

SoulQuench Youth Camp

Youth Leader Packet and How To Use It

Page 1 – Information page (includes a lot of information you may need / want) – read it, then ask questions

Page 2 – ****ONLINE REGISTRATION THIS YEAR!!!!**** Student registration page – your students (their parents / guardians) will fill this page out and return it to you.

Page 3 – Health Form – your students (their parents / guardians) will fill this page out and return it to you along with their registration page.

Page 4 – Prescription Medication Form – if your student has meds they'll be taking they (their parents / guardians) will fill this page out and return it to you, along with the previous pages.

Page 5 – Dress Code – your students and their parents / guardians will read this page, sign and return it to you with previous forms.

Page 6 – Church Registration Form – You, as leader, will fill most of this form out and then turn in with your students forms.

Page 7 – ****ONLINE REGISTRATION THIS YEAR!!!!**** Volunteer Registration Form – You, as leader, will fill this form out. As stated on this form, you will need a copy of page 3.

Page 8 - 9- ****ONLINE REGISTRATION THIS YEAR!!!!**** Volunteer with Child Registration Form- You, as leader bringing your child/children, will fill these forms out. As stated on this form, you will need a copy of page 3 for everyone.

Each of your leaders coming will need to fill out either the volunteer packet or, if they are bringing children, the volunteer with children packet.

SoulQuench Youth Camp

Baptist Hill - Mt. Vernon, MO

Sunday July 1 - Thursday, July 5 2018

Information for Youth Pastors

Facebook.com/SoulQuench Encourage your students and parents to visit the page. They can find info on how to print off the registration and health forms for camp.

This camp is for any youth grades 7-12.
(entering grade 7 or having just completed grade 12 this past year)

Cost:
Advanced - \$165, postmarked by May 18- accompanied with students' registration forms
Regular - \$200, postmarked between after May 18
YOUTH MINISTER: This means you may have students that owe different amounts for camp!

Arrival Time @ camp: Between 1:30 and 2:45 Sunday, July 1
Departure Time from camp: 11:30 a.m. on Thursday, July 5
Directions to Baptist Hill are on "The Hill's" website or you can contact a camp director.
Address of Camp: 9519 State Highway V, Mount Vernon, MO 65712

We request that you send 1 adult to stay at camp for every 5 campers you send. If this is not available from your church please contact camp directors for further instructions and to discuss this situation. If you have students who would like to room together as a church (more than 4 campers) an adult will need to be available from your church to stay with them. Please make a note on your registration form or attach a note with the names of the people who wish to room together and the adult who will be staying with them. All rooming requests that are made after the May 9th deadline may or may not be able to be accommodated.

Please mail the church registration form, health forms, camper registration forms, and money to:
Greene County Baptist Association
834 W. Battlefield
Springfield, MO 65807

All individuals lodging at Baptist Hill must have a completed health form and registration form to attend camp.

Any questions? Contact Camp Directors:
Gary Standefer (417) 894-8354 thestandefers@gmail.com
Ericka Baxter (417) 425-3386 yellowricki@gmail.com

SoulQuench Youth Camp - Baptist Hill - Mt. Vernon, MO

July 1 – July 5, 2018

This camp is for any youth grades 7-12.

(entering grade 7 or having just completed grade 12 this past year)

Cost: Advanced - \$165, postmarked by May 18- accompanied with students' registration forms
Regular - \$200, postmarked between after May 18.

What to Bring: Bible, Clothing for 4 days (jeans, shorts, t-shirts) Swim suit, Jacket, Sleepwear, Hat, Two pair of shoes. Please see dress code for more detailed information. Bring either bed linens or sleeping bag, Pillow, Small notebook, pen or pencil, Toiletries: soap, shampoo, deodorant, toothbrush and toothpaste. Towels and washcloths. (additional clothes needed for messy games)

If your child needs a special diet, contact the camp director for meal times and please send snacks.

Money - optional - there will be merchandise available for purchase.

What NOT to Bring - Electronic devices, this includes IPODS, MP3 players & Cell Phones, Non-prescription medicine or drugs, vaping products, fireworks, or any type of weapons.

Arrival Time @ camp: Between 1:30 and 2:45 Sunday, July 1

Departure from camp: 11:30 a.m. on Thursday, July 5.

Directions to Baptist Hill are on the website or you can contact your camp director.

If your child becomes ill while at camp, it may be necessary for the parents to come and pick up their child from camp. In the event of an emergency, the camp will use the Aurora ER.

Camp address: Please try to contact your youth pastor first.

Baptist Hill Camp Facility, 9519 State Highway V, Mount Vernon, MO 65712

Baptist Hill phone: 417-466-3034 (for emergency use only)

Check out our web site: Facebook.com/SoulQuench

Please complete the form below and return it to your youth pastor or

Greene County Baptist Association, 834 W. Battlefield, Springfield, MO 65807

2018 Greene County Baptist Association SoulQuench Camp - July 1 – July 5, 2018 - Registration Form – STUDENT

Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ Zip Code: _____

Church Attending with: _____

Male / Female (circle one) Grade Completed: _____

Birthdate: ____/____/____ Age as of June 1st: _____

T-Shirt size: S M L XL XXL (Circle one)

Emergency Contact: Name _____

Relationship to camper _____

Phone (home) _____, (cell) _____

The above named camper has my permission to swim in pool Yes / No

The above named camper has my permission to appear in camp photos and videos Yes / No

The above named camper has my permission to be transported off campus, if chosen for certain elective classes Yes / No

Parent or legal guardian _____ Date _____

(signature is required to attend camp)

2018 Greene County Baptist Association SoulQuench Camp Health Form

Name _____ Church _____
Age as of camp _____ Grade completed _____ Birthdate _____
Parent or Guardian _____
Phone (home) _____ (work) _____ (cell) _____
Address _____
City _____ State _____ Zip _____
Emergency Contact _____ Relationship to camper _____
Phone (home) _____ (cell) _____
Social Security Number _____ (medical attention may be delayed w/o SSN or copy of insc. card)

Please do not send your child to camp if they has been exposed to any contagious or infectious disease during the two weeks before camp.

Does your child have any of the following medical conditions? (please circle)

Food Allergies - Ear Trouble - Sleep Walking - Athlete's Foot - Heart Condition - Sinus Problems - Diabetes Asthma
- Excessive Bleeding - Stomach Problems - Seizures - Kidney/Bladder Problems - Emotional Difficulties

Please give instructions for any of the above circled items _____

- Other conditions we should be aware of _____

-Surgeries (please list) _____

-Physical Limitations _____

For prescription medication that will be brought to camp use attached "Prescription Medication Form"
(Please bring a bag labeled with camper's name, individual prescriptions needs to have campers name, do not send more than will be needed for the duration of camp.)

Permission to give Tylenol? Yes / No

Permission to give Ibuprofen? Yes / No

Permission for camp nurse to treat injuries, head lice, sickness, etc. Yes / No

Has your child had a tetanus shot (DPT) within the last 5 years? Yes / No

Are your child's immunizations current? Yes / No If no, please explain _____

Camper's Physician _____ Phone _____

Other Physicians _____ Phone _____

Primary Insurance _____ Policy Number _____

Primary policy holders name _____

PLEASE ATTACH A COPY OF INSURANCE CARD

In case of emergency, I understand I will be notified if possible, and I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia for surgery for my child as named above.

Parent or Guardian Signature _____

Printed Name _____ Date _____

Prescription Medication(s) Form

1. Name of medication: _____
Purpose for Medication (medical condition treating): _____
Circle One: Pill Liquid Other: _____
When to Take: _____
2. Name of medication: _____
Purpose for Medication (medical condition treating): _____
Circle One: Pill Liquid Other: _____
When to Take: _____
3. Name of medication: _____
Purpose for Medication (medical condition treating): _____
Circle One: Pill Liquid Other: _____
When to Take: _____
4. Name of medication: _____
Purpose for Medication (medical condition treating): _____
Circle One: Pill Liquid Other: _____
When to Take: _____
5. Name of medication: _____
Purpose for Medication (medical condition treating): _____
Circle One: Pill Liquid Other: _____
When to Take: _____
6. Name of medication: _____
Purpose for Medication (medical condition treating): _____
Circle One: Pill Liquid Other: _____
When to Take: _____

Dress Code for SoulQuench

This is the dress code that Baptist Hill requires and we support.

As participants of Soul Quench, you are required to follow these guidelines.

- All shorts must be of modest length (no shorter than mid-thigh).
- Skirts and dresses should be longer than top of the kneecap.
- Apparel displaying pictures, trademarks or advertising of tobacco products, alcoholic beverages, drugs, controlled substances, rock groups, or messages with non-Christian themes is prohibited.
- Biker shorts may be worn if appropriate length shorts are worn over them.
- Shoes and shirts must be worn at all times outside your cabins, except when swimming.
- A cover-up (shorts, t-shirt, robe, or large towel) must be worn over bathing suits going to and from the swimming pool.
- Females will wear t-shirts (dark, not white) over two-piece, low cut, or cut-out bathing suits while swimming.
- Males may not wear tight fitting, speedo, or brief type swimming suits.
- Dresses or shirt with spaghetti straps will not be allowed. Straps need to be at least 2 inches
- No shirts showing stomach, even when hands raised above head.
- When a shirt is longer than the shorts being worn it must be tucked in.
- Yoga pants and leggings will not be allowed unless the shirt or dress covers past mid-thigh on both front and back.
- No Bro tanks allowed.
- Modest attire is required during worship gatherings. ("Modest Attire" is at the discretion of the Camp Directors)

If you do not abide by this dress code you will be asked to change. If you do not have proper apparel, you may be asked to leave camp.

Dress Code for SoulQuench

I, _____, understand this dress code and will pack appropriately.

Student Signature: _____ Date: _____

I, _____, understand this dress code and will make sure my child packs appropriately.

Parent Signature: _____ Date: _____

**2018 Greene County Baptist Association SoulQuench Camp -
July 1 – July 5 – Church Registration Form**

If forms are received after regular deadline (**May 18**) bunking requests are not guaranteed.

Church Name: _____

Contact Phone: _____

Contact Name: _____

Church Completes			Shirt Size	Associational Office Completes			
Boy Camper Name	Grade Completed	Emergency Phone #		Registration Form	Health Form	Amount Paid	Cash/Check
Girl Camper Name	Grade Completed	Emergency Phone #		Registration Form	Health Form	Amount Paid	Cash/Check
Volunteer Name	Male / Female	Emergency Phone #		Registration Form	Health Form	Amount Paid	Cash/Check

Church form received @ office by: _____ Date: _____ Hour: _____

Church registration fee received by: _____ Date: _____ Hour: _____

**2018 Greene County Baptist Association SoulQuench Camp -
 July 1 – July 5, 2018 - Registration Form – VOLUNTEER
 \$75 – To help cover Baptist Hill fees and food**

Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ Zip Code: _____

Church Attending with: _____

Male / Female (circle one) Age: _____

Birthdate: ____/____/____

T-Shirt size: S M L XL XXL (Circle one)

Emergency Contact: Name _____

Relationship to Volunteer _____

Phone (home) _____, (cell) _____

Signature _____ Date _____

(signature is required to attend camp)

Health Form is also required for Volunteer

BACKGROUND CHECK AUTHORIZATION/CONSENT

During the application process and at any time during the tenure of my service with Greene County Baptist Association, I hereby authorize First Advantage (GCBA's Screening Service), on behalf of Greene County Baptist Association to procure a consumer report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Printed name	Social Security # (for identification purposes only)	Signature/Date

BACKGROUND VERIFICATION DISCLOSURE: This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for volunteer service at Greene County Baptist Association SoulQuench, Girls' Camp, or Boys' Camp at Baptist Hill, Mt. Vernon, MO. This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

**Please complete form and turn in to your church's youth pastor OR mail to:
 Greene County Baptist Association, 834 W. Battlefield, Springfield, MO 65807**

**2018 Greene County Baptist Association SoulQuench Camp -
 July 1 – July 5, 2018 - Registration Form – VOLUNTEER W/ CHILD
 \$75 – To help cover Baptist Hill fees and food**

Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ Zip Code: _____

Church Attending with: _____

Male / Female (circle one) Age: _____

Birthdate: ____/____/____

T-Shirt size: S M L XL XXL (Circle one)

Emergency Contact: Name _____

Relationship to Volunteer _____

Phone (home) _____, (cell) _____

Signature _____ Date _____

(signature is required to attend camp)

Health Form is also required for Volunteer

BACKGROUND CHECK AUTHORIZATION/CONSENT

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Printed name	Social Security # (for identification purposes only)	Signature/Date
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**Please complete form and turn in to your church's youth pastor OR mail to:
 Greene County Baptist Association, 834 W. Battlefield, Springfield, MO 65807**

**2018 Greene County Baptist Association SoulQuench Camp -
July 1 – July 5, 2018 - Registration Form – CHILD OF VOLUNTEER Cost: \$75**

Name: _____ Phone: _____
Address: _____ Email: _____
City: _____ Zip Code: _____
Church Attending with: _____
Name of Parent Attending: _____

Male / Female (circle one) Grade Completed: _____
Birthdate: ____/____/____ Age as of June 1st: _____
T-Shirt size: Child Sizes: S M L XL XXL Adult Sizes: S M L XL XXL (Circle one if wanted)

Emergency Contact: Name _____
Relationship to camper _____
Phone (home) _____, (cell) _____

The above named camper has my permission to swim in pool Yes / No

The above named camper has my permission to appear in camp photos and videos Yes / No

The above named camper has my permission to be transported off campus, if chosen for certain elective classes Yes / No

Parent or legal guardian _____ Date _____
(signature is required to attend camp)

**2018 Greene County Baptist Association SoulQuench Camp -
July 1 – July 5, 2018 - Registration Form – CHILD OF VOLUNTEER Cost: \$75**

Name: _____ Phone: _____
Address: _____ Email: _____
City: _____ Zip Code: _____
Church Attending with: _____
Name of Parent Attending: _____

Male / Female (circle one) Grade Completed: _____
Birthdate: ____/____/____ Age as of June 1st: _____
T-Shirt size: S M L XL XXL (Circle one if wanted)

Emergency Contact: Name _____
Relationship to camper _____
Phone (home) _____, (cell) _____

The above named camper has my permission to swim in pool Yes / No

The above named camper has my permission to appear in camp photos and videos Yes / No

The above named camper has my permission to be transported off campus, if chosen for certain elective classes Yes / No

Parent or legal guardian _____ Date _____
(signature is required to attend camp)