



Youth Camp Secretary: Rev. Josh Staggs 606-260-2757

Purpose

It is our desire to provide a spiritual atmosphere where young people will want to draw near to the Lord. Where that young people can be saved, touched by the Lord and baptized with the Holy Ghost. Church is the main activity of the camp. (All campers are required to be in every service.)

Registration

All Churches are asked to pre-register by May 1st, 2024. **(There will be a \$5.00 late registration fee per person that registers after May 1st, 2024.)**

Camp Activities

We have Sports and Recreational Activities available for all who desire to participate in some activity. Such activities include but are not limited to: Basketball, Softball, Volleyball, ATV Rides*, Bounce Houses and Fun Time. These activities take second place to church services and there will be no competition between church groups.

Finances

An offering is received each evening in service. **The cost of the Youth Camp is \$70.00** per camper and per counselor. We will also ask for all adults and children over the age of 6 to register and pay the fee of \$70.00 per person for the food and insurance costs (age 6 and under are free). We do not want to turn anyone away who cannot afford this amount so please contact either Youth Camp Director or Youth Camp Secretary if you have any campers that cannot afford the cost of the Youth Camp.

Personal Needs

Each Camper will need to bring clothes for church services and recreation along with proper sleeping attire (please see dress code).

Please bring bed linens (for twin size beds), towels and personal items.

All meals will be provided during the day, but concessions will be charged for after each evening service.

*ATV Rides are for 12 years of age and over only and require written parental consent included in the Participation Agreement.



Rules and Regulations

Regulations

- All persons staying on the campground and all those attending day services and/or activities must be registered.
- No one may leave the campground without permission.
- All campers, must attend all services.
- No radios, tape players, CD players, MP3 Players, Cell Phones, Tablets, Cameras or other recording devices, etc. allowed in the dorms. (Camper's cell phones will only be allowed during Lunch each day and must be returned to counselors for the remainder of the day.)
- No Smoking
- No candles, incense, or other open flames allowed in dorms.
- Boys are not allowed in or around girls' dorm and girls are not allowed in or around boys' dorm.
- Non-married Couples are to remain in open lighted areas
- Non-married Couples are to maintain a distance of 6 inches or at all times.
- Campers may only engage in approved camp activities.
- Children under the age of 12 are not allowed in the dorms.

Dress Code

In an effort to maintain the Biblical principals of modesty:

- Boys pants must be long and a modest shirt at all times outside of the dorm.
- Girls skirts and dresses should be well below the knee at all times. All tops must not have a low cut neckline or a high cut waistline.
- No shorts, sleeveless shirts, culottes, tight fitting clothing, bathing suits, or clothing with offensive or suggestive writing or pictures are not to be worn by boys or girls.
- No earrings, necklaces or other forms of jewelry are to be worn by boys or girls.

Responsibilities

- All rules must be obeyed.
- Each person must keep clean his or her own area in the dorm and tabernacle.
- Each person must accept and complete assigned duties.
- Campers must be in bed with lights out at specified time.
- Campers must remain in the tabernacle until dismissed from the pulpit.

Counselors

- Each Church is expected to provide their own counselors for any Boys and Girls that are sent by the Church.



- Each counselor and adult 18 years and older is required to complete a participant agreement, pay registration fee of \$70 along with a \$9 additional charge for background check and allow a background check to be completed.



Activity Participation Agreement

Eastern Indiana Pentecostal Fellowship, Inc. is the sponsoring organization that is allowing at the campground at or near 5650 W County Road 250 N, Connersville, IN 47331. Activities will be provided during the camp including but not limited to Bounce Houses, Basketball, Volley Ball, Soft Ball and ATV rides (ATV rides are for all participants 12 years of age and over during the dates of May 28, 2024 – May 31, 2024. These ATV's are personally owned by the drivers that are allowing the Participants to ride in their ATV on the property owned by Eastern Indiana Pentecostal Fellowship, Inc.)

Participant Information

Name of Church that Participant attends: _____

Name of Participant: _____

Include Drink Package for Participant (Drink Package is unlimited soft drink package for the entire week of camp that also includes a souvenir cup \$30): Y/N _____

Name of Parent/Guardian (if Participant is a Minor): _____

Date of Birth of Participant: _____

Gender of Participant: _____

Address: _____ Phone: _____

Name of Emergency Contact: _____

Phone of Emergency Contact: _____

Is E. I. P. F., Inc. authorized to approve Medical Treatment? Yes _____ No _____

Is Participant covered by personal/family medical insurance? Yes _____ No _____

If yes, Name of Insurer: _____

If yes, Policy Number or Group Number: _____



Participation Agreement

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Signature: _____ Date: _____

Signature of Parent: _____ Date: _____
(if participant is a minor)



Church Registration Form

Church Name: _____

Mailing Address: _____

Church Phone: _____

Pastor Name: _____ Phone: _____

Pastor Mailing Address: _____

Number of Youth over 12: _____

Number of Adults (Additional \$9 Background check charge for anyone 18+): _____

Number of Children between age of 7-12 that are going to attend activities during the day: _____

Number of Children between age of 4-6 that are going to attend activities during the day
(no charge for this age group, but have to be registered for insurance): _____

Unlimited Soft Drink Package \$30 per person per camp: _____

TOTAL: _____

Amount of payment enclosed: _____

Pastor's Signature: _____

Date: _____



NOTICE – BACKGROUND INVESTIGATION

(For all campers, volunteers and adults over the age of 17 years old that are participating in events or staying overnight during youth camp. Participation Agreement is also to be completed by all Adults in addition to the Background Investigation form.)

Today’s Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

- Please list any other names previously used (such as maiden name, etc.): _____

Home Address: _____

City: _____ State: _____ ZIP: _____

SSN: _____ DL or State Issued ID: _____ State Issued: _____

Email Address: _____

For identification purposes only, please provide date of birth: _____

In connection with your employment, volunteer service or overnight stay with Eastern Indiana Pentecostal Fellowship, Inc. (the “Company”), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Protect My Ministry 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see www.protectmyministry.com. The scope of this notice and below authorization is not limited to the present and, if you are hired, permitted to volunteer or stay during the camp, will continue throughout the course of your employment or volunteer tenure and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.



ACKNOWLEDGMENT AND AUTHORIZATION

By signing below I hereby authorize the obtaining of consumer reports and/or investigative

consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment or volunteer tenure, if applicable.

Signature: _____ Date: _____

Print Name: _____ Last Four Digits of SSN: _____