

## Green Country Camp 2024

<u>Foundation Kids</u> Completed 3rd - 5th Grade Students

> DATES June 14-17, 2024

<u>COST:</u> Before June 1st: \$150/student After June 1st: \$160/student

SIBLING COST to same camp:

Before June 1st: \$120/additional sibling After June 1st: \$130/additional sibling

## **RECREATION**:

Zipline, Laser Tag, Screamer Swing, Disc Golf, Water Slide, Swimming Pool, Mini golf, Basketball Court, Rec Field, Volleyball

Camp Speaker – Rob Dunning Camp Worship Leader – Tyler Gibbs Camp Night Time Devotion Leader – Leah Hancock

## THEME:

TBA

## **About Green Country Camp**

## What is Green Country Camp?

Established in 1953 in the south Grand Lake town of Disney, OK, Green Country Camp is a joint ministry of Craig-Mayes and Rogers Baptist Associations in northeastern Oklahoma. GCC is a ministry of Southern Baptist churches that partner with the Baptist General Convention of Oklahoma to introduce people to a relationship with Jesus Christ!



## Wednesday - Saturday SCHEDULE at Green Country Camp

### Wednesday

- 11:00 Check in @ Foundation Church
  11:30 Leave FC
  1:00 Arrive at Camp
  1:00 Checkin and Free Time
  4:00 Clean up for Dinner
  6:15 Dinner
  7:30 Worship
  8:45 Sugar Shack
  9:30 Afterglow Devo
- 10:00 In Cabin

### Thursday/Friday

7:30 - Wake up/Clean up 8:00- Breakfast 9:00 - Celebration 10:00 - Crazy Games 11:00 - Missions 12:15 - Lunch 1:00 - Chapel

#### Important:

- Be at Foundation Church by 11:00 a.m.
- We will leave at 11:30 am

2:00- Free Time 3:00- Swim 4:00- Free Time 5:00 - Clean up / get ready for dinner 6:15 - Dinner 7:30 - Worship 8:45- Sugar Shack 9:30 - Afterglow/Devo 10:00 - In Cabin

## Saturday

7:00 - Pack & Clean up7:55- Breakfast9:30- Load Busses11:00- Arrive at Foundation Church



## **Green Country Camp**

## June 12 - 15

Label all Items – luggage, pillows, bedding, clothing. Clothing, cameras and other personal items can be lost, and if they are labeled they can be returned. I recommend disposable cameras – <u>LABELED</u>.

#### Snacks

- Campers will be issued a name tag/snack card (value \$5) for the snack shack– included in the registration fee.
- Bring a water bottle
- Extra snacks will also be provided in the cabin.

### Medications-

- A registered nurse will be on site but our church will dispense medication to our own children.
- <u>Do not pack medications in your luggage.</u> Bring all medicines in the original container, prescription medicines with the doctor's orders, in a gallon zip-lock bag with your child's name and the church's name on the outside of the zip-lock.
- Over-the-counter drugs must be in the original container, have written instructions regarding dosage, and when it should be taken.
- Please send any medication that your child may take for asthma, even if they are not having symptoms.
- Allergy shots will not be given at camp
- We will have a small first aid bag in each cabin with band-aids, Neosporin, thermometer, etc. If needed, we will give Tylenol unless told otherwise. Campers will be taken to the nurse for any other needs.
- Bring insect repellent and sunscreen.

Certified Lifeguards will be on site.

#### What to Wear:

- Bring at least five sets of clothing
- You may wear shorts, however no short shorts, spaghetti strap tank tops or halter tops. No undergarments showing. Tops and shorts or jeans should meet to cover the midriff.
- If girls choose to wear a dress or skirt, use the "dollar bill" rule no shorter than a dollar bill length from the knee.
- Bring good walking shoes, such as tennis-shoes.
- Bring flip flops for the showers.
- Shorts (appropriate length) may be worn to the evening service
- Shoes must be worn outside the cabins at all times.
- No bikinis: swimsuits for girls need to be one piece. If they bring a two-piece, they must wear a colored t-shirt over the suit.
- All campers must wear a cover-up or t-shirt to and from the pool.
- Pajamas or pajama pants cannot be worn outside the cabin.



- Keep clothing in suitcase or dirty clothes bag
- Sweep cabin
- Clean showers, toilets, sinks, mirrors and mop floor
- Make bed daily
- Hang wet towels and swimsuits on ropes provided outside the cabin.

#### Mail

Receiving mail at camp is a fun experience. It also comforts the children when they are away from home. If you would like to send mail, I suggest sending it Monday or Tuesday (at the latest) so it gets there in time.

Send mail with the Child's name, church attending with and address below.

ie: Leah Hancock

**Foundation Church** 

PO Box 40

Disney, Ok 74340

## Checklist – What to Bring – Label Everything

- Bible
- Pencil or Pen
- **5-6 Set of Clothes (Such as t-shirt and shorts and undergarments)**
- □ Sleeping Bag or Sheets, Pillow, and Blanket
- □ Towels (shower and pool)
- □ Washcloths
- □ Flashlight
- □ Tennis Shoes,
- □ Crocs, chacos or similar
- □ Swimsuit and Cover-up
- □ Sweater or Light Jacket

- □ Shower Shoes (flip flops)
- □ Laundry Bag/Trash Bag
- □ Long Pants
- 🗌 Hat
- Comb/Brush
- Deodorant
- 🗌 Soap
- □ Shampoo & Conditioner
- □ Toothbrush & Toothpaste
- Sunscreen
- Bug Spray

## What Not to Bring

Electronic Toys	Silly String
Phones	Food
Shaving Cream (unless you shave)	Radios
DVD Player	Ipod's
Cell Phones	Tablets

If you have any questions or concerns about what to pack/not pack, please contact Hannah at: <u>Leah@foundationchurch.com</u> or 918-978-1205

# 2024 Foundation Church Registration and Medical RELEASE Form

Camper Name	amper Name Birth Date		_	
Grade Completed	Male	Female	Shirt Size	_
Church normally attended		Are yo	u a Christian? Yes No	Not Sure
Name of parent/guardian(s)				
Contact 1		Phone Num	ibers:	
Address		City	Z	۲ip
Contact 2		Phone Num	ibers:	
Address		City	1	_Zip
Persons (relationship) to cont	act in case of a	n emergency (o	ther than parent/guardiar	ו):
1(_	)	Home	Work or cell	
2	_(	_) Home	Work or cell _	
Please list any allergy: Enviror	imental, Penicil	llin, other drug,	and/or food reaction:	
Are you sending medication to	camp?NO	YES		
f you are sending medication to o submit with this registrat			-	uthorization Form and
Dates of last immunizations: To	etanus		Diphtheria	
Camper's Physician		F	hone	_
Only prescription or over the administered.)			nal container and proper	
CDIB? NOYE	S If yes, Natior	ו?		
	INSURANCE		AND ASSIGNMENT	
Name of Insured			Address	
Employer		Insur	ance Co. & Phone	
Mail claim to:				
Policy #	Gro	up #	Cert. #	
l hereby (do) (do not counter medication to my chil Benadryl. *l (do) (do not	d. These may i	nclude, but are i	not limited to, Tylenol, Ib	uprofen, Pepcid, Tums,
Signature of Parent/Guardian				



\_, give my permission for \_\_

to attend

camp with and will not hold this Church or Green Country Camp (Green Country Baptist Assembly) responsible for any accident that may occur. I also give permission for my child to receive medical treatment or attention in case of emergency or illness while traveling &/or while under the supervision of above referenced Church, sponsors, &/or camp staff. I further give full authority to this Church's staff & sponsors to discipline my child as may be deemed necessary. If my child's behavior is such that it may endanger the happiness or the safety of the entire group, the sponsors 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 & acknowledge that during the course of the camp photographs &/or video footage of my child may be taken & I hereby give permission for such photographs or videos to be used on the camp website &/or for promotional materials for the camp. \*\*\* I also agree to check for head lice within 24 hours of attending camp.

X

\_/2024

Signature of Parent/Guardian

Date



Parent/Guardian Medication Administration Authorization Form

This medication form must be completed for <u>ALL</u> medications to be given routinely or on an "as needed" basis to campers age 17 and younger. Medications will be kept in a secure location.

Prescription medications <u>MUST</u> be in their original container with directions for administration clearly printed on the label. Over the counter medication <u>MUST ALSO</u> be in original packaging with dosage directions clearly printed on label. <u>DO NOT</u> send loose pills in a ziplock bag or pills set up in a medication dispenser. <u>All medications must be in original containers</u>. Thank you for your cooperation.

Name of camper	AgeWeigh	nt			
Church name	City				
Diagnosis or reason for	r medication and any specific ins	tructions.			
	List of Medications				
Medication	Dose	Times(s) to be given			
Parent/Guardian Signature	c	Date			



## **Scholarship Application**

Scholarship Information: We want every child to have the opportunity to attend all Foundation Kids events. To create these events there is always a cost involved. However, we understand sometimes in life there are seasons where it is harder to cover the cost. We do not want that to hinder your child from being involved. That's why we offer scholarships. We do ask that each family pay as much as they can by saving and asking family and friends to help sponsor their child to camp and then our church will do what we can to cover the rest. If you are interested in applying for a scholarship, please have a parent or guardian fill out this portion of the form.				
Last Name:	First Name:			
Parent's Name:	Phone#:			
Address:	City, State, Zip			
Describe why a scholarship is needed:				
Where do you attend church:	How many live in your household:			
Names and Ages of Kids in Household:				
What portion of the cost can you commit to paying?				
Parent's Signature:	Date:			

\*We will contact you regarding the amount of the scholarship funds that will be available for your family.