



FLORIDA GENERAL BAPTIST CONVENTION, INC.



REVEREND DR. JAMES B. SAMPSON, PRESIDENT

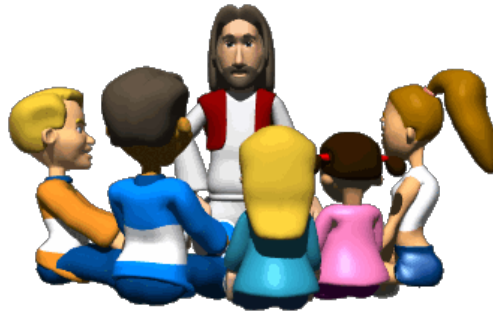
MS. VIRGINIA HAYES, WOMAN'S PRESIDENT

BAPTIST YOUTH CAMP 2017

Theme: Giving God My All Without Limits

Theme Scripture: Acts 9:1-6

Theme Song: My Hallelujah Belongs to You



Where: Florida Memorial University
15800 N.W. 42nd Avenue
Miami, FL 33054

When: June 25, 2017 – July 1, 2017

Check-In: Sunday, June 25, 2017 – 3:00 p.m.

Check-Out: Saturday, July 1, 2017 – 8:00 a.m.

Cost: \$100.00 per camper (**church checks, cashiers checks or money orders only**)

Made payable to: Florida General Baptist Convention Inc.

(fgbci)

Mail To: Mrs. Gloria G. Simmons
2833 N.E. 11th Drive
Gainesville, FL 32609

Contact: Mrs. Zelda Cook-Dolphin, BYC Director
(754) 273-2665

Mrs. Gloria G. Simmons, BYC Advisor
(352) 283-2932



Florida General Baptist Convention, Inc., Baptist Youth Camp Information

COST: \$100.00

REGISTRATION: OPEN UNTIL MAY 25, 2017

LATE REGISTRATION: Absolutely NO LATE REGISTRATIONS!!!!

Cost of camp does not include transportation, but does include accident insurance, study material, and craft materials. **The entire camp fee must accompany by the registration form and be postmarked by May 25, 2017. NO EXCEPTIONS! THERE WILL BE NO ONSITE REGISTRATION.** Write checks (cashier's, church check or money orders PAYABLE TO: Florida General Baptist Convention (no personal checks will be accepted). Please do not send cash. **Camp fee is non-refundable but substitutions can be made.**

Check - In

Campers are to report to Florida Memorial University 15800 NW 42nd Ave Miami, FL 33054 by 3:00 p.m. on **Sunday, June 25th, 2017**. Campers are released from camp on **Saturday, July 1, 2017, 8:00 a.m.**

CAMPERS WILL NOT BE ALLOWED TO VISIT FAMILY IN THE CITY.

WHAT TO BRING

- | | |
|--|---|
| 1. Twin size plastic mattress cover (optional) | 10. Hair Products (comb, brush, shower cap, etc.) |
| 2. Twin fitted and flat sheet | 11. Wash Clothes & Towels |
| 3. Pillow and Pillowcase | 12. Beach towel (for water activities) |
| 4. Comforter/blanket (dorms are cold) | 13. Swim Suit |
| 5. Toothbrush | 14. P.J. Bathrobe & Slippers |
| 6. Toothpaste | 15. Casual Attire (Monday – Friday mornings) |
| 7. Deodorant | 16. Belt (Young men are required to wear a belt everyday) |
| 8. Soap/body Wash | 17. Lotion |
| 9. Sun Block Lotion | 18. Shower Shoes (mandatory) |

<u>Day</u>	<u>Event</u>	<u>What to Wear</u>
Monday Night	Opening Session	Church Attire
Tuesday Night	Talent Extravaganza	Dress or Casual
Wednesday	Family Game Night	Casual Attire
Thursday	Shoot Out-Basketball Game	Casual Attire
Friday	Bible Drill	T-Shirt (church or religious)
	Concert	Girls – White Blouse & black skirt Boys – White Shirt & Black Slacks

WHAT NOT TO BRING

Campers are **NOT** to bring TV's, CD Players, MP3 Players, IPOD.s, DVD Players, expensive equipment and jewelry ...The Camp **WILL NOT** be responsible for loss, thief, or damage to the above listed items or personal cell/smart phones or any other personal items.

Florida General Baptist Convention, Inc.
Baptist Youth Camp ~ Registration Form

Only One Week

June 25, 2017 – July 1, 2017

Ages: 7-17

Camp Registration Fee: \$100

Mail To:

Mrs. Gloria Simmons

2833 NE 11th Drive

Gainesville, FL 32609

(Only money orders, cashier's checks or church checks will be accepted)

***Please print information clearly**

Name: _____ Age _____ Male _____ Female _____

Address: _____
Street City Zip

Christian Yes _____ No _____

Church Name: _____

Church Address: _____

Pastor: _____

Association: _____

Name of Person sending registration(s) _____ Contact Number _____

Address: _____
Street city zip

Name of parent/guardian: _____

Home Telephone Number: _____

Work Telephone Number: _____

Cellular Telephone Number: _____

Health Record must be completed on the reverse side of the registration form; or attached an official Health Record Form from the Doctor to the registration form. All health forms must be NOTARIZED!

For Office Use Only

Church check # _____ Money order # _____ Cashier's Check # _____ Date Payment
Received ____/____/____ Amount Received: _____ Received
by: _____

Registration Deadline is May 25, 2017

Health Record or Current School Year Physical Documentation

Full Name of Camper: _____

Name of Family Health Insurance Company: _____

Florida Kid Care Number: _____ Medicaid Number: _____

Must Be Completed by a Physician:

Date of Birth: _____ Height: _____ Weight: _____

Please indicate yes or no for the next question: If the answer is yes, give a brief explanation

Allergies? Yes _____ No _____ (If yes, which type) _____

Please check any of the following the child may have:

Anemia Asthma Behavioral Challenges Diabetes

Heart Disease Mental Challenges Rheumatic Fever Seizures

Please check the following:

Vision Hearing Head Ears Nose Throat

Physician's Comments:

**OFFICIAL STAMP
HERE**

Physician's Signature

I, _____ the parent/legal guardian of the above mentioned Camper (s) is of lawful age and is legally competent to sign the Authorization and Waiver, in the event of an accident or illness. I hereby authorize the Camp Director, University Nurse or Medical Staff guardian(s) to seek immediate medical attention at the nearest medical facility as deemed appropriate for my child/children. This authority extends to any physician (s) and/or surgeon(s) to preform medical procedures including exams/test to my child. All efforts will be made to contact the parents or legal guardian (s) in case of an emergency.

Camper's Name

Parent/Legal Guardian's Signature ~Date

Notary Signature

NOTARY SEAL OR STAMP