

REFRESH MINISTRY

# ENCOUNTER

DEUTERONOMY 4:29

**EARLY REGISTRATION**

APRIL 2<sup>ND</sup> – MAY 21<sup>ST</sup>

**\$135**

**REGISTRATION**

MAY 22<sup>ND</sup> – JULY 16<sup>TH</sup>

**\$150**

**LATE REGISTRATION**

JULY 17<sup>TH</sup>

**\$165**

**JULY 17<sup>TH</sup> – 20<sup>TH</sup> 2017**

**PULASKI COUNTY BAPTIST CAMPGROUND**

26224 Silver Ln. Waynesville, MO 65583

## FINANCIAL INFORMATION

We are encouraging all churches to participate in early registration, so that **REFRESH MINISTRY** can better prepare itself. This would be a big help to REFRESH MINISTRY.

### **Payment Options:**

REFRESH MINISTRY will be accepting checks, cashier checks, and money orders. No cash for preregistration. We will be accepting cash on the day of camp.

Please make all checks to:

### **New Covenant Fellowship Baptist Church**

Please send your checks to 3741 S Leawood Ave Springfield, MO 65807. Any additional questions or concerns about camp registration, please feel free to contact Pastor Aaron Bohyer 417.693.3696 or email [abohyer@yahoo.com](mailto:abohyer@yahoo.com).

**\*PLEASE NOTE THE REGISTRATION DATES AND PAY THE AMOUNT DURING THE TIME THAT YOU ARE REGISTRATING.**

SPRINGFIELD AREA CHURCHES, please meet at New Covenant Fellowship 201 W State Highway NN Ozark, MO 65721 at 9 am.

ALL OTHER AREA CHURCHES, please be at the camp grounds at 11:30 am.

# General Information

## Student Information

Name \_\_\_\_\_

Address \_\_\_\_\_

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

DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone \_\_\_\_\_

**T-Shirt Size (circle one)** XS S M L XL XXL

## Church Information

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

Address \_\_\_\_\_

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

Senior Pastor's Name \_\_\_\_\_

Youth Pastor/Chaperone's Name \_\_\_\_\_

Church Phone Number \_\_\_\_\_

Youth Pastor/Chaperone's Number \_\_\_\_\_

## Family Information

Parent(s) Name 1. \_\_\_\_\_ 2. \_\_\_\_\_

Address \_\_\_\_\_

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

Primary Phone Number \_\_\_\_\_ Secondary Number \_\_\_\_\_

# Medical Release/Liability Release Permission Slip Form

## Please Fill Out Completely

Child's Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Emergency Contact Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Birthday (M/D/Y) \_\_\_\_\_ Sex (M)\_\_\_\_(F)\_\_\_\_ Age: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

REFRESH MINISTRY of Ozark, MO  
From July 13<sup>th</sup>, 2015 - July 17<sup>th</sup> 2015

### MEDICAL RELEASE

In the event my child (children) becomes ill or is injured while under church supervision, I authorize the "Person In Charge" (defined as the person in charge of REFRESH MINISTRY of Ozark, MO participation in any church event or the Person In Charge's designee) to take the following steps in the following order:

1. Contact the parents of the child and follow his/her instructions.
2. In the event of an emergency when neither parent can be contacted, the Person in Charge will immediately attempt to contact the child's physician and follow his/her instructions.
3. If the child's physician cannot be immediately reached, the Person In Charge will use their own discretion in contacting a properly licensed practicing physician or the nearest hospital and follow his/her instructions.
4. At the same time as the preceding steps are occurring, I authorize the "Person In Charge" to call for/order emergency medical services for the child.

If in the opinion of a properly licensed and practicing physician my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint and empower the "Person In Charge" to furnish, on my behalf, such written or oral authorization as may be so required.

Further, I release REFRESH MINISTRY and its representatives from any liabilities which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonable possible after the need arises.

**ALLERGIES OR SPECIAL MEDICAL INFORMATION**  
Statement of Health (To be filled out by parent or guardian)

Emergency Phone – Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent or guardian: \_\_\_\_\_ Employer \_\_\_\_\_

Family Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Health Problems/Limitations: \_\_\_\_\_

Immunizations: Date of last Tetanus Shot/Boosters: \_\_\_\_\_

List medication(s) participant is currently taking: \_\_\_\_\_

List all medications that participant is bringing: \_\_\_\_\_

**ALLERGIES (check any that apply)**

Drugs,  Plants,  Food,  Bee Stings,  Other \_\_\_\_\_

If Yes to any above, please explain in detail what he/she is allergic too:

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Yes  No: My child can be given pain reducing medication (i.e., Tylenol, aspirin, etc.) as deemed necessary by Person In Charge. If NO, please list medications not to be dispensed:

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**\*\*All medications, including non-prescription drugs must be turned into the "Person In Charge" upon arrival.**  
Medical Release/Liability Release Permission Slip Form Page 2

LIABILITY RELEASE

In consideration of the furtherance of your purposes, objectives and work, and in consideration of your permitting me or my child to participate in all REFRESH MINISTRY events, I do for myself and my heirs, executors, administrators and assigns, hereby waive and release any and all rights and claims for damages which I may have against REFRESH MINISTRY as well as any other person connected with the activity including said person's heirs, executors, administrators, successors, and assigns for any and all injuries which I or my child may suffer while taking part in said activity or as a result thereof.

PARENTAL AUTHORIZATION

I hereby give permission for my child to participate and attend events as indicated above. I further certify that the health history given to REFRESH MINISTRY is correct as far as I know and the "Person In Charge" has permission to engage in all prescribed activities, except as noted. IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the Person In Charge to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. I also hereby give permission to the Person In Charge and or other member of the event staff to inspect the contents of any or all of my child's personal belongings, and to withhold and / or dispose of any improper or illegal contents.

Date: \_\_\_\_\_ X \_\_\_\_\_

# Campers Packing Tip Guide

- Towels
- 2 Pairs of Shoes (1 pair must be supportive sneakers for running around)
- Sleeping bag and pillow or other twin size bedding
- Clothing for 4 days (including long pants, shirts, sweater for cooler weather)
- Bible
- Notebook
- Pen or Pencil
- Toothbrush and Toothpaste
- Soap, Shampoo, Conditioner, etc.
- Money to purchase items from the camp store
- Bathing suit

***All clothing must be modest and appropriate. Shirts must reach at least 1-inch below the waist of pants. Shorts and skirts should come down to the fingertips. Pants must be worn pulled up to the waist.***

## Please Do Not Bring Any Electronics