



2018 Mission Camp for Girls

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, Bible study, worship, singing, quiet times, crafts, games, swimming, hiking, hayrides, skits, meeting new friends, and much more!

Dates & Times: **Girl's Camp**—July 8-13, 2018 - (Entering grades 4 -12) **(Check-in at 3:00 pm)**

Location: **Camp Wo–Me–To**; 1200 Knopp Road; Jarrettsville, MD 21084

Cost: (Cost includes program costs, lodging, meals, autograph backpack, crafts and T-shirt)

Full Camp: \$195.00 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.

Registration: Use the enclosed registration forms. A health form (page 2 of the registration 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 **Baptist Mission Resource Center at 10255 Old Columbia Road, Columbia, MD 21046 Attention: Niki Taylor.**

Full Camp Registration Deadline: June 28, 2018

Due to BCM/D policies, we cannot accept late registrations.

Cabin Leaders: Please be assured that every cabin leader and camp staffer will have 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.

Rooming Assignments: Campers will be assigned to age-range cabins. Girls may request one roommate with the understanding that we might not be able to accommodate them.

In His Care,

Melody T. Knox, Executive Director

Girls' Camp is sponsored by WMU of Maryland, the Baptist Convention of MD/DE and your Cooperative Program gifts.



Each camper will receive a t-shirt this year.
The Life on the Edge design will be:



T-Shirt Sizes:

Youth

S
M
L
XL

Adult

S
M
L
XL
2XL

**Contact Niki Taylor at
800-466-5290, x226 or
NTaylor@bcmd.org with questions**



Girls' Camp 2018

Camp Wo–Me–To

1200 Knopp Road
Jarrettsville, MD 21084

2018 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:

- Girls' Camp**
(Entering Grades 4–6 or 7-12---July 8-13, 2018)
\$195 Registration/Payment Deadline: **June 29, 2018**

Due to BCM/D policies, we cannot accept late registrations.

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

***Mail your registration to Niki Taylor, Baptist Mission Resource Center, 10255 Old Columbia Road, Columbia, MD 21046.**

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

Goes by (for name tag) _____

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? _____

Does the camper have any food allergies? _____

What medications will the camper bring to camp? _____

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

T-Shirt Size _____

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



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 _____

Please attach a copy front and back of your insurance card.

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 _____

Parent or Guardian Email Address _____



2018 Group Registration Form

Please print or type—fill out completely. Duplicate as needed. **If you are registering one person, it is not necessary to return this form unless you are ordering a t-shirt.**



Girls Camp

For: Girls entering grades 4–12
Where: Camp Wo-Me-To, Jarrettsville, MD
When: July 8-13, 2018
Cost: \$195.00 per person
Registration/Payment Deadline: **June 28, 2018**
Contact: Niki Taylor, (800) 466-5290, ext. 226

Due to Baptist Convention of MD/DE policies, we cannot accept late registrations.

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

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

Church Contact Person _____ Phone _____ Fax _____

Contact Person Email Address _____

Address _____ City _____ State ____ Zip _____

Church _____ Association _____

PLEASE ORDER T-SHIRTS FOR YOUR CHILD ON THIS FORM.

If your camper has a friend that they would like to room with, that should go on this form. There is no guarantee that the girls will room together, but we will try to place two friends together. We will not be able to have all girls from the same church in the same cabin.

	Name of Camper	Grade	Age	Deposit	Balance Due	T-Shirt Size
Cabin Mate						
Cabin Mate						
Cabin Mate						
Cabin Mate						
Cabin Mate						
Cabin Mate						
Cabin Mate						





Baptist Convention of MD/DE Release Form
Girls Camp—please return with registration

I, _____, hereby grant permission to the Baptist Convention of MD/DE (BCMD) to use and retain the right to use any photos, videos, statements, and testimonial notes by, about or of me, captured during _____ (event name and dates), in any media, advertising, publicity, commercial, Facebook posting or other business purposes conducted by BCMD or any third party employed by BCMD. I agree to allow use of any images or declarations and waive all right to compensation or ownership of the materials.

If under 18: I, _____, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Date: _____

Signature _____

Name (Print) _____

Address _____ City _____

State _____ Zip _____ Phone: (____) _____

Email: _____

