



## STUDENT PACKET

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# Falls Creek Info at a glance.

## **KEEP THIS PAGE FOR YOUR INFO**

**PAY ATTENTION AS SOME THINGS HAVE CHANGED FROM  
PREVIOUS YEARS!**

**When:** June 22-27th.

**Where:** Davis Oklahoma.

**Who:** Students who have completed 7<sup>th</sup> grade – 12<sup>th</sup> grade?

**Cost:** **EARLY BIRD- TURNED IN BY MAY 20th**

- **FBC Members and Active youth group attendees:** \$175 per student
- **FBC Members with 2 or more students** will receive a \$25 per student discount bringing your cost to \$150 per student.
- **Non FBC Members or non-active youth group attendees** \$200 per student
- **IN THE EVENT THAT \$ IS AN ISSUE PLEASE LET US KNOW!!!!** It's our hope that \$ is never the reason a student can't go to camp. Scholarships are available but you have to let us know.
- **REGISTRATIONS RECEIVED AFTER MAY 20th**
  - Add \$25 per student

**Departure and Return:**

- We will be leaving **Monday Morning at 7:00 am SHARP!** *Be here by 6:30* at the latest so we can get your stuff loaded.
- We will be leaving early Saturday Morning, stopping for Lunch at Chic-fil-a in Tulsa and then home. Students will call to give exact time after lunch. Usually between 2-3 pm.

**Forms that must be Turned back in:**

- If over 18 or will turn 18 during the week of camp- Background Investigation Consent form
- Falls Creek Student Waiver of Claims form 1 & 2.
- FBC Student Activity Permission Form

**Falls Creek Youth Camp 2020 Student Release and Waiver of Claims Form (1 of 2)**  
**Please fully COMPLETE this form. It is two pages, front and back (or adjoining page)**

Host Church: \_\_\_\_\_ Cabin: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Student E-mail: \_\_\_\_\_ Grade This Fall: \_\_\_\_\_

In Emergency Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell or Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

1. Does camper have any known allergies or is camper unable to take any medication? **Yes No** (Please circle one.) If yes, what? \_\_\_\_\_

2. Does camper presently take any medications regularly? **Yes No** (Please circle one.)  
 If yes, what medications? \_\_\_\_\_ For what reason? \_\_\_\_\_

3. Please list any other medical condition(s) that would be helpful to know: \_\_\_\_\_

4. Date of last tetanus immunization: \_\_\_\_\_

5. The above named child has current medical insurance coverage through:  
 Insurance Company: \_\_\_\_\_ Name on Insurance Policy: \_\_\_\_\_  
 Insurance Company Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Mailing Address for Medical Claims (see back of insurance card): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Does your insurance company require notification prior to emergency health care at a hospital?  
 If yes, Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

7. Will a parent of the Camper attend Falls Creek during the same period of time as the Camper? **Yes No** (Please circle one.)  
 If yes, name of parent: \_\_\_\_\_

Student Name: \_\_\_\_\_  
 Age by end of camp week: \_\_\_\_\_  
 Church: \_\_\_\_\_

**Please continue to the back or adjoining page. All forms MUST be fully completed.**



**Parents:**

Your child is required to abide by the Falls Creek Youth Camp dress code and code of conduct while at camp.

As a means of acknowledging and agreeing to this, the student's signature is required on the second page of this form.

# Falls Creek Youth Camp 2020 Student Release and Waiver of Claims Form (2 of 2)

**I understand that it is the responsibility of my child's Host Church to obtain insurance permission for treatment or to limit my child's recreational activities because of a stated medical condition.**

My child, \_\_\_\_\_ will be attending Falls Creek Youth Camp during the summer session, 2020. Falls Creek Conference Centers are managed and operated by the Baptist General Convention of Oklahoma ("Oklahoma Baptists"). In the event that my child should need emergency medical care or attention, the Host Church leadership, Oklahoma Baptists or any of their agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care, or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon, or other health care professional.

- If such emergency care is provided, I understand that my child's health insurance information will be given to the health care professional and that any expenses not covered by my insurance shall be my responsibility. I understand that the Host Church or Oklahoma Baptists will not be obligated to pay either the health care professional or me for any medical expenses incurred.
- There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, I agree that neither the Host Church nor Oklahoma Baptists is responsible for the action of these third party contractors. I further agree that neither the Host Church nor Oklahoma Baptists is liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.
- I understand that the risk of injury from recreational activity is significant, including but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation in or observation of such recreational activity.
- Furthermore, in consideration of my child being allowed to attend Falls Creek Youth Camp, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, Oklahoma Baptists, their agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against the Host Church, Oklahoma Baptists, or their agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities at Falls Creek Youth Camp, and (2) injuries arising from the decision of the leadership of the Host Church, Oklahoma Baptists, or any of their agents or employees to consent to the provision of emergency medical care to my child.
- I understand that my child's image may be included in a video or in photographs that may be made during camp. I understand that a promotional or highlight video may be available for sale during and after camp. I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.
- I give authority and permission to the Host Church, Oklahoma Baptists, and any of their staff or agents to inspect my child's belongings while at Falls Creek Youth Camp.
- I understand that Falls Creek Youth Camp is a place where many students seek counsel and advice from adult leaders, staff, counselors and others. I hereby consent to my child receiving spiritual and emotional counsel during their week of camp.
- I have received and read the Parent Information about Falls Creek Youth Camp including the list of the recreational options and the daily schedule, and I have received satisfactory answers to all my questions about such information. I have read the Falls Creek Youth Camp Code of Conduct and Dress Code, and I have discussed the Code of Conduct and dress code with my child.

Parent Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

All students attending Falls Creek Youth Camp must have a parent or guardian complete and sign this release form. This form must be turned in to the Falls Creek Youth Camp staff during registration on the first day of camp.

**I have read and agree to the Falls Creek Youth Camp Code of Conduct and Dress Code and will abide by them.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OBU & Oklahoma Baptists Information Form** - The following portion of this document is to be removed from the above by Falls Creek Youth Camp and used by OBU for prize drawings at the end of the week. It is not a required part of this form.

<input type="text"/>	<input type="text"/>	MALE	FEMALE	<input type="text"/>
<b>Student's First Name</b>	<b>Student's Last Name</b>	<b>Please Circle One</b>		<b>Grade Just Completed</b>
<input type="text"/>				<input type="text"/>
<b>Mailing Address</b>				<b>Date of Birth (mm/dd/yy)</b>
<input type="text"/>				<input type="text"/>
<b>City</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<b>State</b>	<b>Zip code</b>	
<input type="text"/>	<input type="text"/>			
<b>Phone Number (including area code)</b>	<b>Student's Email Address</b>			

# Student Activity Permission Form



Name of student \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of parent(s) or guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

Other person and/or number to call in emergency \_\_\_\_\_

## Medical Information

Is your student presently being treated for an injury or sickness or taking any medication? • Yes • No

If yes, please explain. \_\_\_\_\_

Does your student have, or has your student ever had, any of the following? (Please check all that apply.)

- Asthma • Hay Fever • Kidney Disease • Allergies
- Diabetes • Heart Murmur • Seizure Disorders • Other issues

Please explain. \_\_\_\_\_

Student's blood type \_\_\_\_\_ (if known)

Does your student have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? • Yes • No If yes, please explain. \_\_\_\_\_

Family Doctor: Doctor's Telephone: \_\_\_\_\_

Insurance Co.: Policy No.: \_\_\_\_\_

## Consent and Certification

I, the undersigned, being the parent or legal guardian of the student named above, do hereby consent to the participation of my student in all the scheduled student activities of First Baptist Church Neosho, and any other supervised activities customarily associated with its student group, including student rallies and overnight or weekend student trips. Further, I certify that my student is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the student leader in writing.

**Note to Parent:** If giving consent for one activity only, or if this consent is otherwise restricted, please specify:

\_\_\_\_\_  
\_\_\_\_\_

## Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my student is injured or becomes ill. I authorize appropriate student ministry leaders to make emergency medical care decisions on behalf of my student, if required by law or a health care provider. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care. I understand that First Baptist Church will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the student director in writing of any health changes that would restrict my student's participation in any normal student activities. I also understand that the student leader and designated adult chaperones reserve the right to restrict my student from any activity that they do not feel is within the physical capabilities of my student.

\_\_\_\_\_  
\_\_\_\_\_

## Student Pledge

I hereby pledge to uphold all policies of the Student Department of FBC Neosho. During all student activities and all student trips, I pledge to follow all instructions of the student leader and the adult chaperones, including safety instructions.

\_\_\_\_\_  
\_\_\_\_\_

Signature of Student Date

# FIRST BAPTIST CHURCH

(Organization Name)

## BACKGROUND INVESTIGATION CONSENT

I, \_\_\_\_\_ (applicant complete name), hereby authorize FBC NEOSHO (organization) and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering or employment with FBC NEOSHO (organization).

I release FBC NEOSHO (organization) and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Full name (printed)

\_\_\_\_\_  
Maiden name or other names used

\_\_\_\_\_  
Present street address

\_\_\_\_\_  
How long?

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Former street address

\_\_\_\_\_  
How long?

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Social security #

\_\_\_\_\_  
Driver's license #

\_\_\_\_\_  
State of license

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Falls Creek Packing List

- **Bible** --- Please make sure you bring one seeing that you will put it to good use everyday. If you do not have one, let us know and we will provide one for you.
- Pen and Notebook --- Key for effective Bible study.
- Shower Stuff- Towels (at least 2, 1 for shower, 1 for swimming), soap, shampoo, shower shoes (if you need em), wash cloth, ect.
- Bedroll --- Twin size sheets and blanket or sleeping bag, pillow
- Toiletries -**Deodorant** --- We would like to keep the odor level down this week so that everyone will have a pleasant and enjoyable time! Toothpaste and mouthwash, whatever you need to make yourself not look or smell like a zombie.
- Clothes --- **Make 100% sure that what you bring adheres to the Falls Creek Dress Code** you agreed to. Pack enough clothes for 5 days. Expect to get dirty and have to change. Don't pack your whole closet but have enough to change if something happens.
- Swimsuit and covering shirt. **Again, refer to your Falls Creek Dress Code** see the attached dress code guide and **DO NOT PACK ANYTHING THAT YOU SHOULDN'T**.
- Medicine you take. There is a nurse's station on campus so don't pack the medicine cabinet.
- Sunscreen and aloe (if you are going to burn anyway).
- Athletic Shoes for recreation. Must come with closed toes shoes.
- Skateboard --- If you wish to use their ramps/facilities
- Spending Money: Falls Creek has concessions stands and other vendors on campus. Bring enough cash to buy what you want.
- Cell Phones: Here is the deal. You can have your phone on the ride to camp and on the way back home but I (Juston) will be confiscating them all Monday when we arrive. Student's phones will hang up in their bunks and they are allowed on them each evening to text parents but nothing else. If an emergency happens parents can call me (573-301-3489) and I will get in contact with everyone. I promise, no teenager has ever died from cell withdrawal and neither will you.
- **DO NOT BRING:** Stuff you aren't supposed too. Use common sense. Do not bring anything that could get lost or stolen. We cannot guarantee the safety of everything so if you couldn't live without it, leave it at home.

**IF A STUDENT BREAKS RULES AT CAMP OR DOES SOMETHING INAPPROPRIATE, THE STUDENTS' PARENTS WILL BE CALLED IMMEDIATELY. IF THE SITUATION IS SEVERE ENOUGH PARENTS WILL BE REQUIRED TO MAKE THE TRIP AND PICK UP THEIR STUDENT. MAKE SURE YOU ARE WHERE YOU NEED TO BE AND DOING WHAT YOU NEED TO BE DOING AND THIS WON'T BE A PROBLEM.**

Any other questions or concerns contact Juston.

# Dress Code

Modesty is a biblical principle and helps keep people focused on the important things at camp. (1 Timothy 2:9-10; 4:12)

All apparel judgments will be left to the discretion of the Falls Creek Staff (FCS). If FCS determines a camper or campers should change their clothing to fall in line with camp requirements, then said camper or campers are required to do so.

## GENERAL GUIDELINES:

- Shoes must be worn at all times outside of your cabin.
- Apparel may not display or promote tobacco, alcohol, controlled substances, or inappropriate language or pictures.
- Under garments must always be covered by outer garments (i.e. No boxer shorts hanging out or bra straps showing).
- Midriffs should always be covered.
- No spaghetti strap shirts or dresses.
- No tank tops.
- No short shorts. Shorts are to be of modest length. (Modest length can be generally defined as extending to just beyond the finger tips, which is generally no shorter than a 5" to 7" inseam.)
- No tight fitting and revealing clothing. This includes leggings or similar attire, which cannot be worn as pants.
- Girls may wear dresses/skirts, but they must reach the top of the knee.

## SWIMMING:

- Girls should wear modest one-piece swim suits. Males should not wear tight fitting swimming suits.
- While going to and from the swimming areas, all campers must wear shoes; males must wear a t-shirt and females must wear a long covering over their swimming suits.



# Daily Schedule

## Monday

1:00-4:00pm Registration (north tabernacle entrance)  
Dinner  
6:30pm Seat Reservations (south tabernacle entrance)  
6:30pm Invitation Training (chapel exterior doors open at 6:30pm)  
6:55pm Tabernacle Doors Open  
7:00pm Pre-Session Entertainment/Camp Orientation  
7:30pm Evening Worship Service  
10:15pm Evening Cabin Devotional  
11:45pm Inside Cabins

## Tuesday – Friday

6:15-7:30am Daybreak (Tuesday Only)  
Breakfast  
8:30 or 8:40am Quiet Time  
9:15am Staff/Sponsor Daily Update (chapel/ doors open at 9:00am)  
9:20am Doors Open for Morning Worship Service (All campers, same seats as the night before)  
9:30am **SURGE** – Morning Worship Service Kick-off  
9:45am **LAUNCH** – Seat Reservations (South MEC entrance)  
10:10am Middle School (MS: 7-8) dismissed to Event Center for **LAUNCH**  
High School (HS:9-12) stays in tabernacle auditorium  
Graduates dismissed to Chapel for **NEXT CHAPTER**  
10:20am Morning Teaching Begins  
10:55am Morning Teaching Dismisses  
11:30am In-Cabin Bible Study  
Lunch  
1:30pm Recreation, Missions, & Breakouts  
4:30pm Seat Reservations (south tabernacle entrance)  
Dinner  
6:45pm Sponsor Seating (south tabernacle entrance)  
7:00pm Tabernacle Doors Open  
7:30pm Evening Worship Service  
10:15pm Evening Cabin Devotional  
11:45pm Inside Cabins