



Summer Camp 2010  
August 2nd – August 6th  
Genesis 1 v 26-28

Cost || \$190  
Registration Due || July 11th

identity

## Genesis 1 v 26-28

“So God created man in his own image, in the image of God He created him male and female He created them”

### SUMMER CAMP INFO

#### WHAT

Summer Camp is a partnership between The Life Connection and Believers Church and is open to students going into 7th grade through 12th grade.

#### WHERE

IDENTITY will take place at Shepherds Fold Ranch located in Avant, OK approximately 45 minutes from Tulsa. Students will be dropped off and picked up at Shepherds Fold Ranch.

#### SCHEDULE

Monday, August 2nd @ 300pm

Students are dropped off at Shepherds Fold.

#### PICK UP

Friday, August 6th @ 1200pm

Students are to be picked up at Shepherds Fold.

#### REGISTRATION DEADLINE

A non-refundable \$90 deposit and registration is due on July 11th, 2010. Full payment (the remaining \$100) will be due on July 25th, 2010.

#### COST

The cost of the camp is \$190.

#### PAYMENT TYPES

1--Pay cash at Fusion

2--Make your check payable to: Believers Church

3--Call in your credit card numbers to Believers Church at 495-2929.

#### SCHOLARSHIPS

The heart of this ministry is to make it possible for every desiring student to attend camp. If you or someone you know is going through a tough time financially, please take a look at the following options:

1--Delayed full payment (paying the entire \$190 at a later date.)

2--Partial payment (paying either \$50 or \$100 and that's it.)

Contact Daniel by Sunday, July 11th if you are interested in one of these options

## **CAMP RULES**

### **Respect**

The campgrounds, the leaders, the schedule, and each other.

### **No Pairing Off**

Stay in groups of 3 or more.

### **Bathings Suits**

Girls must wear a one-piece or a dark t-shirt.

Guys, no speedos.

### **Keep**

The dorms clean, your clothes on, and ear buds off.

### **Leaving**

You may not leave camp unless there is an emergency.

### **Participate**

You must participate in everything, including meals.

Camp Rules have been put in place to provide a safe environment for both churches involved. Please follow all of the camp rules. Students will receive one warning and then a parent will be contacted. Thanks. You are loved.

## **IDENTITY FAQS (FREQUENTLY ASKED QUESTIONS)**

### **Can I come late or leave early?**

Preferably no. If it is unavoidable contact Daniel to make arrangements.

### **What should I bring?**

Bible

Sleeping bag

Toiletries

Flashlight

Tennis shoes

Clothes

\$\$\$ for Concessions

Notebook & Pen

Pillow

Towel

Water bottle

Backpack

Clothes that can get dirty

**Do not bring these items:** drugs, alcohol, tobacco, knives, pornography, matches, lighters, fireworks, paintball guns, video games, cell phones, or costly jewelry.

### **Can I bring a friend to camp?**

Yes. In order to receive an additional registration form contact Daniel.

### **What are we going to do?**

This is an interactive camp with lots of activities such as: morning devotions, community building activities, swimming, horseback riding, worship services, biblical teaching, a bonfire, night games, small groups, etc.

### **How do I sign up?**

1-Fill out the registration form completely.

2-Have a parent/guardian sign the release form on the back of this form.

3-Find some money and select a payment plan.

4-Bring it all to Fusion, Believers, or somehow get it to Daniel.

5-Do all of this before Sunday, July 11th, 2010.

### **Is the release form mandatory?**

Yes! You must have the release form or you cannot attend camp.

## IDENTITY PARENT/GUARDIAN INFO

Thank you so very much for allowing us to “do life” with your family. It is an honor and a privilege to know and serve you and your teenager. The information below will help answer any questions you may have.

### **How do I get to camp?**

#### **DIRECTIONS TO SHEPHERDS FOLD**

Take US-75 N (17 miles) to the OK-20 Exit (toward Skiatook). Go west (left) 4 miles into Skiatook. Continue on OK-20 through Skiatook (you will pass a Wal-Mart). 1 mile west of Skiatook, you'll see a flashing yellow light. On the corners are Way-Low Fireworks and the Osage Smoke Shop. Go north (right) at that light. Shepherds Fold Ranch is 8 miles down this road. You will see the SFR sign on the left as you come down a big hill.

#### **ADDRESS TO MAPQUEST DIRECTIONS**

Javine Hill Rd & River Avenue, PO Box 39, Avant, OK 74001

### **How many adult supervisors will be at retreat?**

The student to leader ratio will be approximately 4:1.

### **What is the housing situation?**

The young men and young women will be in separate dormitories.

### **Where is my money going?**

The cost of the camp covers lodging, food, equipment, activities and a camp t-shirt.

### **Who do I call in case of an emergency?**

Shepherds Fold's phone number is 918-263-3622.

Daniel McIntosh's cell phone: 918-381-4633

## CONTACT INFO

Believers Church  
Fusion Youth Ministries  
4705 S. Memorial, Tulsa, OK 74145  
Office: 918-495-2929  
Cell: 918-381-4633  
Email: dmcintosh@bctulsa.com  
Web: www.bcfusion.com

## IDENTITY REGISTRATION & RELEASE

Name. \_\_\_\_\_ Age. \_\_\_\_\_

Address. \_\_\_\_\_

Email. \_\_\_\_\_ T-shirt Size. \_\_\_\_\_

Home Phone. \_\_\_\_\_ Cell Phone. \_\_\_\_\_

School. \_\_\_\_\_ Grade. \_\_\_\_\_

I am a member of:  Fusion78  Fusion912 or I was invited by \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

### **FAMILY MEDICAL AND HOSPITALIZATION COVERAGE**

Name of Insurance or Government Program \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy Identification Number \_\_\_\_\_

Family Physician's Name and Number \_\_\_\_\_

Things we should know (medications, allergies, health conditions, etc.)

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

### **EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## IDENTITY REGISTRATION & RELEASE

### RELEASE OF CLAIMS, HOLD HARMLESS & AUTHORIZATION FOR EMERGENCY MEDICAL/DENTAL CARE TO MINOR

This Release and Consent is entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 2010,  
by \_\_\_\_\_ ("Parent"), the parent or legal guardian of  
\_\_\_\_\_ (hereinafter referred to as "Minor").

1. Parent warrants and agrees that he/she (a) has legal custody or is the legal guardian of the minor listed above; (b) understands the terms of this Release and Consent; and (c) has signed this document by his/her own free will.
2. Parent acknowledges that Minor will, with Parent's permission, participate in certain activities ("Church activities") specifically described as IDENTITY SUMMER CAMP conducted by, sponsored or attended by BELIEVERS CHURCH, its directors, officers, employees, and agents or members (collectively referred to as "Church") during the duration of this agreement.
3. Parent, individually and on behalf of Minor, releases and agrees to hold Church harmless from any and all liability, including liability for negligence and gross negligence of the Church or its agents, servants, employees or representatives, for harm to Minor or Minor's personal property, resulting directly or indirectly from (i) Minor's participation in the Church activities (ii) transportation to and/or from the Church activities and (iii) any and all activities incident to the Church activities. This release includes all liabilities connected with the Church activities, including but not limited to liability for negligence or gross negligence of Church, whether foreseen or unforeseen. Parent, individually and on behalf of Minor, personally assumes all risks and liabilities in connection with Minor's participation in Church activities and agrees to indemnify Church against any liability which might be assessed against it as a direct or indirect result of Minor's participation in Church activities.
4. In the event of Minor's injury during any Church activity and Parent's unavailability to authorize medical treatment, Parent authorizes dental, medical, or surgical treatment, including but not limited to the administration of X-rays, anesthesia, by any medical professional chosen by the Church. Parent understands and agrees that this consent is given to encourage the Church and said licensed medical professional to exercise their best judgment as to such diagnosis or medical, dental, or surgical treatment. Parent personally assumes the duty of payment of any physician, dentist, surgeon, hospital, clinic, or ambulance service and releases Church from any such duty of payment or any harm resulting from the choice of medical provider.
5. Parent understands and agrees that this Release and Consent shall remain in effect for a period of one (1) year or until Parent's written revocation, whichever is first, and that Parent's consent to treatment shall remain in effect until revoked orally or in writing to Church or to the licensed medical professional treating Minor, provided that the indemnification provisions hereunder shall survive any such termination or revocation.

Parent \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_