

# Christian Youth Ranch 2010 Summer Conference

Camp Joy  
5303 Baptist Camp Road  
Apopka, FL 32712

**August 2-6, 2010**

Ralph “Yankee” Arnold, Director  
James Taylor, Assistant

**\$125.00**

**11 Meals      Five Days   &   Four Nights**

DESIGNED WITH JR. HIGH AND SENIOR HIGH IN MIND

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- ROPES COURSE
- CANOES
- PAINTBALL
- POOL
- BASKETBALL
- SOFTBALL
- FOOTBALL
- ZIPLINE



**MUSIC BY THE FABULOUS “FIRE-HOUSE FIVE” PLUS A FEW**  
Camp is a ministry of Calvary Community Church of Tampa

**PRINT OUT ALL THE APPROPRIATE FORMS BELOW AND MAIL TO:**

Calvary Community Church 4811 George Rd. Tampa, Fl. 33634

Dear Youth Director,

As you can see, Calvary is hosting a summer camp for **Jr. High and Senior High** teens. I'm sure you are aware of the failing economy that really puts a strain upon raising funds to send teens to camp. Trips out of state can make the cost out of reach for many young people, so we are dedicated to providing a quality camp at an affordable price.

We have secured the campgrounds of Camp Joy in Apopka, Florida. This is located just a few miles north of Orlando. The price is \$125.00. It is the exact price we are charged per person. You may charge additional expenses in order to make your own flier suitable for your youth group.

**Camp will accommodate 200 total.**

One **"FREE SCHOLARSHIP"** will be given to each Youth Director for **every** five paying campers. It may be used for the youth director, bus driver, chaperone, or camper (your choice). 25 paying campers will give you 5 scholarships to help someone in need.

To reserve the number needed for your group, please send your letter of commitment with a \$25.00 non-refundable registration fee per person. **The Camper Registration plus balance of \$100.00 must be received by July 1<sup>st</sup>, 2010.**

I was 22 when I attended my first camp in 1964 at Boca Raton, Florida. Since then, I have conducted camps in Oklahoma, Arizona, Minn., Iowa, South Dakota, Colorado, Wyoming, Texas, Ga., Alabama, Florida, and Utah. I'm sold on the ministry of camp to challenge teenagers to trust Christ as Savior and to serve the Lord.

I still use the King James Bible, wallet illustration, two natures, Heaven tract, Jim Tingen Story, Youth Ranch format, firehouse five, and a few corny jokes. Yes, I'm 68, but there is still a little fire left. Maybe, you can't come to camp, but if you could help send someone, please consider a full scholarship of \$125.00. I do covet your prayers. I am so excited, that I can hardly wait.

**TO RESERVE YOUR PLACE:**

Mail the **Registration Form, Consent and Release Form**, plus the **Camper Health Form**, with a **\$25.00 deposit** per camper, which is applied toward the total cost of camp.

Total cost of Camp:	\$ 125.00	
Non-Refundable Deposit	<u>25.00</u>	.....Due June 15th, 2010
Balance	\$ 100.00	.....Due July 1st, 2010

**(For those that are out of state: Balance is due at Camp)**

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**WHAT TO BRING**

*(Please label all items with your child's name)*

- \*Bible, \*pencils/pens, \*notebook, \*toiletries, \*towels, \*flashlight, \*sleeping bag or bed-roll (*pillow, single bed sheet, and blanket*), \*bathing suit \*towels for bathing, \*Musical Instruments, \*Camera, \*clothes suitable for warm weather, \*Personal Items (Toothbrush, Too!) \*One set of "gettin' dirty" clothes, and \*insect repellent.

**WHAT NOT TO BRING**

*(These items will be confiscated!)*

CD Players, discmans, walkmans, ipods, electronic games, cassettes, mp3 players, playing & trading cards, shaving cream, comic books, and inappropriate magazines &/or books. **Camp Administrators** will have the final say on what is or is not appropriate. Cell phones and computers must be checked in upon arrival at camp. Camp staff members are not responsible for any items stolen, lost, broken, or confiscated.

**\*Money for the “Snack Shack” \*Don’t forget to bring your FRIENDS!!**  
***NO expensive jewelry—camp staff cannot be responsible for loss or damages to belongings.***  
**SEPARATE SWIMMING TIMES**

**(Girls; no visible belly buttons, no halter-top, or bikini-style shorts!),**  
**(Boys; no visible belly buttons, or baggy pants that reveal any undergarments)**

**A registered nurse resides 24 hours a day on the campgrounds. The nurse also dispenses**  
**medications that are brought from home.**

All rooms are air-conditioned, have electricity, & have multiple showers & bathrooms. There will be Bible meetings each day as well as great music, games, team competitions, excellent meals and lots of great free-time activities.

- \* All you can eat "**Family Style**" meals are prepared and served by an experienced kitchen staff.
- \* The Dining Room, Auditorium, and Dormitories are all **air-conditioned**.
- \* Bathrooms are located in each dormitory.

**(No children under 13 years of age are permitted at camp without express permission from the Camp Director, Ralph “Yankee” Arnold.)**

### **LEAVING**

(Those in the Tampa area)

**!!!!!!EAT BREAKFAST BEFORE COMING TO CHURCH!!!!!!**

Campers should be at the **Calvary Community Church 4811 George Rd. Tampa, Fl. 33634** between 10:30-11am on Monday morning (August 2, 2010). We will eat from 11:00 to 11:30 (sandwiches and drinks supplied by the church). Bus(s) will leave at 12:00 sharp.

### **RETURNING**

We will be returning from camp approximately 11am on Friday August 6, 2010 and should arrive back at the church at approximately 1-1:30 pm. We will notify parents if the time will exceed 1 hour either way. Please be here promptly.

There will be an Orientation Meeting for all at the camp. **NOTICE** Campers who do not wish to conform to the listed Camp Rules (*copies available upon request*) will be sent home at parents' expense.

# Camper Health Form

**Note:** Your Child will not be considered pre-registered until this form is completed (by parent or guardian only) and returned to: Calvary Community Church 4811 George Rd. Tampa, Fl. 33634

**PLEASE PRINT**

## General

Camper's Last Name \_\_\_\_\_ First \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Parents' or Guardian's Names: \_\_\_\_\_ Phone \_\_\_\_\_

*In case of Emergency; Other persons to notify if parents cannot be reached:*

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone: \_\_\_\_\_

**Past Illnesses:** (Please circle any that the child has had)

Diphtheria

Whooping Cough

Scarlet

Fever Chicken

Pox Mumps

Polio

Rheumatic Fever

Tuberculosis

Other: \_\_\_\_\_

**Existing Diseases or Conditions:** (Please circle and Explain current condition)

Sinus

Asthma

Heart

Kidney

Epilepsy Diabetes

Current condition / Treatment: \_\_\_\_\_

**Does the child have any significant history of the following:** (Please circle)

Nose bleeds

Headaches

Sleep

Walking Fainting

Sore Throat

Diarrhea

Constipation

Frequent colds

Other: \_\_\_\_\_

**Allergies:** (Please circle and specify)

Penicillin Bee/wasp Stings (Specify treatment) \_\_\_\_\_

Foods \_\_\_\_\_

Other: \_\_\_\_\_

**Immunization Record:**

(Record last date of injection)!! Tetanus \_\_\_\_\_ Polio \_\_\_\_\_

Diphtheria \_\_\_\_\_ Whooping cough \_\_\_\_\_ Smallpox \_\_\_\_\_

**Insurance Information:** (Please complete fully)

Company \_\_\_\_\_ Name of holder \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

ALL MEDICINE MUST BE IN ITS ORIGINAL CONTAINER – CLEARLY MARKED WITH THE CHILD’S NAME AND DOSAGE TO BE GIVEN –AND TURNED INTO THE CAMP NURSE AT ORIENTATION. *(This includes over-the-counter medications also.)*

**Our camp fee** does not include the cost of medical treatment. The health coverage provided by the camp is secondary coverage. Your insurance must be billed first, and you must be ready to pay for any medical expenses in full when you pick up your child. Your insurance, and then our insurance, will make payment to you. We will not seek medical services without prior consultation except in the case of an emergency.

**In case of Emergency:** I give permission for the Camp Nurse (selected by the camp director) to give my child over the counter medicine(s) for minor ailments (headaches, stomachache, insect bites, sore throat, etc.). I also give permission for my child (as named above) to be transported to, and treated at, the nearest medical facility in the event of an emergency.

\_\_\_\_\_  
(Signature of parent or guardian)

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

## **Consent and release form**

Summer Campers:

**Please Print!**

Last Name: \_\_\_\_\_ First \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ Grade this coming year \_\_\_ Person you would like to room with \_\_\_\_\_

Parent's names: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

### **Consent and release form**

I, the undersigned parent or guardian, hereby consents to my child participating in the Christian Youth Ranch Summer Camp at Camp Joy

**5303 Baptist Camp Road**

**Apopka, FL 32712**

on August 2-6, 2010. This includes the transportation of my child to and from camp. I certify that my child is able to participate in all activities except \_\_\_\_\_. If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them on the health form. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize (an adult sponsor) to make emergency medical decisions for my child. I understand and hereby agree to assume all of the risks, which may be encountered on said activity, including activities preliminary and subsequent thereto. I do hereby agree to hold **Calvary Community Church 4811 George Rd. Tampa, FL 33634**, and its agents harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

\_\_\_\_\_  
Parent or guardian Date

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**Youth Directors and all Adults**

**Adult Only** (each adult must fill out this form and sign below)

Please check one: Pending Camp Director's approval, I am coming to camp as a: Camper\_\_\_Visitor\_\_\_Counselor\_\_\_Staff\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Age \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PUT **YOUR** DIRECTOR'S NAME \_\_\_\_\_

I understand and hereby agree to assume all of the risks, which may be encountered on said activity, including activities preliminary and subsequent thereto. I do hereby agree to hold **Calvary Community Church 4811 George Rd. Tampa, Fl. 33634**, and its agents harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to myself or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

\_\_\_\_\_  
Parent, guardian, adult

\_\_\_\_\_  
Date

### FOR GROUP RESERVATION

Group Name \_\_\_\_\_

Leader Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_

Please reserve a place for: ..... ( \_\_\_\_\_ ) Attendees.

(Non-refundable Reservation \$ 25.00

Fee per person) Mail check for: \$ \_\_\_\_\_.

**(Total count must include youth leader, adult chaperones, drivers, and campers.)**

Please mail your check to:  
**Calvary Community Church**  
4811 George Rd.  
Tampa, Fl. 33634

**You may add more to your group later as space permits.**

Please use Camper Registrations for each individual.

Please call **Pastor Arnold** at 706-255-5618 or **James Taylor** at 813-215-5557 for questions or additional information.