

# 2010 Mission Camps for Girls

*Theme Verse: He answered, "Love the Lord your God with all your heart and with all your strength and with all your mind. And, 'Love your neighbor as you love yourself. You have answered correctly," Jesus replied. "Do that and you will live" (Luke 10:27-28).*



**Purpose:** To give girls (grades 1-12) an opportunity to experience Bible study, worship, missions education, recreation and crafts in an outdoor setting.

**Activities:** Time with missionaries, worship, singing, quiet times, crafts, games, swimming, hiking, hayrides, skits, meeting new friends, and much more!

**Dates & Times:** **Mother/Daughter**—July 9-10, 2010  
(Entering grades 1-3 and moms or substitute moms.)

**Girl's Camp**—July 11-16, 2010—(Entering grades 4- 12)

**Cost:** (Cost includes program costs, lodging, meals, autograph backpack, and crafts)

**Full Camp:** \$175.00 per person

**Mother/Daughter Camp:** \$65.00 per person

**Snacks & Gift Shop:** The snack shack and gift shop will be open at scheduled break times. Campers will want to bring extra money for purchasing snacks as well as gifts. The money is kept and monitored by the banker. Parents will receive a receipt of how the money was spent at the close of camp.

**Registration:** Use the enclosed registration forms. A health form for each camper is required. Registrations are accepted on a "first come, first served" basis until two weeks before camp. Please send all registrations together with one check for the total amount due to the WMU Office at 10255 Old Columbia Road, Columbia, MD 21046 attention to Gail Noda.

**Mother/Daughter and Full Camp Registration Deadline: June 25, 2010**

**Cabin Leaders:** Please be assured that every cabin leader and camp staffer has had the appropriate background check. We want camp to be as safe as possible for every girl in attendance.

**Refunds and Cancellation:** We will grant refunds (except for the non-refundable portion of \$10.00) up until the registration deadline after which we will make substitutions but not refunds.

Serving Christ,  
Gayla Parker  
WMU Executive Director



# 2010 Group & Individual Registration Form

Please print or type – fill out completely. Duplicate as needed.

**Mother/Daughter Camp**

**For:** Girls entering grades 1-3 and their mothers  
**Where:** Camp Wo-Me-To, Jarrettsville, MD  
**When:** July 9-10, 2010  
**Cost:** \$65.00 per person  
**Registration/Payment Deadline:** June 25, 2010  
**Contact:** Gail Noda, (800) 466-5290, ext. 218

**Girls Camp**

**For:** Girls entering grades 4-12  
**Where:** Camp Wo-Me-To, Jarrettsville, MD  
**When:** July 11-16, 2010  
**Cost:** \$175 per person  
**Registration/Payment Deadline:** June 25, 2010  
**Contact:** Gail Noda, (800) 466-5290, ext. 218



\*The grade your child will be entering in the Fall should be used to determine the appropriate camp.

Send registration form and checks to Gail Noda, Baptist Mission Resource Center, 10255 Old Columbia Road, Columbia, MD 21046. Make checks payable to BCM/D.

Church Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Church \_\_\_\_\_ Association \_\_\_\_\_

Name of Camper		Grade	Age	Deposit	Balance Due	Office Use Only
Cabin						
Mate						
Cabin						
Mate						
Cabin						
Mate						
Cabin						
Mate						
Cabin						
Mate						
Cabin						
Mate						
Cabin						
Mate						
Cabin						
Mate						



# Girls' Camp 2010

## 2010 Information and Authorization Form

Please print or type – fill out completely. Duplicate as needed.

**Both sides of the information and authorization form must be returned with registration.**



Please register me for:

**Mother/Daughter Camp**  
(Entering Grades 1-3 and Moms---July 9-10)  
\$65 per person Registration/Payment Deadline: June 25

**Girls' Camp**  
(Entering Grades 4-6 or 7-12---July 11-16 )  
\$175 Registration/Payment Deadline: June 25

**Enclosed is my check or money order payable to BCM/D\***

**\*Mail your registration to Gail Noda, Baptist Mission Resource Center, 10255 Old Columbia Road, Columbia, MD 21046.**

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Going into grade in school \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home telephone \_\_\_\_\_

Number of sisters \_\_\_\_\_ Ages of sisters \_\_\_\_\_ Number of brothers \_\_\_\_\_ Ages of brothers \_\_\_\_\_

Father's occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Is the camper a Christian? \_\_\_\_\_ Church member? \_\_\_\_\_ Of what church? \_\_\_\_\_

Has the camper been to camp before? \_\_\_\_\_ If so, what camp? \_\_\_\_\_

What are the camper's hobbies? \_\_\_\_\_

Does the camper swim? \_\_\_\_\_ Is the camper subject to sleepwalking? \_\_\_\_\_ Bed wetting? \_\_\_\_\_

Does the camper have a handicap that would prohibit full participation in the camping program? \_\_\_\_\_

Inoculation date - DPT \_\_\_\_\_ Has the camper been exposed to communicable diseases in the past three weeks?

\_\_\_\_\_ What diseases? \_\_\_\_\_

Describe any reasons camper's activities should be limited \_\_\_\_\_

What special medications does the camper take? \_\_\_\_\_

What medications will the camper bring to camp? \_\_\_\_\_

What do you want your child to learn from this camping experience? \_\_\_\_\_

## Photo/Video Release

I understand that my child may be videotaped or photographed during normal camp activities and that these photos and videos may be used in promotional materials exclusively.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**NOTE: This is a two-sided registration form. BOTH sides need to be completed. Thank you!**

## 2010 Information and Authorization Form

Please print or type – fill out completely. Duplicate as needed.

### Authorization for Treatment

If a medical emergency should arise while my child is at camp and I cannot be contacted, I hereby give permission to the camp director to select a physician and/or physicians, to hospitalize, treat, and to order injections, anesthesia, or surgery for my child whose name is:

\_\_\_\_\_   
 Camper's Name

\_\_\_\_\_   
 Signature of Parent or Guardian

Relationship to child \_\_\_\_\_ Date \_\_\_\_\_

Check and give approximate dates for conditions which the camper has experienced.

#### HEALTH HISTORY

- \_\_\_\_\_ Frequent Ear Infections
- \_\_\_\_\_ Heart Defect/Disease
- \_\_\_\_\_ Convulsions
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Bleeding/Clotting Disorders
- \_\_\_\_\_ Hypertension
- \_\_\_\_\_ Mononucleosis
- \_\_\_\_\_ Psychiatric Treatment
- \_\_\_\_\_ Tetanus Shot

#### DISEASES

- \_\_\_\_\_ Chicken Pox
- \_\_\_\_\_ Measles
- \_\_\_\_\_ German Measles
- \_\_\_\_\_ Mumps
- \_\_\_\_\_ Hepatitis B
- \_\_\_\_\_ HIV

#### ALLERGIES (dates not needed)

- \_\_\_\_\_ Hay Fever
- \_\_\_\_\_ Ivy Poisoning, etc.
- \_\_\_\_\_ Insect Stings
- \_\_\_\_\_ Penicillin
- \_\_\_\_\_ Other Drugs
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Other (Specify) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Authorization for Swimming

The Camp Wo-Me-To pool has a shallow water section and a deep water section. Campers who want to swim in the deep water **must** pass a swimming test given by our lifeguards. There are lifeguards on duty at all times. No camper will be allowed in the pool area without a signature below.

**Check one:**      Advanced Swimmer                        Average Swimmer                       Non-Swimmer

\_\_\_\_\_ is granted my permission to go swimming while attending camp.   
 Camper's Name

\_\_\_\_\_   
 Signature of parent or guardian

### In Case of an Emergency

Notify \_\_\_\_\_

Day Number \_\_\_\_\_

Night Number \_\_\_\_\_

Work Number \_\_\_\_\_

Physician to be notified \_\_\_\_\_ Telephone \_\_\_\_\_

# 2010 Camp Scholarship Application Form



Please print or type—fill out completely. If the form is not completely filled out, the camper will not be considered for a scholarship. To be considered for a scholarship, the camper must meet the criteria listed below. Duplicate the form as needed.

- A **limited** number of **partial** scholarship grants for each camp—based on financial need—are available. Only one scholarship will be awarded to an applicant during the same camping year.
- Campers must have two recommendations. One recommendation will need to come from the pastor of the sponsoring Baptist Convention of Maryland/Delaware church where the applicant attends, and the other from an adult leader in the BCM/D church. A recommendation form is included on this form.
- The applicant must be a regular participant in his/her church.
- The parent or guardian of the applicant must make the initial request for the scholarship.
- **Camper scholarships are available for individuals who demonstrate financial need.**
- Mail completed scholarship forms to Gail Noda, Baptist Mission Resource Center, 10255 Old Columbia Road, Columbia, MD 21046. **Applications must be postmarked prior to June 1, 2010.**
- **The scholarship recipients will be notified after June 10, 2010.**

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## 2010 Camp Scholarship Application Form

Name of Camper \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
BCM/D Church where child is a regular participant \_\_\_\_\_  
Association \_\_\_\_\_

**Name of Camping Program for which applicant is applying for scholarship (check one only):**

Girls Camp                       Mother/Daughter Camp

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
(Please print name)

\*\*\*\*\*  
**Recommendations**

In what church sponsored activities does the camper participate? \_\_\_\_\_

This person needs a scholarship because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We, the undersigned, recommend this person to receive a Camper Scholarship:

\_\_\_\_\_  
Signature of Pastor                      (Please print name)

\_\_\_\_\_  
Signature of Adult Leader                      (Please print name)