Information Packet
for

Little Sister Camp
www.EastTexasGMC.clcss.com
Lakeview Baptist Assembly
June 22-24
Cost $130

Little Sister Camp Director: Mary Simmons

Camp Pastor: Chris Robeson

Worship Leader: Rick McElmurry

Missionaries: Elisa Stamps (IMB - Spain)

Special Project: Noah's Ark Animals

Little Sister Camp 2020
Lakeview Baptist Assembly
June 22-24
Cost: $130

Dear Girls' Missions Director/Leaders/Sponsors:

This is your **Little Sister Camp Packet**. It is for girls who have **completed 1st and 2nd grade. Find the Big Sister Camp Packet or Servant Leadership Camp Packet if you are responsible for that age group.** Little Sister Camp, Big Sister Camp and Servant Leadership Camp are completely separate camps.

This packet includes the following:

1. **Bring to Camp Checklist**
2. **Medical Info/Consent/Agreement Form**
3. **Medication Release/Administration Form**
4. **Background Check Authorization Form for Sponsors**
5. **T-shirt Order Form**
6. **Camp Registration Form**
7. **Special Days Sheet for each leader and parent**
8. **Map of the Encampment**

Check list to mail to the Registrar by May 15, 2020:

_____Camp Registration Form
_____Church Check for $130 per camper and adult sponsor attending Little Sister Camp
_____T-shirt Order Form
_____1 copy of CRIMINAL AND SEXUAL MISCONDUCT RECORDS CHECK AUTHORIZATION FORM *for EVERY leader* coming to camp

Check list to <u>bring to camp</u> on June 22, 2020:

_____2 copies of completed <u>Medical/Consent/Agreement</u> per camper (*1 for camp nurse and 1 for traveling to and from camp*)
_____1 copy of <u>Medication Release Form</u> PER MEDICATION PER GIRL (*attach to Medical Form*)

- **Make sure your church name and city are printed on EVERY form you turn in to the camp. Example: First Baptist Church/Anytown, Texas**
- **Don't forget to include the name/address/phone number of the contact person from your church. It is vital that we are able to reach that person if questions arise before camp.**

Things to remember to make sure your girls have a great time at camp:

- Deadline for registration is **May 15, 2020**. Any additions after that will be added only with approval from Registrar Chasidy Guthrie (903-930-0969), with a $10 late fee (per camper). Also, any late additions may or may not receive a T-shirt.
- One copy of CRIMINAL AND SEXUAL MISCONDUCT RECORDS CHECK AUTHORIZATION FORM *for EVERY leader* coming to camp **needs to be mailed in with your Registration.**
- The adult/child ratio is 1/6. We recommend **at least 2 leaders per group**.
- All money is **due when you register**. Refunds for non-attending campers will be made only in the event of medical emergencies. Substitutions are permitted.
- Mission offering goal**: $2,000.00**
- **No personal checks**. One check per church made out to **Gregg Baptist Association**

- **Mail registration to: Chasidy Guthrie**
  Attn: Girls' Missions Camp
  PO Box 1124
  Hallsville, Texas 75650

- **Registration begins 9:00 AM on Monday morning in the Worship Center.**
- **Morning Celebration, at 10:00 AM** is the first event of camp.
- **Monday is Church Shirt Day.**
- Little Sister Camp **ends Wednesday afternoon immediately after Afternoon Celebration** (about 3:00 PM).
- **Names tags** including **name and grade completed** need to be made by each church. They must be durable enough to last all week since they are your **MEAL TICKET**.
- **Orientation for camp sponsors will be June 13 at 9:30 AM at Lakeview Baptist Assembly in the cafeteria. *Every* adult sponsor** needs to attend since there will be **no orientation** at camp. It is ***mandatory*** that each church send at least one adult leader since camp T-shirts will be distributed that day.
- **Absolutely EVERYONE who is going to stay at camp with your girls MUST complete the Background Check Authorization Form** and **mail it in with Registration**. The encampment must receive the forms **at least two weeks before camp** in order to have time to process the forms. **NOTE: A local church staff person MUST recommend that adults who come are responsible.**
- THE **"CHILD PROTECTION TRAINING" SESSION** WILL BE OFFERED FOR LEADERS WHO DID NOT GET CERTIFIED LAST YEAR. THIS "TRAINING" IS GOOD FOR TWO YEARS**. In the extreme case someone cannot attend the Orientation for training; there will be a session at camp immediately upon your arrival on Monday, June 18.**
- **Advise parents** that there is an AGREEMENT TO HAVE PICTURES TAKEN on the Lakeview MEDICAL INFORMATION/CONSENT/AGREEMENT to Participate form. By signing the form, they are giving permission to have photos taken and possibly used in future camp publicity. The campers WILL NOT be identified by name.

Got questions? Contact Lois Nowell, Girls' Missions Camp Director at 903-759-9420 or girlsmissionscamp@gmail.com

If you have questions about Lakeview Baptist Assembly go to their website www.lba1948.com

Little Sister Camp
June 22-24, 2020
Bring to Camp Checklist:

Bible
Soap and Shampoo
Deodorant
Water shoes
Dirty clothes bag
Sleeping bag OR Sheets & blanket
Clothes for Mon-Wed
Missionary offering
Flashlight
Pencil or Pen
Hairbrush
Sunscreen
Tennis shoes
Pillow
Towels & wash cloths
Swimsuit & cover up
Money: snacks & gift shop

REMEMBER: Monday is Church Shirt Day.

Appropriate clothing to wear at Little Sister Camp:
Modest shorts, t-shirts, socks, and tennis shoes. You may wear shorts all day.

Clothing NOT allowed at Little Sister Camp:
Sandals, open-toed shoes, backless shoes-including CROCS, or platform shoes (the terrain is only tennis shoe friendly!). 2 piece swimsuits, halter tops, crop tops, spaghetti strap shirts, skimpy shirts, or skimpy shorts. Shorts with words written across the seat. Nothing showing that shouldn't be! Dress like a lady and you will be fine!

Items NOT allowed at Little Sister Camp:
Cell phones and/or any other electronic device. Medicines **NOT** in original containers. Bad attitudes.

Got questions? Contact Lois Nowell, Girls' Missions Camp Director at 903-720-1657 or girlsmissionscamp@gmail.com

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Lakeview Baptist Assembly

P. O. Box 0130 – Lone Star, Texas – Phone 903-656-3871

Medical Information/Consent/Agreement to Participate Church/Organization: _____

Participant's Last Name: _____ First Name: _____ Date of Birth: _____ Age: ____ Sex: ___

Address: _____ Social Security Number: _____
(Number & Street) (City & Zip Code)

Parent/Guardian: _____ Address: _____ Relationship: _____
(If different than participant's)

Daytime Phone: _____ Cell Phone: _____ Pager _____

Emergency Notification

Name: _____ Relationship: _____ Daytime Phone: _____

Evening Phone: _____ Cell Phone: _____ Pager: _____

Medical Dr. Name: _____ Phone: _____ Dentist Name: _____ Phone: _____

Insurance Company: _____ Name of Insured: _____ Policy # _____

Insurance Address: _____ Phone Number: _____

Sponsor allowed authorizing emergency care in lieu of Parent/Guardian: _____

Person permitted to take Participant from camp: _____ Grade Completed: _____

Please include any other information you think we need to know on an extra sheet of paper.

Medical Information

Allergies (List and Explain Reaction): _____

Check any conditions: Diabetes __ Epilepsy __ Asthma __ Heart __ Chest Pain __Thyroid __ Kidney __ Dizziness __ Back pain__

Broken Bones __ Bleeding Disorders __ Operations __ High Blood Pressure __ Any Other Conditions _____

Explanation of the above: _____List Any dietary or Physical Restrictions on back:

Are all immunizations current: Yes ___ No ___ Date of Last Tetanus Shot: _____

List Medications currently being taken: _____

I/we hereby authorize the camp nurse or camp director to administer all medication brought by participant. If a medical emergency should arise while the above listed camper is in attendance at Lakeview Baptist Assembly, I/we hereby authorize the camp nurse or camp director to provide care to the camper and/or transport the camper to a medical facility. I/we further authorize the health care provider of the medical facility to administer necessary medical and/or surgical care upon arrival at the medical facility. I/we understand that camp officials will make a conscientious effort to locate the parent/guardian or the emergency contact listed on this document before any action will be taken. If it is not possible to locate the emergency contact listed, I/we will accept the expense of emergency medical and/or surgical treatment.

I/we give my authority and consent for Lakeview Baptist Assembly or camp nurse to treat my child for minor injuries and illnesses with the appropriate non-prescription medication.

AGREEMENT TO PARTICIPATE: ASSUMPTION OF RISK AND RELEASE OF LIABILITY

WHEREAS, THE UNDERSIGNED ("the PARTICIPANT") wishes to be accepted for participation in all activities conducted by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC.

In consideration of, and for the right to participate in such an activity by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors, Officers, Trustees, Employees, Agents, and/or Associates, I/we have and do hereby assume all of the risks and any other ordinary risk incidental to the nature of the activity. Further, I/we will hold them harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss, medical bills, hospital bills, and doctor bills, or other wise, which the participant now has or which may arise from or in connection with participation in any other activities arranged for me by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors, Officers, Trustees, Employees, Agents, and/or Associates, and their heirs, executors, and administrators, successors and assigns and for all members of my family, including any minors accompanying me. I/we fully understand that my physical activity involves risk of injury. I/we also understand that my participation in any activity is entirely VOLUNTARY. I/we enter into this activity and take full responsibility for the decision to participate or not to participate and agree to follow all safety instructions.

AGREEMENT TO HAVE PHOTOGRAPH TAKEN:

I/we are aware of the fact that photos of my child or of myself may be taken during the week by camp staff, which may appear in future camp publicity. By signing this, I/we give permission to use these photos, aware of the fact that my child or myself WILL NOT be identified by name in any such photos. I/we hereby give permission to have my photograph taken. If this is unacceptable, I/we will so state that fact here by writing "NO" in the space provided. _____

_____ _____
Signature of parent/guardian (if participant under age 18) Date of Signature

_____ _____
Signature of participant Date of Signature

FOR ADULT SPONSORS ONLY (What is your responsibility while attending camp?) _____

Pastor/Staff Recommendation: I recommend this adult to be a responsible sponsor. (Sponsor, camp director, recreational team)

_____
Pastor/Staff Signature

Lakeview Baptist Assembly
Camps-Conferences-Retreats

Medication Release/Administration Form

Lakeview requires that all sponsors/campers who need medication during their attendance at camp must do the following:

1. Complete and present the consent below, signed by parent or legal guardian for administration of medication while the student attends camp at Lakeview.
2. Bring the medication **IN THE ORIGINAL BOTTLE** (prescription or over-the-counter), properly labeled as prescribed by law.
3. Present this form and the medication indicated on this form to the nurse upon arrival on campus and abide by his/her instructions for administration.
4. If more than one medication is to be administered, a separate form is to be completed and signed for each medication.

Medication Information for:

Name: _____ Birth date: _____ Sex: _____M _____F
(Month/Day/Year)

Church group student came with _____
(Church Name) (Church City & State)

Name of medication _____

Purpose for medication use (e.g. allergies, asthma, antibiotic) _____

Form of medication: ____Tablet ____Pill ____Capsule ____Liquid ____Inhalation

____Other (specify) _____

Dosage (amount to be given): _____ How often or at what time: _____

Remarks or special instructions: _____

As the parent or legal guardian of the above child, I hereby give permission for the camp nurse or administration to administer this medication to my child.

_____ (____) ____-_____ (____) ____-_____ _____
Parent/Guardian signature | Daytime Phone # (include area code) | Evening Phone # (include area code) | Date

FOR OFFICE USE ONLY

Day	Date	Time Given/ Person Administering			
		Dose 1	Dose 2	Dose 3	Dose 4
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Please indicate at the left, time and your initials each time medication is administered. Each person administering medication should indicate full name and title in space below.

Initial _____= Name_____
Initial _____= Name_____
Initial _____= Name_____
Initial _____= Name_____

Notes or comments: _____

CRIMINAL AND SEXUAL MISCONDUCT RECORDS CHECK
AUTHORIZATION FORM

I hereby authorize Lakeview Baptist Assembly and Conference Center Incorporated, and/or its agents to make an independent inquiry of my background (criminal and sex offender) on me whether local, state, or national. I hereby release Lakeview Baptist Assembly and Conference Center Incorporated, and /or its agents and any person or entity from any and all liability resulting from such disclosure. **(Required every year) This form must be in camp office at least 2 weeks prior to camp.** Lakeview FAX: 903 656-2993

Last Name (printed): _____

First Name (printed): _____

Middle Name (printed): _____

Date of Birth: _____ Social Security Number: _____

Physical Street Number: _____

Street Name (Not P.O. Box): _____ Apartment #: _____

City: _____State: _____ Zip: _____

Cell Phone Number: _____

Name of Church:_____

Signature: _____ Today's Date: _____

Circle Name of Camp or Camps you are attending:

Girls' Mission Camp
(June 22-25, 2020)

Child Protection Training (required every 2 years)

Each sponsor must show a certificate of completion for the Child Protection Training that is required by the State of Texas to be a sponsor for a children or youth camp. You need to provide Lakeview with a copy of your certificate of completion. If no proof of completion can be provided, you must go through the Child Protection Training. This training will be provided at the start of or prior to each camp. (**required every 2 years)**

_____1. I will provide a copy of current Certificate of Completion

_____2. No Certificate of Completion but took training provided by Lakeview, please check Lakeview's master list. Camp attended here last year _____.

_____3. I will need training

Please list all of the camp(s) you are attending for the summer.
Only one background check is necessary per year.

Girls' Missions Little Sister CAMP
June 22-24, 2020
T-SHIRT ORDER FORM ~ Make a copy for your files. Send the original with your registration in May.

Church Name/City_____ **Contact Person/Phone**_____

	First & Last Name	Grade Completed	Youth S 6-8	Youth M 10-12	Youth L 14-16	Adult S 34-36	Adult M 38-40	Adult L 42-44	Adult XL* 46-48	Adult XXL* 50-52	Adult XXXL* 54-56
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
	Totals:										

Add one extra dollar for every "X" you add to your shirt size. This really helps keep the overall cost of camp down.

Got questions? Contact Lois Nowell, Girls' Missions Camp Director at 903-720-1657 or girlsmissionscamp@gmail.com

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Little Sister Camp
Lakeview Baptist Assembly
June 22-24, 2020

Registration Form
(1st – 2nd graders)

Contact Person:

Name _____

Address _____

City/Zip _____

Phone# _____

Email _____

Registration deadline: Postmarked by May 15

Send to: Chasidy Guthrie

Girls' Missions Camp
PO Box 1124
Hallsville, Texas 75650

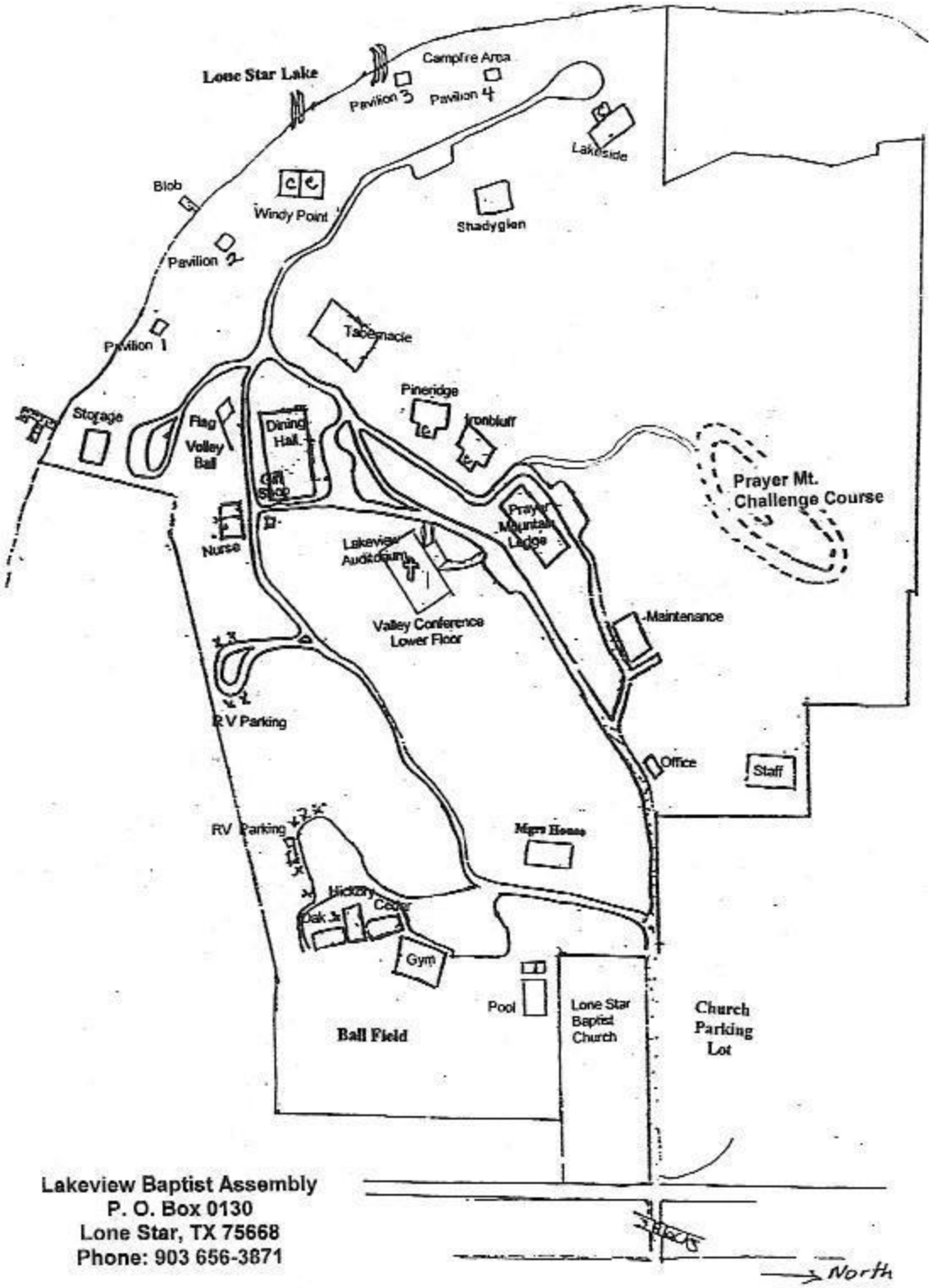
No late registrations without Registrar's approval!
Registrar: Chasidy Guthrie
(903) 930-0969

Name of Church/City_____

Cost: $130 per camper	
Total # of Girls	
Total # of Adults (1 adult to 6 girls)	
Total Attending	
Total Number Attending x $130 = Total Amount $	

Please send **CHURCH CHECKS ONLY** made out to:
Gregg Baptist Association

Please, do NOT mail Medical Forms to Registrar. Don't forget to mail Criminal Background Check Authorization Forms with Registration. ☺



Lakeview Baptist Assembly
P. O. Box 0130
Lone Star, TX 75668
Phone: 903 656-3871

Big Sister Camp
DAILY SPECIALS

Monday: **"Church Shirt" Day**

Tuesday: **"Red, White, and Blue" Day**

Wednesday: **"Camp Shirt" Day**

Thursday: **"Inside Out" Day**

Activities include:

Swimming
"The Blob"
Paddle Boats
Ropes Course
Kayaking
Snack Bar/Gift Shop
The SCREAMER
Prayer Mountain Hike
Crafts
Archery

And much, much more

OFFERING:
Goal for the missionary offering is $2,000.00

ORIENTATION:
The mandatory Leader Orientation/Brunch will be at Lakeview Baptist Assembly, Lone Star, June 13, 2020, 9:30 AM. NO ORIENTATION at camp.

Got questions? Contact Lois Nowell, Girls' Missions Camp Director at 903-720-1657 or girlsmissionscamp@gmail.com

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MISSION ACTION PROJECT

Through Buckner Children and Family Services our girls can provide “backpacks” filled with needed items for children when they are first placed in foster care. Many children are moved on emergency notice with very little clothing or personal items. The “packs” will be age and gender specific. Plan to fill a packback for at least one child. Encourage your church family to take part in this ministry.

FOR INFANTS AND TODDLERS

- Diapers—around 10 (to get through the night or until the foster parent can get to the store)
- A few jars of baby food and a new bottle/ sippy cup
- Socks
- Baby safe toy/ rattle or teether (depending on age of baby/ size of diapers)

FOR BOYS AND GIRLS SIZES 4-10

- A few new pair of underwear
- A new set of Pajama’s
- Socks
- Child’s Toothpaste with a new toothbrush
- Doodle Pad or Color Book with Crayons
- Stickers or Sticker book
- Toy or stuffed animal

Attached are labels specifying the age and gender of the child for whom the backpack was so lovingly filled.

Girl: Age __	Boy: Age __
Infant Girl	Infant Boy