



Green Country Camp 2023

Foundation Kids

Completed 3rd - 5th Grade Students

DATES

June 14-17, 2023

COST:

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 –

Camp Worship Leader –

Camp Night Time Devotion Leader – Leah Hancock

THEME:



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

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

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

Saturday

7:00 - Pack & Clean up
7:55- Breakfast
9:30- Load Busses
11:00- Arrive at Foundation Church

Important:

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

Green Country Camp

June 14-17

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 – **LABELED**.

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.
- **Do not pack medications in your luggage. 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.**

Cabin Chores

- **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 Friday or Saturday (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

Phones

Shaving Cream (unless you shave)

DVD Player

Cell Phones

Silly String

Food

Radios

Ipod's

Tablets

If you have any questions or concerns about what to pack/not pack, please contact Hannah at:

Leah@foundationchurch.com or 918-978-1205



2023 Foundation Church Registration and Medical RELEASE Form

Camper Name _____ Birth Date _____

Grade Completed _____ Male _____ Female _____ Shirt Size _____

Church normally attended _____ Are you a Christian? Yes ___ No ___ Not Sure ___

Name of parent/guardian(s) _____

Contact 1 _____ Phone Numbers: _____

Address _____ City _____ Zip _____

Contact 2 _____ Phone Numbers: _____

Address _____ City _____ Zip _____

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

Please list any allergy: Environmental, Penicillin, other drug, and/or food reaction:

Are you sending medication to camp? ___NO___YES

If you are sending medication to camp, parents/guardians must complete the Administration Authorization Form and submit with this registration. This includes prescription and OTC medicine.

Dates of last immunizations: Tetanus _____ Diphtheria _____

Camper's Physician _____ Phone _____

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

CDIB? ___ NO ___ YES If yes, Nation? _____

INSURANCE INFORMATION AND ASSIGNMENT

Name of Insured _____ Address _____

Employer _____ Insurance Co. & Phone _____

Mail claim to: _____

Policy # _____ Group # _____ Cert. # _____



Foundation Kids Event Scholarship Application

<p>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.</p>	
Last Name:	First Name:
Parent's Name:	Phone#:
Address:	City, State, Zip
<p>Describe why a scholarship is needed:</p>	
Where do you attend church:	How many live in your household:
<p>Names and Ages of Kids in Household:</p>	
<p>What portion of the cost can you commit to paying?</p>	
Parent's Signature:	Date:

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

2023 Foundation Church Sponsor/Leader Registration Form

Adult Name _____ Birth Date _____

Male _____ Female _____ Shirt Size _____ Occupation: _____

Church normally attended _____ Are you a Christian? Yes ___ No ___ Not Sure ___

Address: _____ City: _____ State: _____ Zip: _____

Persons (relationship) to contact in case of an emergency:

1. _____ (_____) Home _____ Work or cell _____

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

Please list any allergy: Environmental, Penicillin, other drug, and/or food reaction:

Are you bringing medication to camp? ___NO___YES

CDIB? ___ NO ___ YES If yes, Nation? _____

INSURANCE INFORMATION AND ASSIGNMENT

Name of Insured _____ Address _____

Employer _____ Insurance Co. & Phone _____

Mail claim to: _____

Policy # _____ Group # _____ Cert. # _____

- I AGREE TO ABIDE BY AND REINFORCE THE RULES AND GUIDELINES SET FORWARD IN GREEN COUNTRY CAMP POLICIES PERTAINING TO ADULT SPONSORSHIP. I AGREE TO MONITOR AND GUIDE CAMPERS IN A CHRIST-LIKE MANNER. IF OVER 18, I AGREE TO A CRIMINAL BACKGROUND CHECK.
- I AM ATTENDING CAMP AS A SPONSOR OF MY OWN VOLITION 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 TO ADMINISTER 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 EXPRESSLY UNDERSTAND & ACKNOWLEDGE THAT DURING THE COURSE OF THE CAMP PHOTOGRAPHS &/OR VIDEO FOOTAGE OF MYSELF 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.
- IN CONSIDERATION OF MYSELF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE EVENTS AND ACTIVITIES OF GREEN COUNTRY BAPTIST ASSEMBLY DBA GREEN COUNTRY CAMP ("GCBA"), THE UNDERSIGNED ACKNOWLEDGES, APPRECIATES, AND AGREES THAT: THE RISKS OF INJURY AND ILLNESS (EX: COMMUNICABLE DISEASES SUCH AS MRSA, INFLUENZA, AND COVID-19) TO MYSELF FROM THE ACTIVITIES INVOLVED IN THESE PROGRAMS ARE SIGNIFICANT, INCLUDING THE POTENTIAL FOR PERMANENT DISABILITY AND DEATH, AND WHILE PARTICULAR RULES, EQUIPMENT, AND PERSONAL DISCIPLINE MAY REDUCE THESE RISKS, THE RISKS OF SERIOUS INJURY AND ILLNESS DO EXIST; AND, FOR MYSELF, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND

UNKNOWN, AND ASSUME FULL RESPONSIBILITY FOR MY OWN PARTICIPATION; AND, WILLINGLY AGREE TO COMPLY WITH THE PROGRAM'S STATED AND CUSTOMARY TERMS AND CONDITIONS FOR PARTICIPATION. IF I OBSERVE ANY UNUSUAL SIGNIFICANT CONCERN IN MY READINESS FOR PARTICIPATION, I WILL REMOVE MYSELF FROM THE PARTICIPATION AND NOTIFY GCBA; AND, I MYSELF, MY SPOUSE, MY CHILD, AND ON BEHALF OF MY/OUR HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE AND HOLD HARMLESS GCBA; ITS DIRECTORS, OFFICERS, OFFICIALS, AGENTS, EMPLOYEES, VOLUNTEERS, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND IF APPLICABLE, OWNERS AND LESSORS OF PREMISES USED TO CONDUCT THE EVENT ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY INCIDENT TO MY INVOLVEMENT OR PARTICIPATION IN THESE PROGRAMS TO THE FULLEST EXTENT PERMITTED BY LAW. I, FOR MYSELF, MY SPOUSE, MY CHILD, AND ON BEHALF OF MY/OUR HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY INDEMNIFY AND HOLD HARMLESS ALL THE ABOVE RELEASES FROM ANY AND ALL LIABILITIES INCIDENT TO MY INVOLVEMENT OR PARTICIPATION IN THESE PROGRAMS TO THE FULLEST EXTENT PERMITTED BY LAW. I ASSERT THAT I UNDERSTAND THE RISKS OF THE ACTIVITY, RESPONSIBILITIES FOR ADHERING TO THE RULES AND REGULATIONS, AND THAT I UNDERSTAND THIS AGREEMENT. I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____/2023

Signature of Sponsor/Leader

Date

Please turn in this form to Leah Hancock in person or via email to leah@foundationchurch.com