

NOVEMBER 9th-13th



VICTORY YOUTH CAMP 2020

Location: Camp Living Water, 1510 W Deep Creek Rd, Bryson City, NC 28713

Dates: Monday, November 9th - Friday, November 13, 2020

Departing: Monday, November 9th, 6:30AM @ Victory Baptist Church

Returning: Friday, November 13th, 6:00PM @ Victory Baptist Church

REGISTRATION INFORMATION

- The total cost for camp is \$125 per camper, including chaperones. This price includes:
 - Camp activities and games
 - Lodging for 4 nights
 - T-Shirt
- A \$25 non-refundable deposit is required when registering. Deposits are due by ***Sunday September 6th***
- The total balance is due by ***Sunday October 11th***
- Deposits should be made as soon as possible to reserve your spot! Camp will fill up fast!
- Ages for camp are 12-18 or 6th-12th grades.
- Each camper MUST turn in **THREE** completed forms:
 - 1) Individual Registration***
 - 2) Health Form***
 - 3) Adventurous Fast Rivers Release.***

WHAT TO BRING

- 1. Supplies:** Bible, notebook, pens.
- 2. Linens:** Sleeping bag or sheet, blanket and pillow. Towels, washcloths, and beach towel. Water shoes or old tennis shoes for tubing and whitewater rafting. (Not flip flops)
- 3. Personal Items:** Toiletry items, hair dryer, soap, deodorant, toothpaste, toothbrush.
- 5. First aid kit:** A small first aid kit with band aids, bug bite cream, etc.
- 4. Medication:** All medications will be checked in at registration. The camp EMT will administer all narcotic medicines. Group chaperones will store and administer OTC and other medications as prescribed.
- 6. Spending money:** Meals are included; however, campers may want money for gas station stops to and from camp, or want to purchase snacks from the camp canteen which is open each afternoon and evening.

WHAT NOT TO BRING

1. A bad attitude ☺
2. No electronics of any kind. IPODS, IPADS, MP3 players, CD players, laptops, video games.
3. Any literature other than a Bible or Christian book. (no magazines)
4. Absolutely no weapons allowed of any kind (knives, guns, fireworks)
5. No alcohol, no tobacco products of any kind
6. All campers Cell phones will be collected before camp and kept in a secure area, and returned Saturday on the way home. Campers will have access to a phone in an emergency

DRESS CODE

We understand that every church has different standards concerning a dress code. Our main desire of the camp is to reach the hearts of these teenagers; and for no one to be a stumbling block to others. Therefore a standard is required. Our goal is to run a clean camp with a practical yet modest dress code. We have found that it can be embarrassing and hurtful to campers if they come unprepared. We do not want that to happen!

SO PLEASE HELP US! Be proactive and prepare your teenager for camp with this information so once we get there we can have a great time and see lives changed!

All Youth leaders and Counselors will also uphold dress code, while encouraging your group to follow the dress code as well. All fashions worn should be conservative and professing Godliness in appearance.

Girls

Evening Services: Please wear skirts or dresses. All skirts and dresses should cover the knee. Shirts should cover the shoulders and midriff; necklines should be modestly designed and not low cut.

Morning Services and Activities: Skirts, dresses, capris, or walking shorts (bermuda shorts), or loose-fitting garments that are at least knee length.

Swimming: All swimsuits must be one piece and covered with a t-shirt or swim shirt as well as knee length swim shorts. Water shoes are *highly recommended* for tubing and white water rafting.

Guys

Evening Services: Long casual pants or jeans and shirts with sleeves are appropriate.

Morning Services and Activities: Long casual pants or jeans, or shorts and shirt with sleeves.

Swimming: Dark swim trunks and swim shirt or t-shirt. Water shoes are *highly recommended* for tubing and white water rafting

DIRECTIONS

- Get on I-20 E
- Take exit 5 from I-20 E
- Get on I-26 W in Laurens County from SC-121 N, SC-39 N and SC-56
- Continue on I-26 W to Clyde. Take exit 27 from I-40 W
- Continue onto US-74 W/Great Smoky Mountains Expy
- Follow US-74 W to Veterans Blvd in Charleston. Take exit 67 from US-74 W
- Continue on Veterans Blvd. Take Toot Hollow Rd to W Deep Creek Rd
- Arrive at Camp Living Water 1510 West Deep Creek Road, Bryson City, NC 28713

CONTACT INFO

Camp Living Water
(828) 488-6012

Josh Tesch (706) 373-3784
Mindy Tesch (706) 832-3037

2020 CAMP LIVING WATER REGISTRATION

First Name:	Last Name:	
Date of Birth:	Age at time of camp:	Shirt Size:
Address:		
City:	State:	Zip:
Mom's Name:	Dad's Name:	
Home Phone:		
Mom Cell:	Dad Cell:	
Mom Work:	Dad Work:	
Emergency Contact if parents cannot be reached:		
Name:	Phone:	
Relationship to child:		

I, _____ give _____ permission to attend Victory Youth Camp on Monday, June 5th –Saturday, June 10th, 2017, at Camp Living Water in Bryson City NC.

General Medical Release: In the event of medical emergency, I understand every effort will be made to contact parents/guardians of attendees. In the event I cannot be reached, I hereby give permission to the physician selected to hospitalize and secure proper treatment for and order injection and anesthesia or surgery for my child as named above. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

Photo/Video Release: I understand by attending camp that my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used in promotional materials, websites, or social media for Victory Teens or Victory Baptist Church.

Liability Release: I release, **Victory Baptist Church, ALL Staff, and Camp Living Water** from any responsibility involving injury that may occur.

By signing below I agree to the all of the above statements.

(Signature of Parent / Guardian)

Date

Must have this completed form for each camper
HEALTH FORM

EVERYONE (Students, Chaperones, and Staff) must complete a Health Form. Please Print Neatly.

Name _____

PLEASE CIRCLE YES OR NO (PROVIDE DETAILS ON BACK IF NECESSARY)

Allergic to any Medicines Y N Asthma Y N Tetanus Shot Current Y N
Diabetic Y N Allergies Y N Convulsive Disorder Y N

List allergies: _____

List any other medical problem of which we need to be aware: _____

Doctor prescribed medications - list and dosage: _____

Make sure your child will have enough medication while at Victory Youth Camp. All medication will be checked in upon arrival. Camp EMT will store and administer narcotic medications; youth group chaperones will store and administer all OTC and other medications.

Special Diet as prescribed by a doctor: Y N If yes, specify: _____

Any activity in which your child should not participate: _____

Is your child covered by health insurance? Y N Please complete the following insurance information.

Insurance Company: _____ Policyholder name: _____

Group Number: _____ Policy Number: _____

I/We agree to hold Victory Baptist Church, harmless of any liability resulting from injuries or loss of property sustained by me/our child during any Victory Youth Camp function. I/We give consent for my/our child to receive medical treatment by an EMT or licensed physician when deemed necessary by the camp director. I/we understand that Victory Baptist Church does not provide any form of accident or sickness medical benefits including insurance coverage for me/my child while I/my child am participating in Victory Youth Camp activities. I/We agree that I/we are responsible for all medical expenses incurred from injuries/illnesses that I/my child might sustain.

SIGNATURES (ALL THREE REQUIRED IF INDIVIDUAL IS UNDER 21 AND LIVING WITH BOTH PARENTS. IF UNDER 21 AND LIVING IN A SINGLE PARENT HOME, ONLY THE ONE PARENT/GUARDIAN SIGNATURE IS REQUIRED.)

Minor _____ Date _____

Father/Guardian of Minor _____ Date _____

Mother/Guardian of Minor _____ Date _____

Adult over 21 _____ Date _____

Victory Baptist Student Ministry CONSENT AND RELEASE FORM

I, the undersigned parent or legal guardian, hereby consent to _____, herein referred to as my child, participating in all VICTORY TEEN activities that will take place from January 1, 2020 through December 31, 2020.

I certify that my child is able to participate in all activities, unless otherwise stated below. My child is authorized to ride in any vehicle deemed necessary for traveling to and from any and all activities. 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, I hereby authorize the adult sponsor, _____ or _____, 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 listed them below.

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

I do hereby agree to hold VICTORY BAPTIST CHURCH and its 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 of SOUTH CAROLINA, 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.

_____ Int.
_____ Int.

Telephone numbers where I may be reached in an emergency: _____

If I can NOT be reached at the number given above, please contact one of the adults below:

Name _____ Phone# _____
Name _____ Phone# _____

My child is NOT authorized to be released to the following person(s) _____

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

Date: _____

Date: _____

 Parent
 Legal Guardian
 Other: _____

 Parent
 Legal Guardian
 Other: _____