

2020 Baptist Youth Camp of the Ozarks
Behavioral Contract for ALL Attendees

Name: _____ Birth Date: ___/___/___

Street Address: _____ City: _____ State: _____ Zip _____

Parent or Guardian: _____ Phone: () _____ - _____

Church Attending camp with: _____

City: _____ State: _____ Zip _____

Pastor's Name: _____ Counselor Name _____

CAMP RULES

SAFETY AND HEALTH

1. Stay off cliff. Stay in lighted areas at all times. Don't run down hill.
2. Don't throw rocks. Don't throw anything in lake or pools.
3. Water safety: Never enter pool areas except for scheduled swimming periods when lifeguard is on duty. Obey all pool rules. Obey all lifeguards and adult supervisors. Use life vests in canoes. (STAY OUT OF PONDS)
4. Eat meals & drink water. Snack foods and hot weather make for sick campers.

SPIRIT AND UNITY

1. All campers must participate in all services. Nicer clothes are encouraged for evening services.
2. Water pistols/balloons, fireworks, radios, audio/video players/games, laser pointers, cell phones, and any other electronic devices are not allowed.
3. Campers or Counselors must never leave grounds without permission from their Head Counselor and the Camp Chairman, and the Head of Security must be notified.
4. Obey the dress code: (Counselors and Campers)
Girls: sport skirts, culottes, dresses are to be sitting knee-length. No bare midriff, no cleavage. No slacks, sports shorts, capris or cutoffs. (Inappropriate messages on hats or clothing is prohibited)
Boys: Wear modest fitting sweats, jeans, or slacks. No shorts, muscle shirts, pajama pants, mesh shirts, gang colors. (Inappropriate messages on hats or clothing is prohibited)
5. No weapons of any kind. No tobacco products of any kind.
6. All attendees agree to act in accord with the camp's statement of faith.
 - Campers may be sent home at the discretion of the Camp Chairman, their own Pastor, or Head Counselor for violation of these rules or the spirit/unity of the camp.
 - Campers need to change into their swimming attire at the pool.

I have read these rules, understand, and agree to abide by them for the duration of my time at camp.

(Participant's Signature)

(Date)

(Parent's or Guardian's Signature)

(Date)

2020 Baptist Youth Camp of the Ozarks
Consent and Release Form

I, the undersigned parent or legal guardian, hereby consent to _____, herein referred to as my child, who is [] years of age, participating in the activities connected with the trip to and from and the time at Youth Camp at the Baptist Youth Camp of the Ozarks in Joplin, MO, an activity sponsored by (church name) _____ from Monday, June 15, 2020 through Friday, June 19, 2020.

I certify that my child is able to participate in these activities involved at Baptist Youth Camp of the Ozarks, including sports, swimming, and canoeing (unless otherwise indicated). If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number(s) listed below. If I cannot be reached within a reasonable period of time, I hereby authorize the adult sponsor, _____, or the Registered Nurse who is on the campus of Baptist Youth Camp of the Ozarks, to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have specifically listed them below.

I understand and hereby agree to assume all the risks which may be encountered on said activities, including activities preliminary and subsequent thereto.

I do hereby agree to hold (church name) _____, and Baptist Youth Camp of the Ozarks, and their agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which my child now has or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State(s) of _____, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that **I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act.** This is a legally binding agreement which I have read and understand.

Medical conditions to be aware of:

_____ *Int.*
_____ *Int.*

Physical Restrictions:

Instructions and medications:

Date of last tetanus and/or booster:

I do not wish my child to participate in the following:

Telephone number(s) where I may be reached in an emergency:

Date: _____

Date: _____

-
- Parent
 - Legal Guardian
 - Other: _____

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- Parent
 - Legal Guardian
 - Other: _____