



June 1-3

Place

**ACA Camp, Lake Geneva
Fruitland Park, Fl
www.aca-camp.com**

Cost

\$ 135.00 per child (K-5th grade)
Camp T-shirt included

This includes 3 days and 2 nights at SBA Camp, all meals at the camp sight, lodging, and all camp materials.

There will also be a snack bar provided by ACA Camp Geneva. Snack cards can be purchased in \$5.00 increments on the day of your arrival. (NO refunds)

If you have any question about camp you can contact
Joey Alonso
352-748-1822 ex 205
cell 352-303-3312

This years Children's Camp will focus on the greatness of Gods love, and realizing that we serve a merciful God who Loves each one of us. Children will spend 3 exciting days exploring God's word through engaging worship, team centered recreation and awesome free time at Camp Geneva!

Camp Geneva of Fruitland Park is a beautiful 100 acre camp facility that will meet all our indoor and outdoor camp needs. From large dormitories, spacious cafeteria, auditorium, outdoor amphitheater, sports fields, human foosball field, canoeing, gymnasium, swimming pool and sandy beach area on beautiful Lake Geneva...children are sure to have fun!

All Camp registration and medical forms must be fully completed and notarized to attend SBA Children's Camp.

What to Bring:

Linens

(towels, pillow, blankets, set of sheets or sleeping bag)

Refillable Water Bottle

Sneakers

(for games)

Water Shoes

(flip-flops, crocs, etc...)

Changes of clothes

(2 per day)

Bible

Toiletries

(toothbrush, soap, shampoo, etc..)

Sunscreen and Bug Spray

Bathing Suit and Beach Towel

Spending Money for Snacks

(Camp punch cards provided)

(TIP: Thursday we will be in the MUD PIT. You will want to pack 1 outfit that can be thrown away for this activity)

Dress Code:

Casual Attire Only

No alcohol, tobacco or drug advertisements

No clothing that promotes bad behavior (racism or sexual images)

No spaghetti straps

One piece bathing suit or two piece with a dark shirt

Shorts must be finger tip length

Skirts/Dresses must be knee length

Pants/Shorts should be worn at waist

Schedule:

Thursday

Registration	4:00 pm
Orientation	5:00 pm
Dinner	5:30 pm
Organized Free Time	6:15 pm
Worship	8:30 pm
Church Group Time	9:30 pm
In Room	10:00 pm
Lights Out	10:30 pm

Friday

Breakfast	8:00 am
Quiet Time	9:00 am
Worship	9:20 am
Organized Free time	10:30 am
Lunch	12:00 pm
Afternoon activity	1:00 pm
Organized Free Time	2:30 pm
Dinner	5:30 pm
Worship	6:30 pm
Church Groups	7:35 pm
Campfire night	8:00 pm
Church Group Time	9:30 pm
In Room	10:00 pm
Lights Out	10:30 pm

Saturday

Breakfast	8:00 am
Quiet Time	9:00 am
Clean-Up/Pack	9:20 am
Worship	10:00 am
Leave Camp	11:00 am



Children's camp Registration form June 1-3

Male Female

size: Youth S M L Adult S M L
(Circle one)

Child's Name: _____ DOB: _____

Address: _____

Age: _____ Last Completed Grade: _____

Home Church: _____

Email Address: _____

Parent/Guardian: _____ Phone # _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Health Problems: _____

Allergies (food, medications, etc...): _____

Medications: _____

****Medication(s) must be sent in original container(s) with original pharmacy instructions and placed in a gallon sized Ziploc bag marked with the child's name. All medications will be administered by the camp Nurse at nursing station. All children must be accompanied by a Church Sponsor at the nursing station****

Describe any other problems or special circumstances regarding your child (i.e. bedwetting, depression, ADHD, fears, death in family, ect...)_____

Camper Expectations

While at Camp, I intend to be a positive influence to others and respect my surroundings. Therefore I affirm and will follow these six expectations:

1. I expect to participate in every aspect of this camp to the level of my ability, attending and cooperating in all portions of the program.
2. I expect to conduct myself in a responsible manner at the campsite.
3. I expect my privacy and personhood will be respected by others at the camp and will give the same respect to them.
4. I expect this camp to enhance my physical, social, mental and spiritual well being and will therefore not use or possess drugs, alcohol or tobacco products at this camp.
5. I expect to make a positive impact at this camp and will therefore dress appropriately at all activities, following the dress code provided. If I am unsure about any item of clothing I will ask my Children's Ministry Director/ Pastor or a church sponsor.
6. I expect God to change my life for the better through this camp.

Camper Signature:_____Date:_____

Parent/Guardian Signature:_____Date:_____

Note: Please print and attach copy of child's insurance card (if applicable).

SBA Camp 2017 Medical Release Form

Name: _____ Birth Date ____/____/____

Male Female

Address: _____

In case of emergency notify:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Medical History

Check all that apply to your child (past or present):

- | | | | | |
|-------------------------------------|------------------------------------|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Kidney Problem | <input type="checkbox"/> Heart Problem |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Stomach Problem | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Other: _____ | |

Comments: _____

Allergies (food, medications, insects, etc...): _____

Previous Surgery(s) or Illness: _____

Medications (name and dosage): _____

Should this child's activities be restricted for any reason? (please explain): _____

Terms and Conditions

Please read the following and sign below, in front of a Notary Public. The signature of a parent or legal guardian is required for a child under 18 years of age to attend camp.

1. I understand that _____, may participate in physical activities. As with any physical activity, there is a risk of injury. I fully accept the risk and hold harmless from any legal liability, First Baptist Church of Wildwood, any persons involved in the First Baptist Church of Wildwood's Children's Camp, SBA Children's Camp, and The Sumter Baptist Association.
2. In the event of an emergency that requires medical treatment for the above-named child, I understand that every effort will be made to contact me or my emergency contact(s). However, if I/we cannot be reached, I give my permission to the First Baptist Church of Wildwood (SBA Children's Camp) paid staff or volunteer(s) to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.
3. I grant permission for photos and video of my child to appear in any First Baptist Church of Wildwood or Sumter Baptist Association publication as long as there is no identifying information shown.
4. In the event of an emergency I grant permission for my child to travel to/from the First Baptist Church of Wildwood (SBA Children's Camp) camp site with an adult leader.

I have read and agree to the Terms and Conditions stated above.

_____ Date ____/____/____
Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

Notary Public

State of Florida
County of _____

On this ____ day of _____, 2017 before me, _____, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is/are subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Florida that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature _____(Seal)