(770) 599-0888

July 26-31, 2010

Camp Fairview

Application

Please fill out first three pages and return to above address.

Last Name,	First Name,	Middle Initial	
Street Address,	City,	State,	Zip Code
Date of Birth - (M/D/Y)	Age		

Name of Parents or Guardian: _____

Do you attend Sunday school? _____ Where? _____

Are you a Church Member? _____ Where? _____

What is your Pastor's name? _____

Have you ever attended Camp Fairview? _____

Do you agree to spend the entire week at Camp Fairview? _____

(The \$2.00 insurance fee covers the camper traveling to and from Camp Fairview and also while on camp property.)

Camper Agreement

"I desire to attend Camp Fairview and will do so at my own risk and responsibility. Also, I am willing to abide by all camp rules and regulations."

Campers Signature: _____

Parents' Agreement

"I give my consent for _____ to attend Camp Fairview and will not hold the organization or sponsors liable in case of sickness or accident."

Parents Signature: _____

Address: _____

Phone #: _____

****PLEASE SEE ADDITIONAL NEW ITEMS TO BE BROUGHT****

Camper's Health Certificate

Camper's Parent or Guardian must fill out this Health Certificate.

Please answer **ALL** questions.

Camper's Name _____ Age _____ Grade Next Yr. _____

Address _____ City/State _____ Zip _____

Phone _____ Height _____ Weight _____ Sex _____

Past Illnesses

<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Spinal Meningitis
<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Polio	<input type="checkbox"/> Scarlet Fever

Has Camper Ever Had?

<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Sinusitis
<input type="checkbox"/> Asthma	<input type="checkbox"/> Abscessed Ears	<input type="checkbox"/> Kidney Trouble
<input type="checkbox"/> Athletes' Foot	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Poor Appetite
<input type="checkbox"/> Fainting	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Constipation
<input type="checkbox"/> Frequent Stomach Upsets		

Has Camper Had These Inoculations, And Are They Up To Date?

Polio Typhoid Tetanus Chest X-Ray

Is Camper Allergic To:

Poison Ivy Penicillin Foods Other

Will Camper Need To Receive Regularly Prescribed Medication While At Camp?

(All medication will need to be given to the camp nurse upon arrival. Please describe medication.)

Health Recommendations of Value to Camp Nurse:

I agree not to permit my child to attend Camp Fairview if he has been exposed to any contagious of infectious disease, and will cancel his reservation at once. In case of emergency, I grant permission to the physician selected by the Camp Director to render proper treatment for my child. The parents will assume any coverage which camp insurance does not include.

Signature _____
(Father, Mother or Guardian)

Address _____

Phone: Day _____

Evening _____

Camp Instructions

(Camper Should Keep This Instruction Sheet For Their Own Reference)

DATE OF CAMP: Monday, July 26 – Saturday Morning, July 31, 2010

COST PER CAMPER: \$150.00 (This includes a \$2.00 fee for insurance)

PLEASE MAKE ALL CHECKS PAYABLE TO PEACHTREE BAPTIST CHURCH

CAMP ADDRESS: Camp Fairview, 820 County Rd. 674, Riceville, TN 37370

CAMP TELEPHONE:

Objectives: The objective of Peachtree Baptist Church Youth Camp is to bring glory to the name of the Lord Jesus Christ by:

- Presenting Christ as Saviour to the lost.
- Developing Christian character and leadership through the teaching and preaching of the Word of God.
- Developing sportsmanship through organized recreation.

Activities: Days and nights will be filled with fun and excitement for we will be having:

- Bible classes each morning.
- Supervised recreation in the afternoons that will include competitive sports such as volleyball, soccer and softball. There will also be swimming (boys and girls at separate times).

Note: **ALL** young people will be involved in **ALL** activities as outlined by the camp.

Things To Bring:

1. Bible (KJV)
2. Pen and Paper
3. Linens (sheets, towels or sleeping bag)
4. Clothes for recreation
 - No shorts for boys or girls
 - No pants for girls
 - (Girls should bring knee length skirts, dresses or culottes.)
 - Swim Wear
 - Boys** – Swim Shorts
 - Girls** – Modest one-piece suite, no french cut or sides out.
5. Necessary toiletry items (soap, deodorant, etc.)
6. Spending money for canteen and extra-curricular activities.
7. **Clean White T-Shirt for Camp memory creation we are doing.**
8. **A Hat for Crazy Hat Day.**

Things Not To Bring:

1. Radios
2. Tape or CD players
3. Fireworks
4. Cigarettes
5. Matches
6. Weapons
 - Knives
 - Guns
 - Other Weapons
7. Cards of any kind
8. Game Boys

Note: Pranks or practical jokes aimed at other campers or staff will NOT be tolerated!

Standard: This is a Christian Camp and the young people are expected to conduct themselves in a manner that is becoming to a Christian and that will bring honor and glory to God. Please do not hesitate to call Peachtree Baptist office (770) 599-6888 or (770) 599-0888, if you have any questions.

- Boys hair must be cut above the ears and off the collar. No earrings please!
- Girls must always be clothed in modest apparel; dresses, skirts or culottes must come to the knee.

Camp Schedule

7:00	Wake Up Time
7:35 – 7:50	Room Devotions
8:00	Breakfast
8:30 – 9:30	Bible Time
9:30 – 9:45	Canteen
9:45 – 10:30	Bible Drill Session
10:30 – 12:00	Missions Emphasis
12:00 – 12:30	Lunch
12:30 – 2.00	Combined Activities
2:00 – 3:45	Girls Swim (Boys Activity Time)
4:00 – 5:45	Boys Swim (Girls Activity Time)
6:00	Dinner
7:00	Evening Service
8:30	Canteen
10:00	Lights Out

*To be worked into schedule

Skating- Tuesday

White water rafting- Thursday

Parents please fill out and return with application

Participant Release of Liability and Assumption of Risk Agreement

*****Read Before Signing*****

Organization Name: **Camp Fairview/Peachtree Baptist Church**

Participant Name: _____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. **I knowingly and freely assume all such risks**, both known and unknown, **even if arising from the negligence of the releases** or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **hereby release, indemnify, and hold harmless the Hiwassee Scenic River Outfitters, Inc.**, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event (Releases), from any and all claims, demands, losses, and liability arising out of or related to any **injury, disability or death** I may suffer, or loss or damage to person or property, **whether arising from the negligence of the releases or otherwise**, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Name: _____ Age: _____ Date: _____

For Parents/Guardians of Participant of Minor Age (under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **even if arising from the negligence of the releases**, to the fullest extent permitted by law.

Parent/Guardian Signature: _____ Date: _____

Emergency Phone Number(s): _____