

**YOUTH CAMP 2019
JULY 15-19**

**PINEYWOODS BAPTIST CAMP
WOODLAKE, TEXAS**



**CAMP PASTOR – CHAD KINGER
WORSHIP – MICAH TYLER**

**FEATURES:
ROPES COURSE/ZIP LINE
CLIMBING TOWER
GIANT SWING
9 SQUARE
WATER SPORTS
FISHING
COMPETITION REC GAMES**

COST:

**\$275 NOW THROUGH MAY 5
\$300 REGULAR REGISTRATION THROUGH June 1
\$50 DEPOSIT (NON REFUNDABLE) HOLDS YOUR SPOT**

SIGN UP NOW!

**REGISTRATION FORMS ARE AVAILABLE IN THE CHURCH OFFICE. EMAIL
CJOHNS@ROBC.ORG FOR MORE INFO**

Pineywoods Powerplus Youth Camp

Registration Form

Woodlake, TX - July 15-19

Student's Name

Gender

Age at Camp

Fall 2019 Grade

Shirt Size

Parent/Guardian Email Address

Deposit or Full payment?



Medication Rules & What to Bring to Camp

RULE #1: ALL MEDICATIONS must be turned in and stored in the designated First Aid location.

RULE #2: Adults are also required to turn in their medications.

RULE #3: No one should have medication of any kind in their dorm or with them. The exceptions to this rule are medications needed for immediate use for life-threatening conditions (i.e. rescue inhalers and EpiPens) if a doctor requires him/her to keep it on his/her person at all times.

RULE #4: No one is allowed to share their medication with anyone else.

WHAT TO BRING

- ♦ A Ziploc bag with the person's name and church name on it with their medications inside
- ♦ A signed Medication Form (next page) in the Ziploc bag with the medications
- ♦ Prescription medication in the original container with the prescription label
- ♦ Non-prescription medication in the original container, including but not limited to vitamins, supplements, over-the-counter (OTC) medications taken on a regular basis, etc.

WHAT NOT TO BRING

- ♦ Pill boxes or organizers
- ♦ Common OTC medications taken as needed (i.e. Tylenol, Advil, Benadryl, etc.). The camp has those on hand to dispense as needed.

PINEYWOODS CAMP MEDICATION FORM

Camper Name: _____ Date of Birth: _____

Church Name & City: _____

Pertinent Medical History/Condition(s) & Special Instructions: _____

Known Allergies: _____

	Medication Name	Dose	Frequency
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I hereby authorize Pineywoods Camp medical personnel to administer medication to the camper named above as described and directed above while he/she is at camp.

Signer Relationship to Camper:

Signature _____ Parent Guardian Self

Print Name _____ Best Phone # _____

DO NOT WRITE BELOW — MEDICAL STAFF USE ONLY

	A.M.	Noon	P.M.	Bedtime
Mon 7/15				
Tues 7/16				
Wed 7/17				
Thurs 7/18				
Fri 7/19				