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TO TURN IN ALL FORMS AND FINAL

PAYMENTS AT THIS MEETING.)

MONDAY JULY 7 AT 5:00PM
LAST DAY TO TURN IN ANY MISSING
FORMS AND TO PAY BALANCES.

MONDAY, JULY 14 AT 9:00AM 9:00 ARRIVE AT CHURCH 10:00 DEPARTURE

FRIDAY, JULY 18 AT 2:00PM

RETURN TO CHURCH @ 2:00PM



Dear Parents,

We are so excited your child will be joining us for Camp Tejas 2014 for "HEROES OF THE FAITH!" There are 2 main goals I have for camp: building relationships, and spiritual growth. You may be asking where "FUN" fits into that equation. Well, I say both of those things SHOULD be FUN! (If you don't believe me then maybe you should come to camp, too!)

As we approach camp I know you will be busy with preparations: filling out forms, making payments, gathering clothes, and so on! BUT, please do NOT miss the opportunity to begin praying NOW for your camper's week at Camp Tejas. No one knows your camper better than YOU! Pray practically for their week at camp—if making new friends is a challenge, pray for that. If getting enough rest, conquering the zipline, or being away from home are challenges, pray for those as well! Also pray that your camper will learn something new about God, and that their hearts will be ready to respond to what Jesus says to them.

There is truly no greater privilege than to help kids hear from the Lord, and witness the change Jesus can make in their lives . . . thanks for entrusting them to us!

Joyfully,

Renee Brady

#### CAMP PACKING Please do not bring cell phones or electronics! RLS) <del>口</del> IBRUSI Ă **PROPS** EPEL ES/ 出 <u>Е</u> COMFORTABLE CLOTH EMS & BAG OR SUIT & E DAY IT

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## Theme Days

**BNIH** 

TUESDAY: CRAZY SHOES DAY

WEDNESDAY: MUSTACHE DAY

THURSDAY: HERO DAY

## Tejas Nights

MONDAY: POOL PARTY

TUESDAY: TALENT SHOW

WEDNESDAY: MUD PIT

THURSDAY: HAYRIDE

## Registration Checklist

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### LATEST DATE FOR ALL ITEMS (EXCEPT MEDS) IS JULY 7!

- FINAL PAYMENT MADE
- CHURCH MEDICAL RELEASE FORM COMPLETED
- CAMP TEJAS MEDICAL RELEASE FORM COMPLETED
- PARENT/CAMPER COMMITMENT FORM COMPLETED
- MEDICATION FORM IN ZIPLOC WITH **EACH** MEDICATION



No news is GOOD news when it comes to camp! We do not make campers call & check in. They will have access to a sponsor's phone but establish your expectations with your camper ahead of time on if and how often they'll call!

TO ENSURE DELIVERY AT CAMPI GIDDINGS. TX 78942 - INCLUDE CAMPER & CHURCH NAME

## Travel/Medical Authorization 2014

I understand that in the event of an emergency due to sickness or accident while involved with the activity of First Baptist Church, Bryan, Texas, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached, I hereby consent and give my permission to the physician selected by the person in charge to secure any necessary medical and/or surgical treatment for my child. Activities my child is involved in with First Baptist Church for the year 2014 and that if any of the information I have provided changes I will contact the church with this information.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed and that I will be responsible for all remaining copays and /or percentages not covered by my insurance.

I understand all reasonable safety precautions will be taken at all times by First Baptist Church and its agents during its events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First Baptist Church, its pastors, leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by my child.

Student Information							
Last Name	Date of Birth						
First Name	Address						
Inital	City State Zip Code						
SSN	Gender Height Weight						
Parent/Guardian Inform	ation						
Name of Parent(s)/Guardian(s)							
Home Phone	Address (if different from student)						
Mobile Phone	Address						
Email	City State Zip Code						
Alternate Contact							
Full Name	Relationship Phone Number						
Physician/Insurance Information							
Family Physician Phone Number							
Insurance Provider	Policy # Group #						
Medical History							
Present Medical Conditions							
Allergies	Medications						
Signature Required Parent Signature							



Dates Attending:	From 7/14/2014 to 7/18/2014	Group/Family:	FBC Bryan Children Summer Camp 2014
Name:			
Empli address:			
Email address: _			
Cell Phone:		Ph	one:
Signature:			Date:
Signature of Paren	t or Legal Guardian if under 18:		

I will be attending Tejas Ministries, Inc. {hereinafter referred to as "Tejas," and as further defined below} on the dates listed above. At all times when I am at Tejas I acknowledge that I will be under the direct supervision of group listed above (herein known as the "Sponsoring Organization") and I release, waive, indemnify and hold harmless Tejas for and from any liability that may result due to my actions and/or the actions taken by my Sponsoring Organization while I am at Tejas. I authorize Tejas to make arrangements for, or give any medical attention to me as Tejas deems necessary under the circumstances, at the sole discretion of Tejas. I also give permission to any medical care providers summoned by Tejas, including every doctor or other medical professional, to hospitalize me and/or secure such other medical treatment as Tejas and the medical professional deem appropriate. I further understand that emergency medical treatment may be difficult to obtain, and in some instances appropriate treatment may be delayed because Tejas is located in a country setting miles away from an incorporated town and/or hospital. I release, waive, indemnify and hold harmless Tejas from any harm that is occasioned me due to any delay in treatment of a medical condition.

I understand, and agree to assume all risks which I may encounter while at Tejas, including activities preliminary to my visit, while I am at Tejas and subsequent thereto. I understand and assume all risks for activities I engage in while I am a guest at Tejas, recognizing and acknowledging that many of these activities that I undertake at Tejas are inherently dangerous such as riding a zip line, swimming in a lake, swimming in a pool, hiking, shooting bows and arrows, and other such related activities. I release, waive, indemnify and hold harmless Tejas, their officers, directors, agents, employees, affiliates, volunteers and representatives (sometimes either defined and/or referred to herein collectively as "Tejas" or "indemnified Parties") from and against all liability, damages, causes of action, claims, losses and/or expenses, including but not limited to attorney's fees, court costs and expenses, medical costs, and like expenses, which may be related to any injury or death to me, or any person related to me. I also release, indemnify and hold harmless Tejas, and the Indemnified Parties from any loss or damage to property, including loss of use thereof, caused in whole or in part by regligence of the Indemnified Parties, or any one or more of them. This release, however, will not apply in the event of willful missonduct.

I further give my permission and consent to Tejas to use any photograph, or video taken of me while at Tejas for any purpose. I also give my permission to Tejas to use any interview of me, which is reduced to writing, or kept in an audio recording, using whatever platform. Such photographs, videos and/or audio recordings may be published by Tejas for the purpose of illustrating Tejas, reporting on Tejas activities, or for the purpose of promoting and advertising Tejas. My permission extends to Tejas to use photographs, videos or audio recordings of me however they see fit in every kind of media, including, but not limited to, print media, broadcast media, and on the internet, Facebook, Twitter and any other website based platform that is used by Tejas to report on Tejas to the general public, and/or for internal purposes - including training. I assign full copyright authority to Tejas for photographs, videos or audio recordings of me and claim no interest in the reproduction of these media resources either wholly or in part. I agree that photographs, videos and/or audio recordings can be used separately, or together, whole or in part, in any medium at the sole discretion of Tejas.

Should any dispute arise from this agreement I agree to first seek to mediate such dispute in good faith with a qualified mediator acceptable to Tejas and me. Should we not be able to agree on a mediator, I agree that the Senior District Judge in Lee County, Texas will appoint a mediator to mediate the dispute. I also agree that venue for any dispute, or cause of action, arising by and between the parties, whether arising out of this agreement or otherwise, can only be brought in a court of competent jurisdiction in Lee County, Texas, exclusively, and exclusive of any provisions relating to conflict of laws.

I expressly agree that this release, waiver, indemnity and hold harmless agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, I agree that the balance of this agreement shall, notwithstanding, continue in full force and legal effect. I also agree that in the event I take any legal action against Tejas, which is decided in favor of Tejas, I agree to be responsible for all legal fees, court costs and out of pocket expenses incurred by Tejas. This release, waiver, indemnity and hold harmless agreement is the entire agreement by and between the parties hereto and the terms of this release, waiver, indemnity and hold harmless agreement are contractual and not merely a recital.

I further state that I have carefully read the forgoing, I have been given full opportunity to consult with an attorney of my choosing, and having done so I sign this release, waiver, indemnity and hold harmless agreement as my own free act. I acknowledge that this is a legally binding document, which I have read, understood and accept to be fully bound by from and on the date of the signing of this agreement and thereafter.

## 2014 Parent/Camper Commitment

- I understand that fireworks, water guns, water balloons, shaving cream (except for shaving), radios, DVD players, iPods, iPads, hand held video games, <u>cell phones</u> or similar items cannot be used at any time.
- 2. I will respect the fenced-in swimming pool area by swimming only in those areas in which I have been qualified, during designated swim times, and only when a lifeguard is on duty. I will be in and near the lake only with supervision, and I will wear a lifejacket for all activities in and over the water.
- 3. I understand that boys do not go into girl's dorms/rooms and girls do not go into boy's dorms/rooms.
- 4. I understand that all campers must be accompanied by one other person when walking away from the main camp area.
- 5. I will respect all camp facilities. I will take good care of it as I would my own property. If I break anything, I or my parents will be responsible for replacing it.
- 6. Lunderstand that shoes must be worn at all times. Rocks, wood, and fire ants hurt feet.
- 7. I will use language and behavior that is befitting a Christian camp.
- 8. I will be sure to participate in and be <u>ON TIME</u> to <u>ALL</u> planned activities and events.
- 9. I will keep rooms clean and neat. I will not remove any property which belongs to Camp Tejas. I understand that rooms will be inspected each morning. I will throw trash in the trash cans.
- 10. I will clean my table after eating and take my tray to the wash area.
- 11. I will respect everyone's property.
- 12. I understand that transportation at camp will be on foot—I will walk from one activity to another.

## Camper's Code:

I will abide by all policies of Camp Tejas and my church while I am in the care of camp officials. I will be a good sport and participate in all planned activities.


## **MEDICATION FORM 2014**

For the safety of each camper all medication, prescription and/or non-prescription, will be held at the camp infirmary. Medication will be administered by camp medical personnel who are on duty 24 hours a day.

If you need to send medication to camp:

- 1. Use a separate form for each medication. Additional forms available from the church office.
- 2. Put the medicine and completed form below in a ziplock bag. Be sure the some

#### PUT THIS FORM IN A ZIPLOC BAG WITH THE MEDICATION

Only one medication per Ziploc Bag. Form must be completely visible.

	With FIR	ST BAPTIST CHURCH BRY	AN
Medication:			
Oosage:		Allergies:	
Γime of day:	c Morning (breakfast)	c Afternoon (lunch)	c Evening (dinner)
	c Bedtime	c As needed	c Other:

NURSE USE ONLY	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast					
Lunch					
Dinner					
Bedtime				-	