

Junior Camp

Registration Packet
July 8- July 12, 2024

Important Information

Dates: July 8- July 12, 2024
Monday, 10 am - Friday, 2 pm

Where: Camp Graceway, Goldendale, WA

Who: 4th-6th graders (or 8-12 years old)

Cost: \$225

What to bring:

Bible, pen, flashlight, pillow, sleeping bag/bedding, water bottle, jacket, sunscreen, clothing for 5 full days of activities (plus an extra set), swimwear, bath articles, towel, money for snack shack and activities, a good attitude, and a soft heart
Sack lunch for Monday, Money for fast food lunch on Friday

What to wear:

It is our desire to be a godly testimony as a group in both our behavior and dress. Clothing should be modest at all times and should not have any suggestive themes.

Boys can wear t-shirts, jeans, shorts

Girls can wear t-shirts, jeans, shorts

What not to bring:

Cell phones, earbuds, electronics of any kind, explosives, cigarettes, vape, drugs, any type of weapon, matches, a bad attitude, or foul language. **This list is not exhaustive. Any further specifications or allowances for rides to and from camp are up to each church's discretion.**

Times to Know:

Registration will begin at 3:45PM on Monday, July 8. Dinner will be at 5:30PM on Monday.

Contact: Micah Bosworth 509.760.6527

If you have questions about any of these rules, see your church camp counselor.

GRACEWAY JR. CAMP

2024 CAMPER/COUNSELOR REGISTRATION FORM

(Please Print)

Church Name:

CAMPER INFORMATION

Camper/Counselor's First Name:

Last Name:

Birth date:

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Age:

Sex: M F

Grade Level Fall of 2023:

Street address:

Phone:
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City:

State:

ZIP Code:

Email Address:

Parent's Name

T-Shirt Size

Small Medium Large XL XXL XXXL

MEDICAL INFORMATION

Parents and Counselors: All information must be filled out to complete registration.

List any allergies:

What medication do you take for allergies?

Are you taking any prescription medication? (Please report this to the Camp Nurse)

List any Medical Conditions:

Family Doctor: _____ Doctor's Phone #: _____

Primary Insurance: _____ Insurance ID # _____

In case of accident, do you give permission to administer medical treatment? _____

In case of accident, do you give permission for transport? _____

Emergency Contact Information

Contact Name: _____ Phone: _____

Patient/Guardian signature

Date

Graceway Jr. Camp
RELEASE AND ARBITRATION AGREEMENT
For the dates July 8- July 12, 2024

In consideration of GRACEWAY BAPTIST CAMP, BIBLE BAPTIST CHURCH, or RIDGE POINT BAPTIST CHURCH, I for myself, or the minor child named below, forever waive, release and discharge GRACEWAY BAPTIST CAMP (and any affiliated corporations), BIBLE BAPTIST CHURCH, or RIDGE POINT BAPTIST CHURCH from any/all injuries, claims, disputes, liabilities, or actions resulting from GRACEWAY BAPTIST CAMP (and any affiliated corporations), BIBLE BAPTIST CHURCH, or RIDGE POINT BAPTIST CHURCH providing services for me and for my benefit regardless of location for the dates identified above. I attest and verify that I have full knowledge of the risks and dangers involved; that I assume such risks, and that I will assume and pay my own medical and emergency expenses, in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

Any controversy arising out of, connected to, or relating to any matters herein of the transactions between me and the above named parties or on behalf of the minor child named below, of this Release/Waiver, or the breach thereof, including, but not limited to any claims of violations of Federal and/or State Law, as well as any common law claims shall be settled by arbitrations through Christian Conciliation Services; and in accordance with this paragraph a judgment based upon the arbitrator's award may be entered in any court having jurisdiction thereof in accordance with the provisions of R.C.W. 7.04. This agreement shall be construed and interpreted under the laws of the State of Washington. I HAVE READ THIS WAIVER AND RELEASE CAREFULLY, AND UNDERSTAND IT.

Camper's Name

Signature & Date of Parent or Legal Guardian

Church/City/State

Consent and Release Form for Church Activity

I, the undersigned parent(s) or guardian(s), hereby consent to my child, _____, who is _____ years of age, participating in the activities connected with the: _____ (your church name) trip to and from Camp Graceway in Goldendale, WA on the following date(s): **July 8- July 12, 2024**. I understand that my child will leave approximately: _____ **on Monday** and return approximately at _____ **on Friday** and the transportation that will be used will consist of: Church Vehicles.

I certify that my child is able to participate in any and all of these activities. If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them on the reverse side of this form.

If I cannot be reached within a reasonable period of time, as determined by the Church officials, I hereby authorize the church representatives to make emergency medical decisions for my child. I also give consent for those leading the activities to search my child's belongings, if there is suspicion of improper belonging. If there are any activities that I do not want my child to be involved in, I have listed them on the reverse side of this form.

I understand and hereby agree to assume all of the risks which may be encountered on said activities, including activities preliminary and subsequent thereto. I do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge _____ (your church name) and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in the described activity or in any other associated activities including, but not limited to, any injury to my child or property, even injury resulting in death.

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 Washington and that if any portion hereof is 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.

I further state that I have carefully read and understand the forgoing release and know the contents hereof and I sign this release as my own free act. I understand that this is a legally binding agreement.

Please complete the next page in its entirety and "SIGN."

Medical Conditions to be aware of:

Physical Restrictions:

Instructions and Medication:

Date of Last Tetanus or Booster:

I DO NOT wish my child to participate in the following:

Insurance Provider: _____

Parent or Guardian Signature

Date

Telephone Numbers where I may be reached in case of an emergency:
