



**FAITH Ministry & FRBA**  
P.O Box 61797 Reno, NV 89506  
**J. Ballard, Area Missionary**  
(530) 515-0014  
[Erbadom@yahoo.com](mailto:Erbadom@yahoo.com)

## 2015 CHILDREN'S MISSIONS CAMP

March 3, 2015

FAITH Ministry & the Feather River Baptist Association is excited to host another **Missions Camp** this year at Camp Tehama! There will be 1 Camp going on specifically for Children on **July 26<sup>th</sup> – July 29<sup>th</sup>**.

### **FRBA CHILDREN'S MISSIONS CAMP** **"The Armor of God"** **Ephesians 6:10**



The theme this year is **"The Armor of God."** Children going into **3<sup>rd</sup> grade through 6<sup>th</sup> grade** will experience missions through their own mission projects, worship, sign language, crafts, games & presenting the Gospel through face painting & bracelets. .

Enclosed are a reproducible Medical Release form for each student, a counselor form, promotional poster, camp rules and what to bring. One counselor is needed for every 7 students. Camp check-in is between 5pm – 6pm Sunday, July 26<sup>th</sup> and check-out is at 6pm Wednesday, July 29<sup>th</sup>.

Cost at Tehama Camp has gone up, so it will be **\$100 per student and \$50 per counselor**. A deposit of \$30 per person in the form of one church or group check is needed by Monday, **July 13<sup>th</sup>**. Partial camp scholarships are available for special circumstances.

Please help your kids through your church with budget &/or fundraisers. Also, have an adult help promote and gather a group to bring from your church. It's a great way for your church to reach out to families!

If you have any questions, please call J. or Nicky Ballard at (530) 515-0014 or (775) 224-3151.

Come experience Missions through Camp!

in HIS grip,

J. & Nicky Ballard  
Area Missionary

## **RULES FOR USE OF CAMP TEHAMA**

Camp Rules are established to comply with “Laws and Regulations Relating to Organized Camps” as set forth by the California Health and Safety Code. All groups using Camp Tehama will acquaint themselves with these regulations and operate their camp accordingly.

1. One adult is required for each cabin or sleeping area. Basically, one adult per every 7 students.
2. No noise between the hours of 10:00 pm and 6:00 am.
3. A fire drill will be practiced at the start of camp.
4. First Aid supplies for emergencies and a nurse are provided.
5. Regular daily cleaning is required for cabins, nurse’s quarters, kitchen, dining area, restrooms, sports area, crafts area, and assembly areas. Be sure to pick up litter. We take all garbage to the dumpster located near the road in the parking lot. Please break down all cardboard boxes before placing in the dumpster.
6. Property or furnishings shall not be removed from any building or grounds without permission of the Camp Officials.
7. Camp Officials will periodically check to see that the camp is being used in conformity with these rules.
8. A Medical Release Form must be signed by each child’s parents. All treatment by the camp nurse must be recorded on a Camp Tehama bodily injury report form.
9. No cans, plastic, wet garbage or non-burnable materials are to be put into the camp fire.
10. If your group is not completely out by check-out or leaves the camp dirty, they will be charged up to one days fees.
11. All cars and RV’s must be parked in the designated parking area. RV’s and trailers are not allowed in the camp and may not be connected to sewer or electrical utilities under any circumstances. (No driving on the volley ball court.)
12. No pets allowed in camp, either by campers or visitors. (Seeing eye dogs are allowed.)
13. No firearms are allowed in the Camp Tehama facility.
14. No water balloons are allowed in Camp.
15. Camp directors are required to record the number of campers in camp each day and also list the number of campers receiving assistance or help of any kind each day.

**Medical Release & Activity Waiver**

**Children's Missions Camp at Camp Tehama**

**July 26<sup>th</sup> – July 29<sup>th</sup>, 2015**

**Participant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Church:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_ **Grade Completed:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Address (If different from above):** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Employed by:** \_\_\_\_\_

**Phone Number (\_\_\_\_\_)\_\_\_\_\_ Cell Number: (\_\_\_\_\_)\_\_\_\_\_**

**May photographs taken of this participant be used for promotional purposes? \_\_\_\_\_ yes \_\_\_\_\_ no**

**For Office Use Only**

Participant's Name: \_\_\_\_\_

Are you currently taking medicine or treatment? \_\_\_\_ yes \_\_\_\_ no

If yes, explain: \_\_\_\_\_

Have you been restricted from sports or swimming for any reason? \_\_\_\_ yes \_\_\_\_ no

If yes, explain: \_\_\_\_\_

Date last Tetanus Toxoid Immunization: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Have you ever had a severe reaction to a bee / hornet sting or insect bite? \_\_\_\_ yes \_\_\_\_ no

Do you have: \_\_\_\_ sinus trouble \_\_\_\_ hay fever \_\_\_\_ heart trouble \_\_\_\_ epilepsy  
\_\_\_\_ asthma \_\_\_\_ diabetes

List any Allergies:

Food: \_\_\_\_\_

Drugs: \_\_\_\_\_

Other Medical Needs: \_\_\_\_\_

\_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

If I cannot be reached, please notify: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Anything else we should know about the participant: \_\_\_\_\_

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### EMERGENCY MEDICAL AUTHORIZATION & ACTIVITY WAIVER

In consideration of the permission granted to the participant named above, by the above-named Sponsor, to participate in the above described Activity, I hereby release said Sponsor, its agents and employees, from all actions, causes of action, damages, claims, or demand which I, my heirs, executors, administrators, or assigns may have against said Sponsor and other above described parties for all personal injuries known or unknown which the participant named above, has or may incur by participating in the above described activity.

In the event of an emergency, I hereby give permission to the church-appointed sponsors, FAITH Ministry & FRBA staff, and/or camp personnel, who are with my child (above-named participant) at the above mentioned event to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release on this \_\_\_\_\_ day of \_\_\_\_\_ 2015.

Participant's Signature: (If 18 or older) \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_

**SPONSOR / COUNSELOR INFORMATION FORM**

**FAITH Ministry & FRBA Children's Missions Camp**

**July 26<sup>th</sup> – July 29<sup>th</sup>, 2015**

**This questionnaire must be completed by all individuals working with children or youth at FAITH Ministry & the Feather River Baptist Association sponsored camp.**

**TO BE COMPLETED BY THE INDIVIDUAL**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Experience working with children or youth:** \_\_\_\_\_

**Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?**     yes     no

**If yes, please explain:** \_\_\_\_\_

**Do you have any communicable diseases?**     yes     no

**If yes, please explain:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**TO BE COMPLETED BY THE CHURCH**

\_\_\_\_\_ has been secured and is recommended for  
(Name of Counselor)

this position by \_\_\_\_\_ .  
(Name of Church)

\_\_\_\_\_  
(Pastor)

\_\_\_\_\_  
(Date)

**FAITH Ministry & Feather River Baptist Association  
Children's Missions Camp 2015**

**Camp Items List**

**Registration & Medical Forms & Camp Money (if you haven't turned it in already)**

**Bible (if you have one)  
Toiletries (shampoo, soap, comb, etc.)  
Towel, wash cloth  
Sleeping bag or blanket & pillow  
Jeans, light jacket for cool nights  
Tennis shoes for hiking  
PJ's  
Insect repellent  
Sunscreen  
Offering & store money  
Flashlight**

**Dress Code:**

**Appropriate length shorts (fingertip length)  
Clothes / swim suit (modest one-piece) for swimming & water games**

**Please do not bring:**

**Bad attitude  
Electronic games  
IPod, MP3's  
Non-prescription drugs  
Cigarettes, chewing tobacco  
Alcoholic beverages  
Weapons or look-a-likes  
Short-shorts  
Bad logos on clothes**

**\*Cell phones will be kept with luggage & for emergency use only\***

***We're looking forward to a great time of getting closer to God, making new friends and experiencing missions!***