

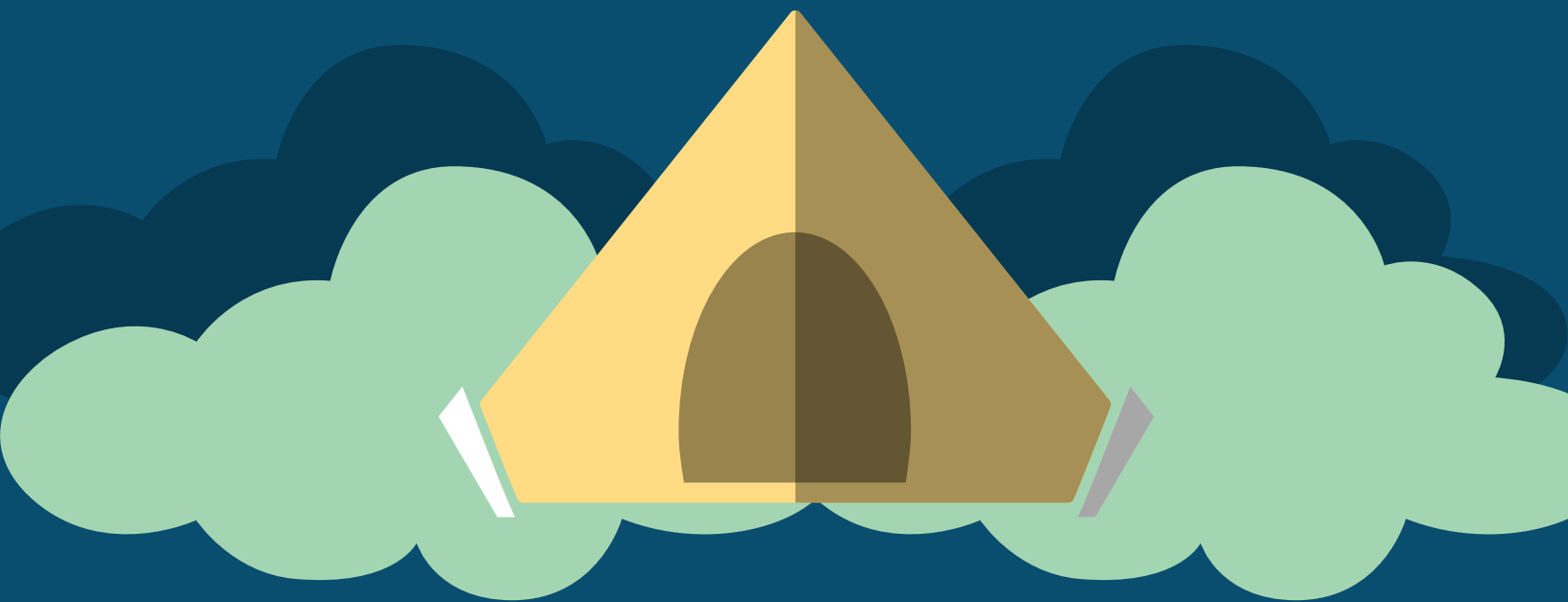
2021 CAMP

POSSUM KINGDOM

Kids Camp w/ Jeremiah Gruber - June 28-July 2

Teen Camp 1 w/ Eran Holt - July 5-9

Teen Camp 2 w/ Nate Clarke - July 12-16



2021 IMPORTANT INFORMATION

FOR GROUP LEADERS, PARENTS AND STUDENTS



>>>PLEASE make sure each student and parent/guardian receive a copy of this important information.

WHAT ARE THE ARRIVAL/DEPARTURE TIMES? Check in begins on **Monday at 1PM** and closes at **2:15PM**. **EARLY ARRIVALS are not permitted!** Orientation begins promptly at 2:30PM for ALL campers and staff team members. The first meal served is dinner at approximately 6PM. Camp will close Friday morning at 9:30AM sharp, following breakfast and final cabin check.

HOW CAN WE SEND MAIL TO CAMP? You may send mail post marked no later than Tuesday of your camp week to – Camper Name c/o River Oaks, 180 Youth Camp Road, Honea Path, SC 29654.

HOW DO PARENTS CONTACT A CAMPER IN CASE OF AN EMERGENCY? To notify campers in the event of an emergency, parents may email the DYD at matt.hoag@ag4sc.com. Under normal circumstances, so as not to disturb the flow of camp, please do not contact campers by visiting or calling during camp.

ARE THERE ANY EXTRA COSTS? Yes, campers may want to bring extra \$25+ spending money for snacks, drinks, t-shirts, and offerings.

WHAT IS THE DRESS CODE? For guys and girls: Appropriate footwear must be worn at all times. All attire should be **modest**. No strapless or halter tops will be permitted. Girl's swimsuits must be modest, one piece suits and guys should wear boxer style swim shorts.

WHAT ARE THE RULES AND REGULATIONS? These rules are given as guidelines for every camper and volunteer personnel to follow. This code of conduct has been established for the protective benefit of each camper. These guidelines must be observed at all times.

1. The daily schedule will be observed by everyone, and attendance at all camp activities is required.
2. No one is allowed to leave the campgrounds without specific permission from the District Youth Director, Matt Hoag.
3. Campers are prohibited from driving to/from campgrounds in personal vehicles.
4. Campers are expected to observe habits of personal and group courtesy, cleanliness, and Christian conduct.
5. Guys and girls are not allowed in each other's cabins or around cabin area.
6. No fireworks, smoking, drinking of alcoholic beverages, drugs or profanity are allowed on the campgrounds.
7. All staff and personnel are authorized to maintain order anywhere on the campgrounds.
8. No hand-held video games, laptops, mp3 players, firearms, knives, or communicative devices allowed.
9. **We reserve the right to inspect the contents of all personal belongs.** The holding and/or disposal of improper contents is the right of the camp staff.
10. Students and their parents will be held fully responsible for any damage caused to the campground property.
11. **Neither South Carolina Youth Ministries nor River Oaks will be held responsible for items left at camp. Lost items must be claimed within 48 hours by emailing matt.hoag@ag4sc.com. Items may be mailed back to you at YOUR expense.**
12. Neither campers nor volunteers are permitted to bring coolers or any other containers of food or beverage items. Refillable sports bottles are strongly recommended for outdoor activities.

NOTE: Serious offenses, such as banned substances (drugs, alcohol, firearms, fireworks) will be met with **immediate dismissal** from camp, as well as **notification of local authorities as required by law**. Further, the lack of cooperation, unnecessary roughness, lack of respect for property, or an unwholesome attitude on the part of any individual will result in expulsion from camp. **NO REFUNDS WILL BE ISSUED.** PARENTS are asked to review these rules with their child and encourage their compliance while at camp. PARENTS SHOULD INSPECT LUGGAGE BEFORE CAMPER DEPARTS.

WHAT SHOULD CAMPERS BRING? Bible, pen/pencil, notebook, alarm clock (cell phones are discouraged), twin size bedding/sleeping bag, pillow, towels, washcloth, soap, toiletries, modest casual clothes (see dress code) , extra shoes, and bathing suit (girls: modest suit; guys: boxer style swim shorts), sunscreen, refillable sports bottle and small backpack to carry items during the week . Valuable items should **NOT** be brought to camp as room keys are not provided. **Neither South Carolina Youth Ministries nor River Oaks are responsible for lost or stolen items.**

ARE VISITORS PERMITTED? Camp is a closed event and visitation is not allowed. **Only Parents and Pastors may visit** and are requested to call 24 hours in advance to avoid interfering with the camp program. Parents are discouraged from visiting their child as it can promote homesickness. Student and/or Young Adult visitors are not permitted.

WHAT IS THE HEALTH CARE POLICY? Due to very close living conditions, major disruptions occur when there is a health issue. Students with contagious health issues (i.e. impetigo, lice, etc.) **will** be sent home. Please help us avoid embarrassing situations by monitoring these situations **before** leaving for camp. **CAMPERS WILL BE IN CLOSE CONTACT AND NOT USING "SOCIAL DISTANCING" THEREFORE IT IS POSSIBLE TO SPREAD COVID-19 (CORONAVIRUS).**

LEADER CHECK LIST

& IMPORTANT INFORMATION



BEFORE the registration forms are distributed to parents:

- Check the appropriate camp week for your group and fill in the church name/city **before** making copies. Set your deadline for completed form/payment at least one week prior to the district office deadline to ensure that your packet **arrives** at the district office by the deadline.
- Copy the registration form and the Important Information pages and include it when you distribute the camp registration form. It is very important that the parent receives **ALL** of the provided information.
- Due to the importance of safe and sufficient supervision **each group is REQUIRED to send camp team members**. If you have both male/female campers you must send both a male and female adult team member. Work with your pastor to make a special effort to recruit workers from your church to come with your students to camp. We not only need volunteers to fill the various assignments at camp, but **it is in the best interest of the student to have a representative from the church so that follow-up and encouragement can be given once camp is over**. **Team member applications beyond 1 male/1 female will be considered on an 'as needed' basis.**

WHEN the camper registration forms are turned in to you:

- Make sure the check is addressed to YOUR church. The district office does not accept personal checks. You should submit one church check for your group.
- Review the registration forms for the following:
 - Form is legible and completed in its entirety
 - Age/Gender are listed
 - Insurance information is complete
 - Emergency contact information is complete
 - Parent/Student signature**Step 4 is completed and corresponds to the amount of money you are sending for the application**
 - T Shirt size is noted IF the student has PAID for a shirt. If no payment is included, please mark an X through the shirt size. T Shirts must be pre-paid.
- Mail all registration forms and ONE CHURCH CHECK to: South Carolina Youth Ministries, 101 Medical Circle, W. Columbia SC 29169. **Be sure to note that the deadline is an IN OFFICE deadline not a post mark deadline!**

BEFORE CAMP:

- You will be emailed a summary sheet showing all individuals registered for camp. Please review the information for accuracy regarding camp week, gender and t-shirt sizes.
- Meet with parents and students to review the expectations and rules provided by South Carolina Youth Ministries.
- Leaders should also communicate a code of conduct expectation for your specific group.
- Sunday and/or Monday before you leave for camp, do a head check for lice. Students with evidence of lice will not be permitted. Please advise parents to check their camper before leaving to guard against embarrassment.
- Luggage should be inspected prior to departure to eliminate the possibility of unacceptable behavior/activities while at camp or to camp property!

FIRST DAY OF CAMP:

- Collect all medications to be turned in the camp nurse. All medications must be in the prescribed camper's name and in the original container. Do **NOT** bring more than the required dosage of medication for the duration of the camp week. South Carolina Youth Ministries nor River Oaks are responsible for misplaced or lost medications.
- Leader should turn in medications at time of check in. Please bring the student with you to check in with the nurse!

2021 SOUTH CAROLINA KIDS CAMP REGISTRATION

KIDS CAMP >>> First-5th grades



(PHOTOCOPY **FRONT/BACK**)

STEP 1: CHURCH INFORMATION (please complete this information prior to distribution to parent/student)

Church Name: _____ Church City: _____

Camp Coordinators Name: _____ Email: _____

STEP 2: KIDS CAMP WEEK

Kids Camp June 28 – July 2 First – 5th grades

STEP 3: CAMPER INFORMATION (please print CLEARLY)

_____ Last _____ First _____ Age _____ Birth Gender **M F** Grade camper will enter Fall 2021

_____ Address _____ City _____ State _____ Zip _____ Guardian email for confirmation purposes _____

_____ Mom's Cell # _____ Dad's Cell # _____ Other Emergency # AND NAME _____

STEP 4: OPTIONS & PAYMENT (MAKE CHECK PAYABLE TO THE CHURCH THAT YOU WILL ATTEND WITH)

EARLY REGISTRATION COST IF RECEIVED IN THE DISTRICT OFFICE ON OR BEFORE JUNE 1	\$180.00	REGULAR REGISTRATION COST IF RECEIVED IN THE DISTRICT OFFICE AFTER JUNE 1 AND BY JUNE 8	\$200.00	LATE REGISTRATION COST IF RECEIVED IN THE DISTRICT OFFICE AFTER JUNE 8	\$220.00
Add T-Shirt – include additional \$13.00 and circle size YM AS YL AM YXL	\$	Add T-Shirt – include additional \$15.00 and circle size YM AS YL AM YXL	\$	T Shirt not available	
TOTAL AMOUNT ENCLOSED	\$	TOTAL AMOUNT ENCLOSED	\$		

- Group leader may deposit canteen money for each camper at check in on Monday. Each camper's canteen money should be enclosed in a separate envelope labeled with student name, church name and church city.

I have read the attached information and discussed the camp rules with my child and they agree to abide by all rules and regulations.

_____ Parent Signature Required _____ Date

DISTRICT OFFICE USE ONLY

Date Received: _____ Check # _____ Amount Paid: _____

STEP 5: HEALTH HISTORY FOR _____ (Camper Name)

Is there any information we should have regarding the welfare of this camper, such as restrictions, diets, etc.?

WILL YOU NOTIFY YOUR LEADER AND/OR CAMP KNOW THAT YOUR CHILD OR ANYONE IN THE FAMILY HAS RUN A FEVER IN THE LAST 14 DAYS? Yes No

HAS YOUR CHILD OR ANYONE IN THE FAMILY BEEN DIAGNOSED WITH COVID-19 (CORONAVIRUS)? Yes No

Is your child allowed to enter a SWIMMING POOL WITHOUT a life jacket? Yes No

Is there any activity you do not wish for your camper to participate in? _____

Date of last Tetanus: _____

Allergies: None Bee Stings Food Medications Other _____

Students who require the use of an inhaler will be required to have it with them at all times. Please provide a means for the student to carry it throughout the week. A small backpack, labeled with their name and church is ideal for carrying inhalers and other personal items throughout the day.

Medications: List any/all PRESCRIPTION medications to be administered by camp nurse:

*Each medication **MUST** be in the original container. Send only the required dosage needed for the week! Enclose each medication bottle in a separate zip lock bag. Medication will be dispensed as written on the bottle. Sponsoring agent is not responsible for lost/misplaced medication.*

My child may be given Tylenol Ibuprofen Benadryl Mylanta Pepto-Bismol

Medical & Liability Release: I have read and approved the included information. I give my permission for my child to attend camp and to participate in its activities. I, acting on my own behalf, also release the South Carolina District of the Assemblies of God and/or River Oaks Retreat Center, its agents, assigns, staff, employees as well as volunteer workers from any liability whatsoever arising out of property damage or loss as well as any injury, sickness, or death which may be sustained by my child as a result of any participation in the camping program. I am aware of the risks associated with participating in camping activities and accept participant's participation with full awareness of these risks. Camp counselor refers to "a person in charge of a group of children at camp" and does not imply the individual is licensed to give counsel. I give permission for the camp nurse to treat the listed camper in the event of a minor illness or minor injury. In case of emergency and when I am unable to be contacted, I hereby give permission to the local physician selected by the camp to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child. **I understand that my insurance is the primary coverage and that RORC only supplies supplemental insurance coverage.**

I UNDERSTAND AS THE PARENT OR GUARDIAN OF MY CHILD ACKNOWLEDGE THAT COVID-19(CORONAVIRUS) IS A VERY CONTAGIOUS DISEASE AND MY CHILD MIGHT BE EXPOSED TO IT. I THEREFORE KNOWINGLY AND VOUNTARILY ACCEPT THE RESPONSIBILITY AND LIABILITY FOR MY CHILD IF MY CHILD CONTRACTS THE DISEASE AND RELEASE THE SOUTH CAROLINA DISTRICT ASSEMBLY OF GOD AND/OR RIVER OAKS RETREAT CENTER FROM ANY LIABILITY.

Other Authorizations: I authorize the SC District Council to use our child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claims against the District for the use of such photos or videos. I authorize camp personnel to inspect camper's belongings to see that they have not brought any prohibited or illegal items. I understand that if my child misbehaves and does not respond in a positive manner, I may be called to pick him/her up.

PARENT/GUARDIAN SIGNATURE (REQUIRED)

Date ____/____/____

I DO accept the use of electronic signatures as a valid form of my written signature for the South Carolina Assembly of God District camp's consent form, furthermore, I am fully informed that my electronic signature has the full force and effect of a signature affixed by hand to a paper document.

Use glue stick or tape to
attach copy of the **front side**
of your insurance card to
this space.

2021 SOUTH CAROLINA TEEN CAMP REGISTRATION

TEEN CAMP I >>> RISING 6TH-8TH GRADES
TEEN CAMP II >>> RISING 9TH-GRADUATE



(PHOTOCOPY FRONT/BACK)

STEP 1: CHURCH INFORMATION (please complete this information prior to distribution to parent/student)

Church Name: _____ Church City: _____
Camp Coordinators Name: _____ Email: _____

STEP 2: CAMP WEEK (please complete this information prior to distribution to parent/student)

Teen Camp I July 5-9 Rising 6th-8th Grades Teen Camp II July 12-16 Rising 9th-Graduates

STEP 3: CAMPER INFORMATION (please print CLEARLY)

_____ _____ _____ M F _____
Last First Age Birth Gender Grade camper will enter Fall 2021

_____ _____ _____ _____ _____
Address City State Zip Guardian email required for confirmation purposes

_____ _____ _____
Mom's Cell # Dad's Cell # Other Emergency # and Name

STEP 4: OPTIONS & PAYMENT (MAKE CHECK PAYABLE TO THE CHURCH THAT YOU WILL ATTEND WITH)

EARLY REGISTRATION COST IF RECEIVED IN THE DISTRICT OFFICE ON OR BEFORE JUNE 8	\$180.00	REGULAR REGISTRATION COST IF RECEIVED IN THE DISTRICT OFFICE AFTER JUNE 8 AND BY JUNE 15	\$200.00	LATE REGISTRATION COST IF RECEIVED IN THE DISTRICT OFFICE AFTER JUNE 15	\$220.00
Add T-Shirt – include additional \$13.00 and circle size	\$	Add T-Shirt – include additional \$15.00 and circle size	\$	T Shirt not available	X
AS AXL AM A2X add \$2.00 AL A3X add \$2.00		AS AXL AM A2X add \$2.00 AL A3X add \$2.00			
TOTAL AMOUNT ENCLOSED	\$	TOTAL AMOUNT ENCLOSED	\$		

I have read the attached information including camp rules and agree to abide by all rules and regulations

_____ _____ _____ _____
Camper Signature **Required** Date Parent/Guardian Signature **Required** Date

DISTRICT OFFICE USE ONLY

Date Received: _____ Check # _____ Amount Paid: _____

STEP 5: HEALTH HISTORY FOR _____ (Camper Name)

Is there any information we should have regarding the welfare of this camper, such as restrictions, diets, etc.?

WILL YOU NOTIFY YOUR LEADER AND/OR THE CAMP KNOW THAT YOUR CHILD OR ANYONE IN THE FAMILY HAS RUN A FEVER IN THE LAST 14 DAYS? Yes No

HAS YOUR CHILD OR ANYONE IN THE FAMILY BEEN DIAGNOSED WITH COVID-19 (CORONAVIRUS)? Yes No

Is your child allowed to enter a SWIMMING POOL WITHOUT a life jacket? Yes No

Is there any activity you do not wish for your child to participate in? _____

Date of last Tetanus: _____

Allergies: None Bee Stings Food Medications Other _____

Students who require the use of an inhaler will be required to have it with them at all times. Please provide a means for the student to carry it throughout the week. A small backpack, labeled with their name and church is ideal for carrying inhalers and other personal items throughout the day.

Medications: List any/all PRESCRIPTION medications to be administered by camp nurse:

*Each medication **MUST** be in the original container. Send only the required dosage needed for the week! Enclose each medication bottle in a separate zip lock bag. Medication will be dispensed as written on the bottle. Sponsoring agent is not responsible for lost/misplaced medication.*

My child may be given Tylenol Ibuprofen Benadryl Mylanta Pepto-Bismol

Medical & Liability Release: I have read and approved the included information. I give my permission for my child to attend camp and to participate in its activities. I, acting on my own behalf, also release the South Carolina District of the Assemblies of God and/or River Oaks Retreat Center, its agents, assigns, staff, employees as well as volunteer workers from any liability whatsoever arising out of property damage or loss as well as any injury, sickness, or death which may be sustained by my child as a result of any participation in the camping program. I am aware of the risks associated with participating in camping activities and accept participant's participation with full awareness of these risks. Camp counselor refers to "a person in charge of a group of children at camp" and does not imply the individual is licensed to give counsel. I give permission for the camp nurse to treat the listed camper in the event of a minor illness or minor injury. In case of emergency and when I am unable to be contacted, I hereby give permission to the local physician selected by the camp to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child. **I understand that my insurance is the primary coverage and that RORC only supplies supplemental insurance coverage.**

I AS THE PARENT OR GUARDIAN OF MY CHILD ACKNOWLEDGE THAT COVID-19(CORONAVIRUS) IS A VERY CONTAGIOUS DISEASE AND MY CHILD MIGHT BE EXPOSED TO IT. I THEREFORE KNOWINGLY AND VOUNTARILY ACCEPT THE RESPONSIBILITY AND LIABILITY FOR MY CHILD IF MY CHILD CONTRACTS THE DISEASE AND RELEASE THE SOUTH CAROLINA DISTRICT ASSEMBLY OF GOD AND/OR RIVER OAKS RETREAT CENTER FROM ANY LIABILITY.

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PARENT/GUARDIAN SIGNATURE (REQUIRED)

Date ____/____/____

I DO accept the use of electronic signatures as a valid form of my written signature for the South Carolina Assembly of God District camp's consent form, furthermore, I am fully informed that my electronic signature has the full force and effect of a signature affixed by hand to a paper document.

Use tape to attach copy of the **front** side of your insurance card **to this space.**

DO NOT STAPLE!

CAMP TEAM MEMBER APPLICATION 2021



Application Fee: \$45 **Payable to/Mail to:** SCYM, 101 Medical Circle, Ste. B, W. Columbia, SC 29169

Application Deadline: JUNE 1

This application is to be completed by all applicants for camp team members. The goal is to assist the South Carolina Youth Department of the Assemblies of God in providing a safe and secure environment for the youth that participate in our camp program.

In applying to serve as a team member you are **AGREEING TO PERFORM ASSIGNED DUTIES WHICH WILL INCLUDE SUPERVISION OF CAMPERS, DINING HALL, CABIN LEADER, REC, ETC.** You will be placed where you are most needed. These tasks may be physically demanding. Due to rough terrain and hot temperatures, team members should be in good physical condition. Submission of this application does not guarantee your selection as a team member. Selection is based on need and a positive recommendation from your pastor. **Please note the AGE REQUIREMENTS FOR EACH CAMP. Age requirement exceptions are only made for the lead children/youth pastor.**

I understand that STUDENT applications are based on the availability of TEAM members and I AM COMMITTED to fulfill my responsibilities for all five days and four nights for the following week(s) of camp . . .

Kids Camp June 28 – July 2 (minimum age 19)

Teen Camp I July 5-9 (minimum age 21)

Teen Camp II July 12-16 (minimum age 21)

Name: _____

Address: _____

Email: _____

Social Security Number: _____

Required for Criminal Background Report

Gender M F T Shirt Size _____

City/Zip: _____

Mobile #: _____

Age: _____ Birthdate: _____

Have you accepted the Lord as your personal Savior? Yes No Date: _____

Have you been filled with the Baptism of the Holy Spirit evidenced by speaking in tongues? Yes No Date: _____

Do you have lifeguard certification? Yes No Date of Expiration: _____ ****Send a copy****

Do you have CPR certification? Yes No Date of Expiration: _____ ****Send a copy****

HAVE YOU OR ANYONE IN YOUR FAMILY RAN A FEVER IN THE LAST 14 DAYS? Yes No

HAVE YOU OR ANYONE IN YOUR FAMILY TESTED POSITIVE WITH COVID-19 (CORONAVIRUS) IN THE PAST 14 DAYS? Yes No

Medical & Liability Release: I have read and agreed to the included information. I, acting on my own behalf, release the South Carolina District Assemblies of God and/or River Oaks Retreat Center, its agents, assign, staff, employees as well as volunteer workers from any liability whatsoever arising out of property damage or loss as well as any injury, sickness, or death which may be sustained by myself as a result of any participation in the camping program. I am aware of the risks associated with participating in camping activities and accept participant's participation with full awareness of these risks. I give my permission to be treated by the camp nurse in the event of a minor illness or minor injury. In case of emergency I hereby give permission to the local physician selected by the camp to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for myself. I authorize the SC District Council to use my likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claims against the District of the use of such photos or videos. I understand that MY INSURANCE is the primary coverage and that South Carolina District Council of the Assemblies of God and/or RORC only supplies supplemental insurance coverage.

AS A CAMP TEAM MEMBER I ACKNOWLEDGE THAT COVID-19(CORONAVIRUS) IS A VERY CONTAGIOUS DISEASE AND I MIGHT BE EXPOSED TO IT. I THEREFORE KNOWINGLY AND VOUNTARILY ACCEPT THE RESPONSIBILITY AND LIABILITY IF I CONTRACT THE DISEASE, I RELEASE THE SOUTH CAROLINA DISTRICT ASSEMBLY OF GOD AND/OR RIVER OAKS RETREAT CENTER FROM ANY LIABILITY.

If my application is accepted, I pledge to conduct myself as a Christian, to abide by all camp rules, and to fully obey those whom have been placed in authority over me while at camp. I further pledge to read the entire Camp Manual which will be sent upon acceptance of my application. I understand that I will be asked to serve in various aspects of the camp including kitchen/dining hall assignments.

I hereby authorize the South Carolina District Assemblies of God to make an independent investigation of my background including criminal or police records for the purpose of obtaining information which may be material to my application as a camp team member.

Signature

Date

ATTACH A COPY OF YOUR
DRIVER'S LICENSE WITH

TAPE HERE

No staples, please!

Your LEAD pastor must complete the reverse side of form

CAMP TEAM MEMBER PASTORAL REFERENCE FORM

_____ has applied to serve as a volunteer Camp Team Member at South Carolina summer camp. We would appreciate you taking a few moments to fill out this reference form and send it to us immediately. Without this form, the applicant cannot be considered.

Approximately how long have you known the applicant? _____
 How well do you know him/her?

- Extremely well
 Moderately Well
 Not Very Well
 Not At All

To the best of your knowledge, please answer the following questions:

Has the application accepted Jesus Christ as Lord of their life?	Yes	No
Has the applicant received the Baptism in the Holy Spirit as evidenced by speaking in tongues?	Yes	No
Does the applicant submit well to authority?	Yes	No
Is the applicant free from the use of illegal drugs?	Yes	No
Has the applicant ever been convicted of any felonies?	Yes	No
Has the applicant, as an adult, ever been involved in any sort of child molestation, indecent exposure, or other sexually related crimes?	Yes	No
Do you recommend the applicant to serve as a Camp Team Member?	Yes	No
Has your church performed a criminal background check on the applicant? If so, when? ____/____/____ If so, please enclose a copy of the report!	Yes	No

Are there any additional comments you would like to add? _____

 Name Pastor Signature Required Date

I DO accept the use of electronic signatures as a valid form of my written signature for the South Carolina Assembly of God District camp's consent form, furthermore, I am fully informed that my electronic signature has the full force and effect of a signature affixed by hand to a paper document.

DISTRICT OFFICE USE ONLY			
Date Received: _____	Check # _____	Amount Paid: _____	Background Ordered: _____
Applicant Notified: _____	Camp Manual Emailed: _____		