



*Jr./Sr. High Youth Camp 2017
"Surround"*

Monday, June 19 - Friday, June 23

Therefore, since we are surrounded by such a great cloud of witnesses, let us throw off everything that hinders and the sin that so easily entangles. And let us run with perseverance the race marked before us, fixing our eyes on Jesus, the pioneer and perfecter of our faith. For the joy set before him he endured the cross, scorning its shame, and sat down at the right hand of the throne of God. Consider him who endured such opposition from sinners, so that you will not grow weary and lose heart.

Hebrews 12:1-3

Youth Pastors, Youth Leaders, and Pastors,

It is no secret that in today's world we are surrounded by a multitude of people, things and choices. It seems that it is getting harder and harder for our students to surround themselves with things that will make a positive influence. It seems that every time you turn on the television, the radio, or even walk into the schools, the world hits you right away and you become surrounded by what Satan uses to distract from what God wants.

The good news is that we have an example and we have a choice to what we choose to surround ourselves. This year, at our Oklahoma Church of God Youth Camp, we want to take the week, where distractions will be few, and help the students understand that they have a choice with their surroundings. We hope you join us as we learn the importance of our surroundings.

Please feel free to contact any of the board members, listed below, with any questions.

General Info

Price: \$155 before May 23rd - \$175 on-site

Refund Policy: No refunds! We pay for facilities, supplies and food based on registration numbers. It is unfortunate if a student registers and cannot attend, but our preparation costs are non-refundable. We know you will understand, we just want to communicate clearly. If another student wants to come in their place we will gladly transfer registrations.

Camp Address: 2901 S Camp Bond Rd, Tishomingo, OK 73460 **Phone:** (580) 384-5756

Registration Address: Jonathan Greer, P.O. Box 790 Sapulpa, OK 74067

If you have any questions feel free to contact Jonathan Greer at (918) 407-8921 or any of the others on the board (Tim Busch, Tacie Dressen, Jared Fields, and Tim Hellar).

We look forward to seeing you at camp!



**Student Registration Form
Junior & Senior High Youth Camp
June 19-23, 2017**

Last Name _____ First Name _____ MI _____
Address _____ City _____ State _____ Zip _____
Home Church _____ Youth Pastor/Youth Leader _____
Date of Birth _____ Gender (circle one) M F Grade (Fall 2018) _____
T-Shirt Size (circle one) XXL XL L M S *No Youth Sizes

Please check if we can post your picture on social media

Student Signature

Parent Signature

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Hebrews 12:1-3



Oklahoma State Youth Medical/Insurance/Permission/Liability Release Form (Please print)

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Insurance Company Name _____ Group No _____

Insured Person's Name _____ Identification No _____

Primary Doctor's Name _____ Phone _____

Medications & Dosages Child is currently taking or existing Medical Conditions/Allergies: _____

Emergency Contact Numbers:

Mom's Work _____ Mom's Cell _____

Dad's Work _____ Dad's Cell _____

If no one can be reached at the numbers above, please contact _____ at _____

This signed form does hereby give permission for our (my) child to attend and participate in all activities (including any off-site outings) of this event sponsored by the Oklahoma Assembly of the Church of God State Youth Council. We (I) authorize an agent of the Oklahoma Assembly of the Church of God State Youth Council, in whose care the minor has been entrusted, to consent to any X-Ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, at my expense, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether diagnosis or treatment is tendered at the office of said physician or at said hospital. We (I) also authorize camp personnel to dispense over the counter medication: Tylenol, antacid, etc. Should it be necessary for our (my) child to return home due to medical/physical reasons, discipline problem, or otherwise, the signature party shall assume all transportation costs.

The signature does also hereby give permission for our (my) child, should it be necessary, to ride in any vehicle designated by the adult leaders in whose care the minor has been entrusted while attending and participating in activities or for the purpose of transporting said child to needed medical assistance. We (I) agree to waive liability and hold Camp Bond, the Oklahoma Assembly of the Church of God, the State Youth Council, and all counselors and designated leaders and their local church harmless and blameless for any accidents and related damages or injuries that might occur during this event, or traveling to and from the event, except for clear acts of gross negligence.

We (I) have read and understand the rules of the camp. We (I) agree that our (my) child shall be expected to abide by them or be sent home at our (my) expense.

Parent/Guardian Signature _____ Date _____

Student Signature _____



**Adult Registration Form
Junior & Senior High Youth Camp
June 19-23, 2017**

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Home Church _____ Youth Pastor/Youth Leader _____

Date of Birth _____ Gender (circle one) M F

T-Shirt Size (circle one) XXL XL L M S *No Youth Sizes

Oklahoma State Youth Medical/Insurance/Liability Release Form
(Please print)

Insurance Company Name _____ Group No _____

Insured Person's Name _____ Identification No _____

Primary Doctor's Name _____ Phone _____

Medications & Dosages you are currently taking or any existing Medical Conditions/Allergies: _____

Emergency Contact _____ Phone _____

I agree to waive liability and hold Camp Bond, the Oklahoma Assembly of the Church of God, the State Youth Board, and all counselors and designated leaders and their local church harmless and blameless for any accidents and related damages or injuries that might occur during this event, or traveling to and from the event, except for clear acts of gross negligence.

I have read and understand the rules of the camp. I have read and understand the Counselor Covenant. I understand that I will be expected to abide by them.

Signature _____ Date _____



**Counselor Covenant
Junior & Senior High Youth Camp
June 19-23, 2017**

As a counselor, I will...

- Submit willingly to a background check.
- Show up for all scheduled events on time and fulfill any tasks assigned to me. I will “hang out” with the young people and not just with other counselors and staff.
- Participate in all activities with all my heart and with a smile on my face. I will support and not interrupt the leader of any event.
- Get to know my campers. I will not leave anyone out under any circumstances.
- Remain on-site at all times. I will never leave the designated areas unless given permission by the director.
- Be safe in all that I do. All campers and counselors are required to stay in the rooms when “lights out” is called in the evening until the wake up time the next morning. No one is permitted to wonder after hours.
- Respect and cooperate with the campers, other counselors, the director, workshop leaders, conference speakers, musicians, activity leaders, and other staff.
- Report any problems (fights, behavior, etc) immediately to the director.
- Display a Christ-like attitude at all times. Remember, young people do as they see, not always as they hear.
- Actively participate in and direct young people to clean up during the week and the closing of camp on Friday. No one leaves until inspections are completed.

We appreciate your willingness to serve and we believe we will have a great camp. Please remember that what you do during camp will be seen by the entire state of Oklahoma and may affect how camp is run next year and what we are able to accomplish. Please sign below if you understand and will abide by this covenant.

Counselor Signature _____ **Date** _____



Counselor / Camp Worker Background Check

****VERY IMPORTANT****

Again this year at Oklahoma State Summer Camp we are requiring every counselor and camp worker to submit to a background check from OSBI. This background check is mandatory for participation in summer camp for anyone over the age of 18 who will be working with students.

Enclosed is a form which can be mailed with church credit card information or business check made out to OSBI to complete the background check. On this form we are asking the Sr. Pastor, Youth Pastor, and the counselor submitting to the background check to sign. This will go in our camp files as record that the background check was completed.

If a counselor comes to camp without an approved background check, the youth council reserves the right to do an instant online background check at the sending churches expense. (This could be up to \$100.00.) The cost will be in addition to any other camp fees due at time of registration.

Keep in mind that this background check not only protects our state ministry, or your youth ministry, but it also protects the local church.

This background check also applies to any and all youth workers that will be at camp with your students during the week of camp. **(If the youth worker already has a background check on file with our state office, the local church that you are serving, or another organization within the last 3 years, we can accept this. Simply fill out and sign the from below.)**

Thank you for helping keep our students safe,

Counselor / Camp Worker Background Check Verification Form

Name _____

Address _____ City _____ State ____ Zip _____

Phone _____ Local Church _____

Supervisor _____

I attest and witness on this day _____, that the person listed above has submitted to a background check requested by the state youth council and Oklahoma assembly of the church of God.

Counselor Signature

Date

Sr. Pastor Signature

Date

Youth Pastor Signature

Date



REQUEST FOR BACKGROUND CHECK

Date: _____

Requested by: Oklahoma Assembly of the Church of God

Department: Board of Youth Ministry

Full name of person: _____

Address: _____

City, State and Zip: _____

Maiden Name: _____

Other Married Names:

And/Or aka: _____

Name Preference or Nickname: _____

Area Code & Phone #: _____

Sex – (Male or Female): _____

Date of Birth: _____

Social Security #: _____

State & Drivers License #: _____

Expiration Date: _____

Cost for Background check is: **\$50.00**

Permission given for check: ___ Yes Check amount enclosed: _____

Note: Background check cannot be processed until all information is provided and payment is received.



**Group Registration Form
Junior & Senior High Youth Camp
June 19-23, 2017**

Church Name _____

Address _____ City _____ State _____ Zip _____

Youth Pastor/Leader _____ Church Phone _____

Camp Contact _____ Contact Phone _____

Group Numbers

Number of male students _____

Number of female students + _____

TOTAL NUMBER OF STUDENTS = _____

Number of male adults _____

Number of female adults + _____

TOTAL NUMBER OF ADULTS = + _____

TOTAL NUMBER OF STUDENTS AND ADULTS = _____

Deposit Due (total of students and adults x \$50) _____ Amount Enclosed _____

Registration must be postmarked no later than May 22, 2017 to receive the early registration cost of \$155 per person.
Registrations made after May 22 will cost \$175 per person.
Registration must be paid for both students and adults.

An **Individual Registration Form** and signed **Oklahoma State Youth Medical/Insurance/Permission/Liability Release Form** must be submitted for all students.

A signed **Adult Registration Form**, **Councilor Covenant** and **Counselor/Camp Worker Background Check** must be submitted for all adults.

Registrations are considered incomplete until all forms and deposits are submitted for each student and adult.

**MAIL REGISTRATIONS TO:
Jonathan Greer
P.O. Box 790
Sapulpa, OK 74067**