

Parent Information

Goals of Jr. Camp

- Encourage everyone to draw closer to God
- To build real relationships with one another (*especially the counselors with the campers*)
- Teach life lessons as well as spiritual lessons
- Increasing campers' knowledge of the *Bible*
- Give the campers a new experience
- Be active and promote a healthy life style
- Provide a structured environment
- Give counselors an opportunity to gain experience working in God's kingdom
- Provide an inexpensive camp
- Have Fun and be safe

This is the 10th year of Jr. Camp and our 7th year of service. This year will be our 5th year as camp directors. Every member of the Jr. Camp staff is committed to helping our campers deepen their relationships with our Savior through their roles and service at the camp. Some of the counselors are in their 2nd or 3rd year of service. All of us are children of God, and while some of the counselors are in college, none are younger than 15. The theme this year is "Time to Shine" and we will be learning how we can let Jesus shine through us and be an example to others even in our youth. At Jr. Camp, we become very close to the campers mostly because our camper to counselor ratio is about 3:1. Therefore we get lots of one-on-one time; plus the campers are always under a watchful eye. Safety is a top priority at camp. We do not plan on needing any first aid, but, just in case, a few of us staff have been first aid and CPR certified.

This is a list of some of the things we will be doing at camp.

Daily

Recreation
Chapel
Bible Class
Devotions
Memorizing Scripture
Raising and Lowering Our Flag
Cleaning Up

At least once

Canoeing
Camp Fire
Talent Show
Hide and Go Seek
Team Building Activities
Swimming
Playing More Games

WHAT YOU NEED

TO KNOW

1. COST: \$55
2. For students who have completed grades 3-5
3. Check-in begins at 2:30 p.m., August 7 at Midway State Camp (*weather permitting).
4. Transportation to and from camp is not provided, but each church may arrange carpooling.
5. Camp begins with an all-camp meeting on Sunday, August 7 at 3:00 p.m. and departure is Friday, August 12 between 11:00 a.m. and 12:00 p.m.
6. Registration and camp cost must be mailed to Darby and Jessica Nelson (46571 240th St. Colman, SD 57017) no later than July 25. (checks may be written to Jr. Camp, Darby or Jessica)

WHAT YOU CAN LOOK FORWARD TO:

- | | |
|-----------------------|---------------|
| ☩ Fun Chapel Services | ☩ Recreation |
| ☩ Canoeing | ☩ Cool Music |
| ☩ Camp fire | ☩ Talent Show |

WHAT TO BRING:

- | | |
|--|---|
| ☩ Conservative clothes for warm and cool weather | ☩ Two pairs of footwear, one being <u>running shoes</u> |
| ☩ Sleeping bag and pillow | ☩ One piece Swimsuit |
| ☩ About five dollars for canteen time
(Campers Please don't bring any electronic equipment) | ☩ Bible |
| | ☩ Towels/Toiletries |

Parents, since we will be canoeing, we would ask that your child bring a life jacket if he or she has one. If they do not, we will have some available.

If your child has any major allergies or health concerns please contact us as soon as possible so we can accommodate your child. If you have any questions or concerns, please call one of us. We would love to help in any way possible. Also we will have our cell phones at camp if you should need to contact us for any reason during camp.

Thank you, parents for your consideration and participation in Jr. Camp. Together we can help your children to grow into young men and women of God. Hope to see you and your children at Jr. Camp.

Camp Directors: Darby and Jessica Nelson

Directions

Midway state camp is located between Brookings and Volga on SD highway 14, being about one mile east of Volga on the north side of the road.

Contacts

Darby: Cell (605) 695-9490

Jessica: Cell (605) 695-6195

* If Midway State Camp is not able to be open due to flooding, the camp will be held at Morningside Community Church in Brookings, SD.

Bring this completed form to camp.

CAMPER HEALTH RECORD

NAME OF CAMPER _____ FAMILY DR. _____ PHONE _____

DATE OF LAST TETANUS SHOT _____

LIST MEDICATIONS _____

Directions for Medication _____

LIST ALLERGIES _____

HAY FEVER ___ FREQUENT COLDS ___ HEART CONDITION ___ EPILEPSY OR NERVOUS DISORDER ___

ASTHMA ___ STOMACH UPSETS ___ SLEEP WALKING ___ DIABETES ___ OTHER _____

ACTIVITY RESTRICTIONS? YES ___ NO ___ IF YES, WHAT ARE THEY? _____

INSURANCE COMPANY _____ POLICY NUMBER _____

NOTE: ALL MEDICATIONS MUST BE CHECKED IN WITH CAMP PERSONNEL!

PARENTAL PERMISSION

I understand that the camp directors are serving on my behalf while my child is at camp. They do so with my support. I hereby give my permission for _____ to attend Jr. Camp. My child has permission to travel from Midway State Camp (or Morningside Community Church) to the Volga swimming pool and to Lake Oakwood in personally owned vehicles operated by licensed adults. I agree not to hold the Church of God responsible for any accidents. I give my permission to the Church of God (as represented by Camp Directors) to secure any necessary EMERGENCY medical care for my child in the event that I cannot be reached, and by my signature I further relieve camp personnel from any personal liability.

Signature of Parent/Guardian _____