



# XTREME FAITH

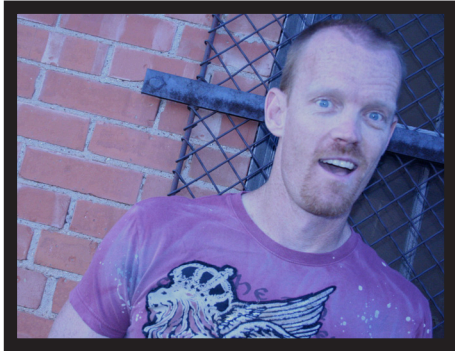
YOUTH CAMP 2012

[ ALTO FRIO BAPTIST ENCAMPMENT ]

# XTREME FAITH YOUTH CAMP

ALTO FRIO, JUNE 4-9, 2012

XTREME FAITH will be a week to encounter the presence of God, connect with others, and have your life radically transformed by the glorious grace of the gospel of Jesus Christ. Students will have times of corporate and individual worship with God. Students will be challenged with what it means to live for God and how to spend time with Him daily. Our prayer is that this generation of students exists to bring glory to God by making disciples through gospel-centered preaching, worship, community, and mission. So don't pass up this life changing opportunity to be at youth camp!



**SPEAKER: RUNKS**

Funny name, funny guy, deep message



**WORSHIP LEADER: CHRIS CLAYTON**

**Cost:** \$175.00 (Submit OVBC Medical & Liability Release Form)

**Mandatory Parent & Teen Meeting:** May 6, 12 - 12:30 p.m. in the BEC (1st floor)

### **What to bring:**

- A fantastic attitude and a desire to draw near to God
- Casual clothing for three days (shorts that meet our standards and pants are acceptable for all meetings including worship)
- Sheets, a blanket, a pillow, sleeping bag, etc.
- Towels and washcloths
- Personal hygiene items
- Spending money for snacks, T-shirts, CD's, etc.
- Alarm Clock
- Watch
- Bible, pen, notebook, etc.

### **Stuff NOT to Bring:**

- Spaghetti strap tops or small tank tops
- Tight clothes
- "Short" shorts or skirts. (Stand with your arms by your side. If your finger-tips are touching your skin, your shorts or skirt should be longer for camp.)
- Tobacco, drugs, alcohol or weapons
- Fireworks
- Water balloons
- Clothing with questionable sayings, slogans, etc.

For more information, contact [bryan@ovbc.net](mailto:bryan@ovbc.net)

# Oak View Baptist Church

## Medical & Liability Release

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Allergies (include food allergies): \_\_\_\_\_

\_\_\_\_\_

Medications taken: \_\_\_\_\_

\_\_\_\_\_

**Event:** Student Camp at Alto Frio

**Event Date:** June 4 - 9, 2012

I understand that in the event of medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the even I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed medically necessary.

I understand that my health insurance coverage for my child will provide primary coverage in the event medical treatment or intervention is needed.

I agree to allow the identified student to participate in the activity identified above and understand all reasonable safety precautions will be taken at all times by Oak View Baptist Church and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Oak View Baptist Church, its leaders, employees, and volunteer staff liable for any damages, losses, diseases, or injuries incurred as a result of the student's participation in this activity.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*PLEASE REMEMBER TO PROVIDE THE INFORMATION REQUESTED  
ON PAGE 2 OF THIS FORM*

PAGE 2 MEDICAL & LIABILITY RELEASE

EMERGENCY CONTACT PERSON

NAME \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

ALTERNATE CONTACT PERSON

NAME \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

XTREME FAITH YOUTH CAMP  
JUNE 4 - 9 2012  
ALTO FRIO ENCAMPMENT  
COST: \$175.00

Camper's Name: \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Gender: Male or Female      Grade Completed: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_

email: \_\_\_\_\_ cell #: \_\_\_\_\_

Father or Guardian: \_\_\_\_\_

e-mail: \_\_\_\_\_ cell #: \_\_\_\_\_

School (currently attend): \_\_\_\_\_

Adult T-shirt size (circle one): S M L XL 2X 3X

*This registration needs to be turned in by May 6 with a \$50.00 non-refundable deposit.*

# 2012 YOUTH CAMP REGISTRATION AND MEDICAL RELEASE FORM

Please Print

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade Completed \_\_\_\_\_

Telephone \_\_\_\_\_ School \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

\*\*\*\*\*

Name of parent/guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers:

Work (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_ Cell (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

Persons (relationship) to contact in case of an emergency (other than parent/guardian):

1. \_\_\_\_\_ ( \_\_\_\_\_ ) Home \_\_\_\_\_ Work or cell \_\_\_\_\_

2. \_\_\_\_\_ ( \_\_\_\_\_ ) Home \_\_\_\_\_ Work or cell \_\_\_\_\_

**Vital Camper Information** (including allergies, dietary, chronic reoccurring conditions, etc):

*(If more space needed for vital information, please staple another sheet to back of this form.)*

Penicillin and/or any other drug reaction: \_\_\_\_\_ Yes \_\_\_\_\_ No If applicable, please list below:

Dates of last immunizations: Tetanus \_\_\_\_\_ Diphtheria \_\_\_\_\_

Camper's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does this camper regularly take medication? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list:

For what condition: \_\_\_\_\_

**(Only prescription medication in the original container and properly labeled may be administered.)**

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## INSURANCE INFORMATION AND ASSIGNMENT

Name of Insured \_\_\_\_\_ Address \_\_\_\_\_

Employer \_\_\_\_\_ Insurance Co. & Phone \_\_\_\_\_

Mail claim to: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Cert. or SS# \_\_\_\_\_

**X** \_\_\_\_\_

**Signature of Insured**

\*\*\*\*\*

I, \_\_\_\_\_, give my permission for \_\_\_\_\_  
to attend Youth Camp with \_\_\_\_\_ Church and will not hold this Church or Alto Frio  
Baptist Encampment responsible for any accident that may occur. I also give permission for my youth to receive medical  
treatment or attention in case of emergency or illness while traveling or under the supervision of above referenced Church  
and sponsors. I further give full authority to this Church's staff and sponsors to discipline my youth as may be deemed  
necessary. If my youth's behavior is such that it may endanger the happiness or the safety of the entire group, the  
counselors have my permission to send my camper home after notifying me of their intention. I promise to pay the cost of  
the return trip should this action become necessary. I expressly understand and acknowledge that during the course of the  
camp photographs or video footage of my child may be taken and I hereby give permission for such photographs or videos  
to be used on the camp website and/or for promotional materials for the camp.

**X** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_ **Telephone Numbers** \_\_\_\_\_

**Camper, read and sign reverse side of form. Parent, read and sign BOTH sides of this form!**

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Stamp