

“What If?”

KIDS CAMP 2022

KIDS CAMP 2022 will be held at Camp Timberlake in Forsyth for all boys and girls ages 8-12 and those students who are 7 years old and have completed the second grade. This year’s theme is “What If?” Here are the dates and information this year:

Kids Camp 1 (July 10-13) - Josh Cunningham (Kids Pastor/Trinity Church in Deltona, FL)

Kids Camp 2 (July 13-16) - Josh Cunningham (Kids Pastor/Trinity Church in Deltona, FL)

Kids Camp 3 (July 18-22) - Tim Jones (US Missionary to Children and Alabama District Assistant KidMin Director)

Registration cost for Camps 1 & 2 is \$160 each and registration cost for Camp 3 is \$200. A **non-refundable** deposit of \$100 is required for each camp. The cost of Kids Camp covers all meals, lodging, services, and activities & games. Kids Camp T-shirts, if purchased in advance, are \$12 each (\$15 if purchased at camp). Students will need to bring additional money for the Snack Shack and the Camp Store.

ADULT VERIFICATION FORM: Every adult participant (18 & older) **MUST** fill out an Adult Verification form which is included with this packet and can be found on our website by clicking directly on “Events” and scrolling to the bottom of the page. Remember, these forms are only filled out once a year beginning in January and will be good for all events through the year. Any adult who does not have this form approved and signed by their Lead Pastor or Board Member will not be allowed to participate in Kids Camp or any other district function for GA KidMin.

REGISTRATION: We will need an individual registration form, which includes the medical information form, for each student and leader attending. All completed registration forms should be mailed or faxed (ATTN: Janna Graham) to the District Office. The regular registration deadline for all camps is Friday, June 10. This means all forms and deposits should arrive in the GA KidMin Office by Friday, June 10 (**NOT POSTMARKED BY**). Deposits and balance payments should be paid with one check from the church. If you have any questions, contact our administrative assistant, Janna Graham, via email (janna@gadistag.org) or via phone (478.405.5901). Any registration after this date **will incur a \$20 additional fee (students only)**. All registrations 7 days or less before the start of each camp including onsite registration must receive prior approval from the GA KidMin Office.

HEAD CHECKS – There will be a head check for lice upon arrival at Kids Camp during registration for all students and leaders. Every church/group should do their own head checks before coming to Kids Camp. We have enclosed a Lice Check information sheet. Please read so no child will be sent home! No refunds will be given if a child is sent home due to active lice or nits!

BGMC PROJECT & SPECIAL BGMC OPPORTUNITIES: BGMC is always an important part of Kids Camp. This year we are raising BGMC Funds for 3 different projects: 1) Puppets for Kenya Assemblies of God (\$2,500), 2) Fire Bibles (\$5,000), and 3) Sound equipment for GA Missionaries Zach & Carri Brinegar (\$4,000). Every child who gives \$20 or more to BGMC for Kids Camp will earn a late night swim during the week they attend Kids Camp. BGMC money should be collected before coming to camp and paid with one church check. A form will be included with our Kids Camp packet to list all your students who will participating and should be turned in at registration as well. Please include the name of your church with your BGMC giving. This helps us ensure proper BGMC giving credit for your church.

Please let me know if you have any questions or if I can help you or your church in any way.

Sincerely,

Russell Smith

Leader Check List

2022 KIDS CAMP

& Important Information

1. Before the Camper Registration Forms are handed to parents:

- Decide what camp your students will be able to attend. Check the appropriate box for the week you selected and fill in your church name and city before making copies. Set a deadline for parents to return Camper Registration Forms and \$100 deposit. (We recommend one week prior to the district office registration deadline.)
- Copy Registration Forms and the What to Bring Flyer. Distribute both to parents.

2. When the Camper Registration Forms are turned in to you:

- Make sure the parent's check is addressed to your church. You should submit only 1 church check to the District Office.
- Look over the registration forms to see if the following is filled out correctly and is readable:
 - *All 6 steps are filled out completely
 - *Age and Gender are listed
 - * **Insurance information is completed**
 - *Emergency contact name & numbers are listed
 - * If the student marked T-shirts, make sure appropriate amount of money is enclosed and the t-shirt size is marked.
- Mail all registration forms and one church check with deposits and pre-ordered t-shirt money to: GA KidMin; ATTN: Janna Graham; PO Box 28470; Macon, GA 31221

3. Before Camp:

- You will be notified by email about the status of your registration two weeks prior to your scheduled week of camp.
- Do a head check for lice. Students with evidence of lice or nits will not be permitted. Please advise parents to check their camper before leaving to guard against embarrassment. Camp Timberlake has a no nit policy. There is no refund on deposit if found on Monday during check in. After check in there is no refund on total camp registration.
- Every adult must have a completed Adult Verification Form in order to participate as a leader at Kids Camp

4. First Day of Camp

- Registration is in the Cafeteria, Head Check is in the Gym. Assign one adult to register the students in the Cafeteria. This person will need one church check to pay for the balance due from your church.
- It is required that any students or adults registering within 48 hours before camp begins to contact the District KidMin Director, Russell Smith (russell@gadistag.org) to make sure we can add students. If on-site registration is approved, leaders must bring a completed and signed Camper/Leader Registration Form to camp and submit it at registration check-in. If a registration form is brought to camp without the proper signatures, they CAN NOT be allowed to stay. On-site registration will be based upon bed space availability. **Please contact Janna Graham (janna@gadistag.org) to be sure space is available.**
- Collect all medications to be turned in to the **Camp First Aid** upon arrival. **All medications must be prescribed in the camper's name and in its original container.**
- If you are bringing a BGMC check, turn this in at registration. If paying with a credit card, add 3% to the total owed.
- Kids can turn in their money at the **BANK** during registration, or one adult can turn in all their money. Remember, the bank will be open throughout the day during camp for the kids to withdraw their money.

Deposit Form

2022 KIDS CAMP

(Mail this form in with registration)

Church Name _____ City _____

Leader's Name _____ Phone _____

Confirmation Email _____

Week of Camp

- Camp 1: July 10-13 Speaker: Josh Cunningham
- Camp 2: July 13-16 Speaker: Josh Cunningham
- Camp 3: July 18-22 Speaker: Tim Jones

Girls Deposit _____ X \$100= _____

Boys Deposit _____ X \$100= _____

Girls Balance (Camps 1 or 2) _____ X \$60= _____

Girls Balance (Camps 3) _____ X \$100= _____

Boys Balance (Camps 1 or 2) _____ X \$60= _____

Boys Balance (Camps 3) _____ X \$100= _____

Leaders (Camps 1 or 2) _____ X \$100= _____

Leaders (Camps 3) _____ X \$135= _____

Jr. Leaders (Camps 1 or 2) _____ X \$100= _____

Jr. Leaders (Camps 3) _____ X \$135= _____

Pre-Ordered T-Shirts _____ X \$12 = _____

Late Applications (Students Only/After Friday, June 10) _____ X \$20 = _____

Total Amount Due = _____

Enclosed Amount = _____

Balance Amount = _____

(due upon arrival)

Total Church Count

2022 KIDS CAMP

(Mail this form in with registration and/or check)

Leaders (must be 18 or older)

1 _____	Shirt size _____	5 _____	Shirt size _____
2 _____	Shirt size _____	6 _____	Shirt size _____
3 _____	Shirt size _____	7 _____	Shirt size _____
4 _____	Shirt size _____	8 _____	Shirt size _____

Jr. Leaders (16 & 17 year olds)

1 _____	Shirt size _____	5 _____	Shirt size _____
2 _____	Shirt size _____	6 _____	Shirt size _____
3 _____	Shirt size _____	7 _____	Shirt size _____
4 _____	Shirt size _____	8 _____	Shirt size _____

Names of Campers Attending

Shirt Sizes Available: YM, YL, AS, AM, AL, AXL, AXXL(+\$2), 3XL(+\$4), 4XL(+\$6)

(Please only mark t-shirt if camper pre-ordered)

Girls	Size	Paid	Boys	Size	Paid
1		\$	1		\$
2		\$	2		\$
3		\$	3		\$
4		\$	4		\$
5		\$	5		\$
6		\$	6		\$
7		\$	7		\$
8		\$	8		\$
9		\$	9		\$
10		\$	10		\$
11		\$	11		\$
12		\$	12		\$
13		\$	13		\$
14		\$	14		\$
15		\$	15		\$
16		\$	16		\$
17		\$	17		\$
18		\$	18		\$
19		\$	19		\$
20		\$	20		\$
21		\$	21		\$
22		\$	22		\$

CAMPER APPLICATION

2022 KIDS CAMP

STEP 1: CAMPER INFORMATION (please print clearly)

Camper Name _____ Age _____ Birth Date ____/____/____ Gender at Birth M F
Mailing Address _____
Parent's Name with whom child lives _____ E-mail _____
Address (if different from above) _____
Day Phone # _____ Cell Phone # _____ Evening Phone #: _____
Emergency Contact Person _____
Relation to camper _____ Phone # _____

STEP 2: CHURCH INFORMATION

Church Name _____ City _____ Leader _____

STEP 3: WEEK OF CAMP

Camp 1: July 10-13 Camp 2: July 13-16
Speaker: Josh Cunningham Speaker: Josh Cunningham

STEP 4: PAYMENT

Shirt Sizes Available: YM, YL, AS, AM, AL, AXL, AXXL(+\$2), 3XL(+\$4), 4XL(+\$6)

REGISTRATION

(MUST BE RECEIVED IN THE KIDMIN OFFICE BY FRIDAY, JUNE 10)

COST \$160
T-SHIRT (optional) \$12 SIZE _____
TOTAL FOR CAMP _____
AMOUNT ENCLOSED _____
(MUST INCLUDE AT LEAST A \$100 DEPOSIT)
BALANCE DUE ON ARRIVAL

LATE REGISTRATION

(RECEIVED IN THE KIDMIN OFFICE AFTER FRIDAY, JUNE 10)

COST \$180
T-SHIRT (optional) \$15 SIZE _____
TOTAL FOR CAMP _____
AMOUNT ENCLOSED _____
(MUST INCLUDE AT LEAST A \$100 DEPOSIT)
BALANCE DUE ON ARRIVAL

STEP 5: HEALTH CERTIFICATE (required)

Do you have Health Insurance? Yes No If so, Name of Company, Policy #, and Phone Number: _____

Is there any information we should have regarding this camper? (i.e. handicaps, restrictions, etc.) _____

What communicable disease has this camper had? (Check all that apply)

Measles Polio Mumps Chicken Pox Scarlet Fever Whooping Cough

When did this camper last receive a Tetanus Shot (give year): _____

Does the camper have any of the following conditions? (Check all that apply)

Heart Trouble Ear Trouble Kidney/Urinary Trouble Asthma Hernia Skin Trouble HIV/AIDS Lung Trouble Diabetes Seizures

Allergies (Name allergies or medications camper is allergic to. **Camper must bring own EpiPen if needed.**) _____

Name medication presently taking _____

Please circle what this camper may receive:

Tylenol Benadryl Advil Ibuprofen Claritin Mylanta Pepto-Bismol Nasal Decongestant Cough Syrup Tums Pepcid

STEP 6: SIGNATURES (required)

I (parent/guardian) do hereby state that I have legal custody of the child, a minor who resides with me. While this minor is a registered camper at any Georgia Assemblies of God event, I hereby authorize any director, nurse, or any other responsible personnel of said camp to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed in the State of Georgia, when such a medical or surgical treatment is necessary. **Initial** _____

I consent to the taking of photographs and/or video of the minor and release Georgia Children's Ministries to use said photos/videos for non-profit purposes including use in print, on the internet, and all other forms of media. **Initial YES** _____ **NO** _____

I/we do hereby give permission for the camper referenced in the application to participate in all camp activities, including but not limited to: field activities, swimming, water slides, zip line, and lake activities. **Initial** _____

Parent's Signature (Required) _____ Date ____/____/____

CAMPER APPLICATION

2022 KIDS CAMP

STEP 1: CAMPER INFORMATION (please print clearly)

Camper Name _____ Age _____ Birth Date ____/____/____ Gender at Birth M F
Mailing Address _____
Parent's Name with whom child lives _____ E-mail _____
Address (if different from above) _____
Day Phone # _____ Cell Phone # _____ Evening Phone #: _____
Emergency Contact Person _____
Relation to camper _____ Phone # _____

STEP 2: CHURCH INFORMATION

Church Name _____ City _____ Leader _____

STEP 3: WEEK OF CAMP

Camp 3: July 18-22

Speaker: Tim Jones

STEP 4: PAYMENT

Shirt Sizes Available: YM, YL, AS, AM, AL, AXL, AXXL(+\$2), 3XL(+\$4), 4XL(+\$6)

REGISTRATION

(MUST BE RECEIVED IN THE KIDMIN OFFICE BY FRIDAY, JUNE 10)

COST \$200
T-SHIRT (optional) \$12 SIZE _____
TOTAL FOR CAMP _____
AMOUNT ENCLOSED _____
(MUST INCLUDE AT LEAST A \$100 DEPOSIT)
BALANCE DUE ON ARRIVAL

LATE REGISTRATION

(RECEIVED IN THE KIDMIN OFFICE AFTER FRIDAY, JUNE 10)

COST \$220
T-SHIRT (optional) \$15 SIZE _____
TOTAL FOR CAMP _____
AMOUNT ENCLOSED _____
(MUST INCLUDE AT LEAST A \$100 DEPOSIT)
BALANCE DUE ON ARRIVAL

STEP 5: HEALTH CERTIFICATE (required)

Do you have Health Insurance? Yes No If so, Name of Company, Policy #, and Phone Number: _____

Is there any information we should have regarding this camper? (i.e. handicaps, restrictions, etc.) _____

What communicable disease has this camper had? (Check all that apply)

Measles Polio Mumps Chicken Pox Scarlet Fever Whooping Cough

When did this camper last receive a Tetanus Shot (give year): _____

Does the camper have any of the following conditions? (Check all that apply)

Heart Trouble Ear Trouble Kidney/Urinary Trouble Asthma Hernia Skin Trouble HIV/AIDS Lung Trouble Diabetes Seizures

Allergies (Name allergies or medications camper is allergic to. Camper must bring own EpiPen if needed.) _____

Name medication presently taking _____

Please circle what this camper may receive:

Tylenol Benadryl Advil Ibuprofen Claritin Mylanta Pepto-Bismol Nasal Decongestant Cough Syrup Tums Pepcid

STEP 6: SIGNATURES (required)

I (parent/guardian) do hereby state that I have legal custody of the child, a minor who resides with me. While this minor is a registered camper at any Georgia Assemblies of God event, I hereby authorize any director, nurse, or any other responsible personnel of said camp to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed in the State of Georgia, when such a medical or surgical treatment is necessary. Initial _____

I consent to the taking of photographs and/or video of the minor and release Georgia Children's Ministries to use said photos/videos for non-profit purposes including use in print, on the internet, and all other forms of media. Initial YES _____ NO _____

I/we do hereby give permission for the camper referenced in the application to participate in all camp activities, including but not limited to: field activities, swimming, water slides, zip line, and lake activities. Initial _____

Parent's Signature (Required) _____ Date ____/____/____

JR LEADER APPLICATION *(must be 16 & 17 years old)*

2022 KIDS CAMP

STEP 1: JR WORKER INFORMATION (please print clearly)

JR Leader Name _____ Age _____ Birth Date ____/____/____ Gender at Birth M F
Mailing Address _____
Parent's Name _____ E-mail _____
JR Leader Phone # _____ Parent's Phone # _____
Emergency Contact Person _____
Relation to JR Worker _____ Phone # _____

STEP 2: CHURCH INFORMATION

Church Name _____ City _____

STEP 3: WEEK OF CAMP

- Camp 1: July 10-13 Camp 2: July 13-16 Camp 3: July 18-22
Speaker: Josh Cunningham Speaker: Josh Cunningham Speaker: Tim Jones

STEP 4: PAYMENT (MUST BE RECEIVED BY FRIDAY, JUNE 10)

Shirt Sizes Available: YM, YL, AS, AM, AL, AXL, AXXL(+\$2), 3XL(+\$4), 4XL(+\$6)

Camps 1 & 2 **COST \$100** T-SHIRT (optional) **\$12** SIZE ____ **TOTAL FOR CAMP** ____ **AMOUNT ENCLOSED** ____
Camp 3 **COST \$135** T-SHIRT (optional) **\$12** SIZE ____ **TOTAL FOR CAMP** ____ **AMOUNT ENCLOSED** ____

STEP 5: HEALTH CERTIFICATE (required)

Do you have Health Insurance? Yes No If so, Name of Company, Policy #, and Phone Number: _____

Is there any information we should have regarding this JR Worker? (i.e. handicaps, restrictions, etc.) _____

What communicable disease has this JR Worker had? (Check all that apply)

Measles Polio Mumps Chicken Pox Scarlet Fever Whooping Cough

When did this JR Worker last receive a Tetanus Shot (give year): _____

Does the JR Worker have any of the following conditions? (Check all that apply)

Heart Trouble Ear Trouble Kidney/Urinary Trouble Asthma Hernia Skin Trouble HIV/AIDS Lung Trouble Diabetes Seizures

Allergies (Name allergies or medications JR Worker is allergic to. **JR Worker must bring own EpiPen if needed.**) _____

Name medication presently taking _____

Please circle what this JR Worker may receive:

Tylenol Benadryl Advil Ibuprofen Claritin Mylanta Pepto-Bismol Nasal Decongestant Cough Syrup Tums Pepcid

STEP 6: PARENT SIGNATURE (required)

I (parent/guardian) do hereby state that I have legal custody of the student, a minor who resides with me. While this minor is a registered JR Worker at any Georgia Assemblies of God event, I hereby authorize any director, nurse, or any other responsible personnel of said camp to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed in the State of Georgia, when such a medical or surgical treatment is necessary. **Initial** _____

I consent to the taking of photographs and/or video of the minor and release Georgia Children's Ministries to use said photos/videos for non-profit purposes including use in print, on the internet, and all other forms of media. **Initial YES** _____ **NO** _____

I/we do hereby give permission for the JR Worker referenced in the application to participate in all camp activities, including but not limited to: field activities, swimming, water slides, zip line, and lake activities.

Parent's Signature (Required) _____ Date ____/____/____

STEP 7: PASTOR SIGNATURE (required)

The undersigned church authorizes that the above-named participant is capable to work with minors at the GEORGIA DISTRICT COUNCIL ASSEMBLIES OF GOD, INC. Timber Lake Retreat Center. The undersigned church further warrants they are aware of no information that would suggest above-named participant to pose a risk of harm to minors.

Pastor's Signature (Required) _____ Date ____/____/____

ADULT REGISTRATION

2022 KIDS CAMP

STEP 1: ADULT INFORMATION (please print clearly)

Name _____ Birth Date ____/____/____ Gender at Birth M F

Mailing Address _____

City/ST/Zip Code _____

E-mail _____

Cell # _____ Home Phone # _____

Emergency Contact Person _____

Relation to applicant _____

Cell # _____

STEP 2: CHURCH INFORMATION

Church Name _____

City _____

STEP 3: PAYMENT

CAMP 1 OR 2 TOTAL COST \$100 T-SHIRT COST \$12 TOTAL _____ AMOUNT ENCLOSED _____

CAMP 3 TOTAL COST \$135 T-SHIRT COST \$12 TOTAL _____ AMOUNT ENCLOSED _____

STEP 4: Shirt Sizes: Shirt Sizes Available: YM, YL, AS, AM, AL, AXL, AXXL, 3X

CIRCLE T-SHIRT SIZE AS AM AL AXL AXXL (Add \$2) 3XL (Add \$4) 4XL (Add \$6)

STEP 5: ADULT VERIFICATION FORM

Have completed the Adult Verification Form with Pastor's Signature and sent to District Office. Yes _____ No _____

STEP 6: SIGNATURE (required)

I certified that all the information above is correct and there is no reason I should not be able to participate in Project GO. And that I have filled out completely the Adult Verification with Pastors signature of approval.

Signature (Required) _____ Date ____/____/____

ADULT VERIFICATION TO SERVE WITH MINORS APPLICATION

This application is to be completed by all applicants for any event involving the supervision or custody of minors. This form **MUST** be approved and signed by the Lead Pastor or a Board Member. After completion, please email to our administrative assistant, Janna Graham, at janna@gadistag.or or mail form to Georgia Assemblies of God, GA District KidMin/PO Box 28470/Macon, GA 31221.

YOU ARE REQUIRED TO FILL OUT ONLY ONE PER CALENDAR YEAR FOR ALL DISTRICT EVENTS.

PERSONAL

Name _____ Birthday _____ Gender at Birth _____

Address _____ City _____ State _____ Zip _____

Home/Cell Phone _____ Email _____

Marital Status _____ Occupation _____

Church _____ City _____

List previous church work involving youth/children _____

List previous non-church work involving youth/children _____

YES ___ NO ___ 1. Do you currently use tobacco, alcohol, nicotine products, or any illegal drugs? If yes, explain on back.

YES ___ NO ___ 2. Have you ever been charged or convicted of a crime, excluding traffic violations? If yes, explain on back.

YES ___ NO ___ 3. Have you been charged or convicted of physical or sexual crimes such as but not limited to abuse, assault, molestation, harassment, etc.? If yes, explain on back.

MEDICAL

List all health issues that might affect your ability to participate at a Youth/Children's event: _____

Emergency Contact _____ **Cell Number** _____

Relationship to Applicant _____

I hereby authorize and request any medical doctor, medical clinic or hospital emergency room physician to administer such treatment, including any procedure, as their judgement deems necessary. I fully understand that the **CAMP INSURANCE IS SECONDARY COVERAGE** and covers accidents only with a limited benefit per incident and I will need to file on my insurance first. I accept full responsibility for any charges related to causes other than accidents or charges beyond the maximum amount of the camp insurance. **Initials** _____

Applicant's Commitment and Authorization:

I pledge myself to serve in cooperative ministry with the directors of the Georgia District Assemblies of God. I will maintain a personal discipline and a spirit that exemplifies Christ. I will put the physical, mental, and spiritual welfare for the campers as priority. **Initials** _____

I authorize the reference listed below to give you all pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing this information. **Initials** _____

Signature _____ **Date** _____

UNDERSIGNED CHURCH AUTHORIZATION:

The undersigned church authorizes that the above-named participant is capable to work with minors at the GEORGIA DISTRICT COUNCIL ASSEMBLIES OF GOD, INC. Timber Lake Retreat Center. **Further states, the undersigned church has done a background check, including a National Criminal Search and a National Sex Offender Search on above-named participant.** The undersigned church further warrants they are aware of no information that would suggest above-named participant to pose a risk of harm to minors.

Lead Pastor/Board Member Name _____ **Phone** _____

Signature _____ **Date** _____

BGMC Church Giving

Turn in this form at registration with church check.

Church Name & City : _____ Camp Dates: _____



Total Amount Given: _____

Girls	Amount	Boys	Amount
1		1	\$
2		2	\$
3		3	\$
4		4	\$
5		5	\$
6		6	\$
7		7	\$
8		8	\$
9		9	\$
10		10	\$
11		11	\$
12		12	\$
13		13	\$
14		14	\$
15		15	\$
16		16	\$
17		17	\$
18		18	\$
19		19	\$
20		20	\$
21		21	\$
22		22	\$

Kids Camp 2022 Tentative Schedule
July 10-13 & July 13-16

SUNDAY/WEDNESDAY

- 1:00PM-4:00PM – Registration/Health Check/Activities
 - 1. 1:30PM-2:00PM – Swim Tests
 - 2. 2:10PM-3:00PM – Girls Swim
 - 3. 3:10PM-4:00PM – Boys Swim
 - 4. 1:30PM-4:00PM
 - a. Lakefront
 - b. Arcade
 - c. Gym
- 4:30PM-5:15PM – Opening Session/Orientation (Gym)
- 5:30PM-6:30PM – Dinner
- 6:30PM-7:15PM – Team Time
- 7:30PM-9:30PM – Service
- 9:30PM-10:30PM – Snack Shack/Activities

MONDAY & TUESDAY/THURSDAY & FRIDAY

- 8:30-9:15AM – Breakfast
- 9:15AM-10:15AM – Service Recap/Small Group Time
- 10:20AM-11:30AM – Team Competitions
- 11:30AM-12:30PM – Lunch
- 12:30PM-4:30PM – Activities
- 4:30PM-5:00PM – Dinner Prep
- 5:00PM-6:00PM – Dinner
- 6:00PM-6:45PM – Team Time
- 7:00PM-9:00PM – Service
- 9:00PM-10:00PM – Snack Shack/Activities

WEDNESDAY MORNING/SATURDAY MORNING

- 8:00AM-8:45AM – Breakfast
- 8:00AM-9:00AM – Leave Camp (Everyone must be off property by 9:00AM)

Kids Camp 2022 Tentative Schedule
July 18-22

MONDAY

9:30AM-11:30AM – Registration/Health Check/Activities
11:30AM-12:30PM – Lunch/Swim Tests
 11:30AM-12:00PM – Boys Lunch/Girls Swim Tests
 12:00PM-12:30PM – Girls Lunch/Boys Swim Tests
12:45PM-1:15PM – Opening Session/Orientation (Gym)
1:15PM-5:15PM - Activities
5:30PM-6:30PM – Dinner
6:30PM-7:15PM – Team Time
7:30PM-9:30PM – Service
9:30PM-10:30PM – Snack Shack/Activities

TUESDAY, WEDNESDAY, & THURSDAY

8:30-9:15AM – Breakfast
9:15AM-10:15AM – Service Recap/Small Group Time
10:20AM-11:30AM – Team Competitions
11:30AM-12:30PM – Lunch
12:30PM-4:30PM – Activities
4:30PM-5:00PM – Dinner Prep
5:00PM-6:00PM – Dinner
6:00PM-6:45PM – Team Time
7:00PM-9:00PM – Service
9:00PM-10:00PM – Snack Shack/Activities

FRIDAY

8:00AM-8:45AM – Breakfast
8:00AM-10:00AM – Leave Camp (Everyone must be off property by 10:00AM)

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Georgia District Assemblies of God programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge, and agree that participation in any GA District KidMin events and activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with GA District KidMin participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with GA District KidMin participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death.**

Initial

Participating in Georgia District Assemblies of God programs or accessing Georgia District Assemblies of God facilities could increase the risk of contracting COVID-19. Georgia District Assemblies of God in no way warrants that COVID-19 infection will not occur through participation in Georgia District Assemblies of God programs or accessing Georgia District Assemblies of God facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in all GA District KidMin events and activities, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Georgia District Assemblies of God and GA District KidMin, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Georgia District Assemblies of God and GA District KidMin on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Georgia District Assemblies of God facilities/equipment or participation in Georgia District Assemblies of God and GA District KidMin programs _____

Initial

whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in all GA District KidMin events and activities, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's all Georgia KidMin participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in all GA District KidMin events and activities participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in all GA District KidMin Events and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in all GA District KidMin events and activities.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

Adult Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of participation in Georgia District Assemblies of God programs, now or any time in the future.

Acknowledgment of Risk

I hereby acknowledge and agree that participation in any GA District KidMin events and activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with GA District KidMin participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with GA District KidMin participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death.** **Participating in Georgia District Assemblies of God programs or accessing Georgia District Assemblies of God facilities could increase the risk of contracting COVID-19. Georgia District Assemblies of God** in no way warrants that COVID-19 infection will not occur through participation in **Georgia District Assemblies of God** programs of accessing Georgia District Assemblies of God facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in all GA District KidMin events and activities, I, _____, agree to release myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Georgia District Assemblies of God and GA District KidMin, its officers, directors, employees, volunteers, agents, representatives and insurers (“Releasees”) from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Georgia District Assemblies of God and GA District KidMin on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Georgia District Assemblies of God facilities/equipment or participation in Georgia District Assemblies of God and GA District KidMin programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

Initial

Initial

In consideration of my participation in all GA District KidMin events and activities, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's all Georgia KidMin participation.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in all GA District KidMin events and activities participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in all GA District KidMin Events and that by signing this agreement I hereby RELEASE Releasees of all liability for such loss, damage, or death. I further certify that I am in good health and have no conditions or impairments which would preclude safe participation in all GA District KidMin events and activities.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Name (Print Clearly)

Date

Signature

HEAD LICE PREVENTION

More than six million Americans, mostly three to eleven-year-old children, are affected with *pediculus humanus capitis* each year. Head lice are wingless insects about the size of a sesame seed. Because of their color and speed, they are not easy to find. During their 30-day adult life, female lice lay an average of 125 eggs (or nits), which are silvery-white, about the size of a poppy seed and shaped like tiny teardrops. These nits are typically found along the nape of the neck or behind the ears, approximately ¼ to ½ inch from the scalp. During the summer or in tropical climates, however, they can be found six inches or more from the scalp.

Head lice are also transferred through the sharing of hairbrushes, pillows, towels or hats. For these reasons, it is helpful to remind your child not to share personal items. The good news is that head lice are not known to spread disease. Nor do they result from “BEING DIRTY.” In fact lice prefer clean, healthy heads.

Your child may not have any symptoms. Most children with head lice do not. Others have intensely itchy scalps. Also, if your child has sensitive skin, a slight rash may develop. Louse “infestations” occurs frequently between family members and close friends. So if your child is diagnosed with a louse infestation, it is a good idea also to check family members for lice and nits.

Once your doctor or health care professional has diagnosed head lice, follow his or her professional advice for treatment. We recommend only a FDA-approved product. The food and drug administration approval shows that they have tested the product for safety and effectiveness.

1. Thoroughly read the package insert and follow the instructions carefully.
2. Eight to ten days after the initial application, apply a second treatment, using the same OTC product to be sure all nits have been killed.
3. After another eight to ten day period, have your child re-examined by a health care professional.
4. If two treatments do not get rid of the lice, do not apply another OTC product on your child’s scalp. The lice may be resistant to the product. Instead, call your doctor. He or she will probably recommend a prescription alternative.

WHAT DO I DO ABOUT THE NITS?

Lice are fast and hard to catch. Moreover, their nits are hard to remove, because they are attached to hair strands with a strong, cement-like substance. For this reason, after applying a head lice treatment product, use a nit comb to help remove dead lice and their eggs. A good nit comb does not bend and has teeth that are close together, so nits the size of poppy seeds cannot escape the stroke of the comb. When combing, work on one small section at a time. Comb from the scalp to the end of the hair, then wipe the comb with a paper towel and move to the next section. Afterward, sterilize the comb in hot water (130 degrees).

Lice depend on human blood to survive and typically die within twenty-four hours without a host. Lice may, however, get caught in a hair brush, comb or headband. So wash hair care items and accessories in hot water (130 degrees). Likewise, lice may be trapped, for example, when towel-drying hair. So launder recently used clothes, towels and bedding materials in hot water (130 degrees) or tumble in a dryer on high heat. If your child sleeps with a special stuffed animal or blanket, wash it in hot water (130 degrees) too or place in a dryer on high heat. Articles that cannot be washed may be put in an airtight bag for two weeks and then wiped off well to remove debris from the dead louse or nits.

GA DISTRICT KIDMIN HAS A “NO NIT” POLICY:

That means no one can come to a GA KidMin activity with nits present in their hair, even if they have treated them recently. There are no refunds for registrations or deposits if a child has to be sent home due to nits or lice.

RECOMMENDATION

We recommend that you check your children’s heads three weeks before leaving for an event. Often this can be done on the Wednesday nights. This will give the family time to clear it up before the event. Plan to check all children’s heads every week until the event. This is necessary if you have found any children with lice or nits in their heads. If you check all the children each week, then the child or children who have to be re-checked will not feel embarrassed, and make sure all the children are clear right before the event. Please check each child before you leave town, especially if you are traveling a long distance.

WHAT TO BRING TO CAMP

Sleeping Bag or Twin Size Sheets and a Blanket

Pillow

Towels & Washcloths

Personal Items : (Deodorant, Toothbrush, Toothpaste, Comb, Etc.)

Modest Swimsuit (Girls-One Piece or Tankinis allowed)

Beach Towel

Swim Suit Cover-up

Casual Clothing

Camera

Bible

Snacks

Flashlight

Rain gear/Umbrella

Bug Repellent

Medications**

Medical Authorization Form (If not already sent in)

Spending Money (Camp Store & Snack Shack)

A Good Attitude

****All medications are to be turned in at registration**

Dress Code

Modest clothing must be worn. Campers and personnel are not allowed to wear backless or halter-type dresses or blouses, spaghetti straps, brief tops, belly shirts or any see through or sheer clothing. Shoes must be worn at camp at all times. Flip-flops are discouraged for recreational times. Modesty in all clothing is our requirement. Bring some clothes you do not mind getting dirty as some activities may be messier than others.



Kid's Camp 2022

Pre-Trip Covid-19/Head Lice

Church Leader Checklist

- Have a parent or guardian complete and sign the attached questionnaire.
- Perform a temperature and head lice check on every individual in your group immediately PRIOR to them boarding your mode of transportation. Normal temperatures should not exceed 100.4 degrees Fahrenheit.
- Below is a list of suggested questions to ask immediately PRIOR to them boarding your mode of transportation.
 - Have you been in contact with a confirmed case of COVID-19 in the last 10 days?
 - Are you experiencing a cough, shortness of breath, or sore throat?
 - Have you had a fever in the last 48 hours?
 - Have you had new loss of taste or smell?
 - Have you had vomiting or diarrhea in the last 24 hours?
- If the answer is yes to any of the above questions, you may NOT attend.
- Please print and sign below. Your signature acknowledges the above checklist has been adhered to.

Church Leader Name (Print): _____

Church Leader (Signature): _____

Date: _____ Office Use Only/Date Received _____



Kid's Camp 2022

Pre-Trip Covid-19/Head Lice Parent/Guardian Questionnaire

Parent/Guardian Name: _____

Student Name: _____

- | | | |
|---|-----|----|
| <input type="radio"/> Have you been in contact with a confirmed case of COVID-19 in the last 10 days? | YES | NO |
| <input type="radio"/> Are you experiencing a cough, shortness of breath, or sore throat? | YES | NO |
| <input type="radio"/> Have you had a fever in the last 48 hours? | YES | NO |
| <input type="radio"/> Have you had new loss of taste or smell? | YES | NO |
| <input type="radio"/> Have you had vomiting or diarrhea in the last 24 hours? | YES | NO |
| <input type="radio"/> Does your child currently have head lice? | YES | NO |
| <input type="radio"/> Has your child been treated for head lice in the last 10 days? | YES | NO |

• Parent/Guardian Signature: _____

• Date: _____ Office Use Only/Date Received _____