

# 2022 Camp Beaverfork

## Note to Parents or Legal Guardians

1. Campers are expected to stay for the entirety of the camp.
2. We ask parents who visit to only visit their child in the evenings. If guests plan to eat any meals while at the camp, those guests will be charged a \$5.00 meal charge.
3. All clothing and possessions should be clearly marked with the camper's name.
4. Please make sure your child has the proper clothing in accordance with the dress code.
5. Be familiar and supportive of all the rules of the camp. (Signed Rules sheet must be returned)
6. Please be aware of arrival and departure dates and times of the camp your camper is attending.
7. If there is an emergency and you need to pick up your child, please contact the camp to arrange and clear the pick-up. Phone Numbers: Camp office (501) 329-6794. Director's cell phone (870) 267-3074. Only the parents or legal guardians may pick up the child. The child must be signed out and in with the Camp Director, Dean of Men, or the Dean of Women.
8. Each camper **MUST** have the **Completed Registration Package** –signed by parent / guardian in order to attend.
9. The cost of camp is as follows: **Pre-registered by May 15<sup>th</sup>** \$90.00 (Grade 2-5<sup>th</sup>) \$95.00 (Grade 6-12<sup>th</sup>) **After May 15<sup>th</sup>** \$95.00 (Grade 2-5<sup>th</sup>) \$100.00 (Grade 6-12<sup>th</sup>)
10. Please send your child to their grade appropriate week of camp.

## What Campers Need to Bring

Bedding, sleeping bag, pillow, towels, swim suit, play clothes, dress clothes, Bible, pencil, paper, personal toiletries, all medications, a heavy duty trash bag for wet and dirty clothes, fishing gear, money for concessions, money for camp T-shirt (\$10.00), completed and signed Registration Package of all forms.

## Dress Code Campers / Sponsors – **REVISED 2020**

Modesty is important as we seek to honor God and show respect for ourselves and each other. Therefore, we expect everyone to abide by the following appropriate dress code:

**Daily Activities (All):** Appropriate dress for all daily activities will be loose fitting clothes. This includes jeans, shorts (the shortest part of shorts must extend past the camper's fingertips when he / she is standing with hands to the sides) and T-shirts with sleeves.

**Evening Worship (All):** Appropriate dress for worship services will be jeans or dress slacks and T-shirts with sleeves. Jeans must be free of holes or tears and loose fitting. **(Girls / Women):** Dresses are optional for evening worship but must extend below the knee, with no revealing necklines or low cuts under the arms

**Disclaimer:** The director or approved designee reserves the right to require any camper / sponsor to change his or her outfit if it is considered inappropriate. The camp also reserves the right to discharge any uncooperative or non-compliant individual(s).

## Arrival and Departure Times Each Week of Camp

### **Encounter:** (Grade 9-12<sup>th</sup>)

Check In / Registration Sunday, June 5<sup>th</sup> 3:00 p.m.

Departure is Thursday, June 9<sup>th</sup> 11:00 a.m.

### **Ignite:** (Grade 6-8<sup>th</sup>)

Check In / Registration Sunday, June 12<sup>th</sup> 3:00 p.m.

Departure is Thursday, June 16<sup>th</sup> 11:00 a.m.

### **Submerge #1:** (Grade 2-5<sup>th</sup>)

Check In / Registration Sunday, June 19<sup>th</sup> 3:00 p.m.

Departure is Wednesday, June 22<sup>nd</sup> 11:00 a.m.

### **Submerge #2:** (Grade 2-5<sup>th</sup>)

Check In / Registration Wednesday, June 22<sup>nd</sup> 3:00 p.m.

Departure is Saturday, June 25<sup>th</sup> 11:00 a.m.



## CAMPER INFORMATION FORM

- Encounter—June 5-9 Grade 9-12<sup>th</sup>     Ignite—June 12-16 Grade 6-8<sup>th</sup>  
 Submerge #1—June 19-22 Grade 2-5<sup>th</sup>     Submerge #2—June 22-25 Grade 2-5<sup>th</sup>

Camper Name: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Camper Age: \_\_\_\_\_ Camper Gender:  Male  Female

Do you attend a Free Will Baptist Church:  Yes  No

Church Name: \_\_\_\_\_

Church City: \_\_\_\_\_

### PLEASE READ / COMPLETE THE FOLLOWING SECTIONS

#### **Code of Conduct**

I understand that participation at Camp Beaverfork is a privilege, and therefore promise to conduct myself in a manner worthy of my Savior, my family, and my church. I agree to abide by the following code of conduct while attending camp.

1. I will conduct myself with honor, integrity, and will put the reputation of others before that of my own.
2. I will be honest in all aspects.
3. I will obey all of the expectations and rules (both written and verbally communicated) that are set for me by the camp staff or church sponsors.
4. I will not allow myself to be distracted by the use of electronic devices such as cell phones, computers, tablets, etc.
5. I will refrain from any physical contact, to include romantic, with anyone else while at camp.
6. I will hold myself to a higher standard of modesty set by the dress code during both daily activities and worship services.
7. I will hold myself to the highest expectations set forth by the camp director and staff.

I understand that failure to uphold the ideals of Camp Beaverfork will result in appropriate disciplinary action being taken. This could include notifying my parents and / or returning home at my family's expense before the conclusion of the camp session.

\_\_\_\_\_  
(Camper Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent / Guardian Signature)

\_\_\_\_\_  
(Date)

**(Continue on next Page)**

Camper Name: \_\_\_\_\_

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**I have read and agree to abide by the above stated dress code while participating at Camp Beaverfork.**

Camper Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Head Lice**

All children who attend Camp Beaverfork should be screened for head lice at home prior to leaving for camp and will also be screened upon arrival at camp. If a child is found to have head lice or evidence of head lice, the parents / guardians will be notified and the child **MUST BE** picked up from camp immediately.

**I understand that if my child is found to have head lice he/she will need to be picked up from Camp Beaverfork immediately without refund of registration fees.**

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Media Release**

I give permission for all pictures and video taken during the weeks of camp to be used by Camp Beaverfork in any media format including but not limited to print, video, social media and web for Camp Beaverfork and other publishing used by Arkansas Free Will Baptists, Inc.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# Medical Information / Waiver of Liability Form

## Camp Beaverfork

Camper Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Campers Soc. Sec. # \_\_\_\_\_ Parent/Guardian Soc. Sec. # \_\_\_\_\_

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**CAMP BEAVERFORK NO LONGER HAS PRIMARY PAY INSURANCE. WE CARRY SECONDARY ONLY,  
WHICH MAKES THE COMPLETION OF THIS FORM AN IMPERITIVE.**

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**Please answer all the following questions concerning the above listed camper:**

1. Is your child allergic to:

\_\_\_\_\_ Bee/Wasp Stings \_\_\_\_\_ Pollens \_\_\_\_\_ Medications \_\_\_\_\_ Hay/Straw \_\_\_\_\_ Penicillin  
\_\_\_\_\_ Food \_\_\_\_\_ Other

If allergic to medications / food please list the name of the medications or types of food:

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

2. May our medical personnel administer the following medications to your child if needed?

Tylenol \_\_\_\_\_ Benadryl \_\_\_\_\_ Imodium \_\_\_\_\_ Advil \_\_\_\_\_ Mylanta \_\_\_\_\_  
Dramamine \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Sudafed \_\_\_\_\_ Pepto \_\_\_\_\_ Cough Syrup / Drop \_\_\_\_\_

3. Is your child bringing any medication with him/her? \_\_\_\_ Yes \_\_\_\_ No

If yes what is the medication \_\_\_\_\_.

**The Camp Medical Staff will administer / record all medications. Your child must give his/her medication to the Camp Medical Staff upon arrival to the camp.**

*(Continued next page)*

Camper Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

4. Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? \_\_\_\_\_yes\_\_\_\_\_no. If yes, please explain.

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

***(We are not trained, equipped, or staffed to handle youth with extreme behavioral, medical, etc. issues.)***

5. Has your child ever had:  
Seizures\_\_\_\_\_ Asthma\_\_\_\_\_ Diabetes\_\_\_\_\_ Heart disease\_\_\_\_\_ Other\_\_\_\_\_

6. Date of last tetanus shot: \_\_\_\_\_

\_\_\_\_\_

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**Please read and sign the below Waiver of Liability Agreement:**

- 1) We, (I) on behalf of my child-participant do hereby release, forever discharge and agree to hold harmless Camp Beaverfork / Arkansas Free Will Baptist, Inc. and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating at Summer camp.
- 2) Furthermore, we (I), on behalf of my child hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreational activities involved therein.
- 3) We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said activity, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advise of any physicians or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

\_\_\_\_\_

(Parent / Guardian Signature)

\_\_\_\_\_

(Date)