



CentriFuge Camp
July 6-11, 2009

Union University – Jackson, TN
(Incoming 7th Graders – Outgoing 8th Graders)
Cost: \$290

30+ years of life-changing camps!

Centrifuge is a discipleship camp providing an environment for life-change. Because they believe ministry takes place best in the context of relationships, the Centrifuge model is founded upon small-group Bible study led by quality staffers. These staffers also provide team-building recreation, special-interest track times, and powerful worship.

Due to early camp registration and limited space, a non-refundable \$50 deposit is due by March 29th. Payment installments are due April 26th, May 24th, and June 14th. Final balances are due by the final installment date. If we run out of space, your name will be placed on a waiting list. We will have 2 service project fundraisers upcoming (April) and also a golf tournament on Saturday, May 9th.

Please turn in your registration forms and deposits to the registration table in the Underground or the church office. For more information on this camp or additional questions you may have, see Pastor Troy or Candice.



FAQ

1. What are the ages for CentriFuge?

Students who have completed 6th grade through 8th grade are eligible to attend CentriFuge (incoming 7th graders) with our group. However, there will be other groups that will be bringing high school students with them.

2. What is the dress code for camp?

Please do not to pack anything that:

- Advertises alcohol, tobacco, illegal drugs
- Explicitly or implicitly promotes racism, sexism, or hatred of any group or person
- Explicitly or implicitly refers to sexual actions or situations
- Has spaghetti straps, except for sleepwear, is excessively short or tight fitting.

While at camp, we ask that students and adults:

- Wear modest one-piece bathing suits.
- Wear modest shorts for worship.
- Do not dress in a way that calls attention to the underwear (sagging pants, rolling down waistbands, etc)
- Wear a dark t-shirt if planning to take a messy games or water games track.

3. What type of housing is there?

The facilities at Union University are dorm-style.

4. What do I need to bring to camp?

Bible, shorts and t-shirts, shoes (tennis shoes and sandals), personal hygiene items, favorite pillow, towels, bedding, money for snacks and items in the FUGE store and other optional items such as a camera.

5. What should campers NOT bring to camp?

Alcohol, tobacco, illegal drugs, fireworks, any kind of weapon, radios, portable CD players, MP3 players, iPods, water guns, water balloons, skateboards, and rollerblades (this includes "wheelies"). Cell phones are at the discretion of the group leader--but are not to be carried around during the day at camp.

6. What are Track Times?

Centrifuge Tracks are a time each afternoon for students to explore and develop a variety of interests. Students will sign up for their track choices on registration day. Some of the tracks offered at Union are listed below. Some tracks may charge a fee (indicated by * below); the details of this will be presented on registration day. These tracks are subject to change.

- Aerobics
- Backpacking*
- Basketball
- Battleball
- Christianity 101
- Crafts*
- Creative Movement
- Discovering God's Will
- Drama
- Girls' Track*
- Guys' Track
- Hiking
- Interpretive Sign
- Jewelry Making*
- Lawn Games
- Messy Games
- Missions
- Percussion
- Softball
- Sports Ministry
- Table Games
- Tennis
- Ultimate Frisbee
- Volleyball
- Water Games
- Water Sports
- World Religions
- Worship Leadership

Camp Schedule

MONDAY – JULY 6

7:00 a.m.	Check-in at Church
7:45 a.m.	Depart from Church
12:00 p.m.	Lunch (bring \$ for fast food meal)
1:00 - 4:00 p.m.	Registration @ Union University
5:00 p.m.	Dinner
7:00 p.m.	Opening Celebration
11:00 p.m.	In Rooms
11:30 p.m.	Lights Out

TUESDAY - FRIDAY – JULY 7-10

7:00 a.m.	Breakfast
8:00 a.m.	The AM Show
9:30 a.m.	Recreation
10:30 a.m.	Quiet Time/Bible Study
12:00 p.m.	Lunch
1:00 p.m.	Track Times
3:30 p.m.	Hang Time
5:00 p.m.	Dinner
6:30 p.m.	Worship
8:00 p.m.	Church Group Devotion
10:00 p.m.	Night Life
10:30 p.m.	Hang Time
11:00 p.m.	In Rooms
11:30 p.m.	Lights Out

SATURDAY – JULY 11

7:00 a.m.	Breakfast
8:00 a.m.	Quiet Time/Bible Study
9:15 a.m.	Closing Celebration
10:30 a.m.	Leave for Home
12:00 p.m.	Lunch (bring \$ for fast food meal)
5:30 p.m.	Arrive at Church (tentative time)

Deposit Consent Form

I have read and understand the terms regarding payments for my child to attend CentriFuge Camp from July 6-11, 2009 in Jackson, Tennessee. I agree to the conditions stated.

Student's Name: _____

Grade as of Fall 2009 (circle one): 7th | 8th | 9th

Parent or Guardian Signature: _____

Date: _____

Office Use Only:

Deposit:

Date Paid: _____

Method: _____

Amount: _____

FBC Medical Release Form

2 FUGE Participant Forms (notarized)

First Baptist Church
10000 E. Hwy. 76, P.O. Box 74, Forsyth, MO 65653 – 417.546.5555
Medical Permission & Release Form

Student's Name _____ Date Completed _____

Address _____ Phone _____

Age _____ Birth Date _____ Grade In/Completed _____ Sex (circle) Male Female

Father _____ Work Phone _____

Mother _____ Work Phone _____

Guardian _____ Work Phone _____

In the case of an emergency and a parent cannot be reached, please contact:

Name _____ Phone _____ Relation _____

Required Emergency Medical Information:

Family Physician _____ Office Phone _____

Family Dentist _____ Office Phone _____

Hospital Insurance [] Yes [] No Policy Number _____

Primary Insured _____ Name of Insurance Company _____

Insurance Company Telephone Numbers _____

****Please attach a copy of the front and back of your insurance card to be turned in with this form.**

List Date of Last Immunization: DPT _____ MMR _____ Tetanus Only _____ Polio _____

Check if Child has had: Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Daily Medication Requirements:

Medicine _____ Prescribed Dosage _____ Time _____

Medicine _____ Prescribed Dosage _____ Time _____

Allergies: _____

Other Important Medical Information: _____

I (we) hereby DO _____ or DO NOT _____ consent to the use of blood and/or blood products under the care of a licensed physician in the case of emergency.

First Baptist Church (Together With Their Respective Officers, Employees and Agents) and Each Volunteer Assisting Them Are Collectively Designated By The Abbreviation "FBC" Throughout This Entire Form and the term "FBC" Shall Refer to Them Individually as well as Collectively

I (we) hereby authorize FBC to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached after reasonable attempt to do so.

I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by FBC and/or Children's Ministries.

I (we) hereby authorize FBC to transport my (our) child to or from church and/or any other church related and sponsored activities and events.

I (we) authorize FBC to include my (our) child in routinely supervised water activities.

I (we) hereby authorize FBC to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to my (our) child under the general or special supervision and on the advice of any physician or dentist representing to be licensed on the medical staff of a hospital or medical care facility, whether such diagnosis or treatment is rendered at the office of said physician or at the said facility or hospital.

I (we) hereby do authorize FBC to dispense to my (our) child any over-the-counter medications (according to proper dosage instructions) when reasonably deemed necessary.

I (we) do hereby authorize any physician, dentist, hospital or medical treatment center to treat my (our) child in the case of emergency in which the before named physician or dentist cannot respond.

The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume and be responsible for the payment of all transportation costs.

I (we) hereby release, forever discharge and agree to defend and hold harmless FBC from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child/participant that occur while said child is participating in any trip or activity with FBC.

I (we) (and on behalf of my (our) child/) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.

Further authorization and permission is hereby given to FBC to furnish any necessary transportation, food, and lodging for my (our) child.

The undersigned further hereby agrees to hold harmless and indemnify FBC from and against any claim against or loss incurred by FBC as the result of the negligent, willful or intentional acts of my (our) child, including any expense incurred attendant thereto.

The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by FBC at its office at 10000 E Hwy. 76, Forsyth, Missouri. I (we) acknowledge and agree that it is my (our) responsibility to notify First Baptist Church of any changes in medical condition, guardianship, address or telephone, in writing to the address listed at the beginning of this form.

Father

Date

Mother

Date

Legal Guardian

REFUSAL//ABSENCE OF VITAL INFORMATION

To LifeWay Christian Resources:

Please let this serve to confirm that, despite LifeWay's request for such information, I am unable or refuse to provide a Social Security number in connection with the medical release for my child. I understand that the absence of this information in the medical release could cause delays or other problems in securing medical attention for my child. To induce LifeWay to permit my child to participate in the camp and related activities despite the absence of such information, I hereby release LifeWay Christian Resources, its employees, agents and contractors, and hold them harmless from and against any and all claims for any and all damages and expenses relating to LifeWay's failure to have this information.

PARENT/LEGAL GUARDIAN SIGNATURE:

X. _____

DATE: _____

PRINTED NAME AND ADDRESS:

NOTARIZATION REQUIRED

NOTARY PRINTED NAME:

SIGNATURE:

DATE: _____

Fuge Participant Form

Bring ONE notarized copy of this sheet to registration and keep ONE notarized copy for yourself to have with you at camp. Attach a photocopy of insurance form or card.

Participant Name _____ Age _____ Date of Birth ____/____/____
SS# _____
Address _____ City _____ St _____ ZIP _____
Name of Church _____ Address _____ City _____ St _____
ZIP _____
In case of an emergency notify: _____ Phone Numbers - Home:(____) _____
Work: (____) _____ Mobile:(____) _____ Pager:(____) _____ Other:(____) _____

Medical Profile

Generally, Participant's Health is: (Check One) ___ Excellent ___ Good ___ Fair ___ Poor

If Fair or Poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____

Check any of the following that cause you problems and explain: Asthma ___ Sinusitis ___ Bronchitis _____

Kidney Trouble ___ Heart Trouble ___ Diabetes ___ Dizziness ___ Stomach Upset ___ Hay Fever ___

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood Diseases: ___ Chickenpox ___ Measles ___ Mumps ___ Whooping Cough ___ Other _____

Date of Tetanus Immunization: ____/____/____

Family Physician _____ Phone(____) _____

Insurance Co. _____ Policy # _____

Subscriber Name: _____ Subscriber Number _____ Place of Employment _____

Subscriber Occupation: _____ Work Phone: _____

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a participant or my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge LifeWay Christian Resources of the Southern Baptist Convention, camp or event sponsors, or state conventions and their employees from any and all claims, costs, demands, actions or causes of action, past, present, or future arising out of any damage or injury while employed by or participating in this camp or event. I agree to indemnify LifeWay for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or my child while participating in this camp or event or while on property leased or owned by LifeWay. Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)

Participant's Signature _____ Date: ____/____/____

Parent/ Guardian Signature _____ Phone () _____ Date: ____/____/____

Notary Acknowledgement (Notary: please affix seal to both sheets.)

State of _____ }

County of _____ }

Personally appeared before me, _____, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained. Witness my hand this ____ day of _____, 20__.

Notary signature: _____

My commission expires: _____