

T.E.E.N. CAMP! is an exciting and unique camping experience. Teens can expect an action-packed, Christ-centred week that will provide great opportunities for friendships, fun, and a closer walk with God. The week consists of sports activities, Bible preaching, team competition, skits, singing, and much more! T.E.E.N. CAMP! is dedicated to giving campers an experience that will benefit them spiritually, physically, and mentally. All activities are supervised by competent staff. Our purpose is that teenagers may come to know the Lord Jesus Christ as their personal Saviour and that they may enjoy a camp experience in a totally Christian atmosphere. We count it a real privilege to have each camper with us, and we look forward to ministering to them in this unique way.

YOU NEED:

- A God-honouring attitude
- ABible
- One change of clothes for each day
- Sleeping bag & pillow
- Soap, towels, and personal toiletries
- Bring your own money for CanTEEN

YOU DO NOT NEED:

- Magazines, books, comic books
- CD/DVD/MP3 players, ipods, radios, or tablets
- Cell phones, video games (PSP, Nintendo DS, etc.), or cards
- Any form of tobacco, alcohol, fireworks, knives, or weapons.

*There is a "Dress Code" for the camp. We ask that you abide by these simple guidelines:

- 1. Clothing should fit properly and not be tight (no leggings & skinny jeans) or overly sloppy and baggy.
- 2. Shirts should be long enough that they cover your mid-section and must have sleeves.
- 3. Shorts must come to the knee and be loose-fitting.
- 4. Please do not wear clothing with inappropriate logos (rock bands, advertising, slogans, etc.).
- *The staff reserves the right to ask you to change your clothes if they do not comply with these standards.

****Fee structure:** Your completed "Registration & Parental Waiver and Medical Release" form and non-refundable \$40 registration fee must be returned to your pastor or to HBC *no later than* **Sunday, July 8, 2018.** Any remaining balance is due on the first day of camp.

***The CanTEEN is NOT included in the price of the camp. We will be offering chips, pop, candy, etc. In an effort to protect our campers, all money will be collected at the beginning of the week and whatever the camper does not spend will be returned at the end of the week. We are not responsible for any cash you keep with you.

Cost - \$125

Registration Form and non-refundable \$40 registration fee are due by July 8! *Failure to register by this date will result in a \$25 late fee.*

Campers are asked to arrive NO EARLIER THAN 3PM on Monday, July 30. Camp will be over and teens will be available for pick up by 1PM on Friday, August 3.

T.E.E.N. CAMP! is open to all youth age 12-19. The Woody Acres Campground is a rented facility, and we ask that you be respectful of all camp properties and buildings.





Please complete this form and return to your pastor or send to: HERITAGE BAPTIST CHURCH POB 477, Creston, NL, A0E 1K0

REGISTRATION

| NAME: | | _ AGE: | M | F |
|--|--|--|---|---|
| ADDRESS: | CITY: | | | |
| POSTAL CODE: PAR | ENT(S): | | | |
| HOME PHONE: | OTHER PHONE: | | · · · · · · · · · · | |
| DOCTOR'S NAME: | DOCTOR | 'S PHONE: | | |
| MCP #: | | | | |
| PARENTAL WAIVER AND MEDICAL RELEASE Does your child have any severe allergies? Yes No If yes, please specify: | | | | |
| Does your child have any severe allergies? Ye | es INO If yes, | please specity | /: | |
| Does your child take any medication regularly | ? Yes No If | yes, please sp | ecify: | |
| "My youth, (Name) Syrup, or Pepto-Bismol, if necessary | , may be given T y." (Please check for p | ylenol, As ermission.) | spirin | , Cough |
| "I give my permission for the above-nar Youth Camp and to take part in all of its activit its administration from any liability to me or to during those activities. In case of a medical emergency, I under in the event that I cannot be reached, I do her the church staff to hospitalize and/or give treat named individual." | ies. I do hereby absol my teenager arising o erstand that every effor eby give my permissio | lve Heritage Ba ut of accident of will be made on to the physic | aptist Chu or injury su to contact cian(s) sel | rch and uffered t me, but ected by |
| Parent's Signature | | Date | | |
| | closed with this forn \$125 Full Payment | | e Paymen | + |
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