

# Camp Bridgeway Fall Retreat

September 20-24, 2020 during the Henry County Schools Fall Break  
at the Georgia FFA FCCLA Center in Covington

## PARTICIPANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone number \_\_\_\_\_ E-mail \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone number \_\_\_\_\_ Work number \_\_\_\_\_ Cell number \_\_\_\_\_

**COST – lodging, food, recreation and camp shirt:** Please select your payment plan below:

\$250 full payment **OR**  \$125 deposit (submit balance by Sep. 13)

## PARENT DINNER

Parents are invited to join us for dinner and our final testimony service on our last night of camp - Thursday, September 24<sup>th</sup> at 5:30. Campers will then be released to their families to go home at 7:00 p.m. If you plan to attend, please let us know how many from your family will be joining us. Dinner will be \$10 per person.

**YES! I plan to attend the family dinner! I would like to RSVP for \_\_\_\_\_ (number) of meal(s) for dinner that night. I understand I will need to pay a \$10 fee per person for dinner. Please note, this fee can be submitted on Sunday, September 20<sup>th</sup> at the registration table when you drop your child off for camp.**

**NO, Unfortunately, I will not be able to attend the family dinner.**

**CAMP SHIRTS** (included in your registration fee)

Please select your t-shirt size:  Small  Medium  Large  X-Large  2X-Large  3X-Large

## HEALTH INFORMATION

The information you provide here will be held in the strictest confidence. It will be kept on file in our health binder.

Child's Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Allergies:**  Yes  No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them.

**Medical, Physical, or Emotional Conditions (including Disabilities):**

If your child does have any conditions, please provide information to assist us in providing the best camp experience for your child.

**Medications (including Inhalers):**       Yes     No

If your child must take medication while at camp, please note here. All medications must be in their original containers and be appropriately labeled. Please do not give your camper's medication to them to bring to camp; medications must be received and held by the camp office or with the camp director.

Is your child up-to-date on all state-required immunizations?     Yes     No

**INSURANCE INFORMATION**

Is the participant covered by family medial/hospital insurance?     Yes     No

Carrier or Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_

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

Name of Insured: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

**AUTHORIZATION OF CONSENT**

(Print child's name)

We the undersigned parent(s)/guardian(s) of \_\_\_\_\_, give consent for medical and/or surgical treatment of this minor child by a licensed health care professional should the need arise while he/she is attending Camp Bridgeway I understand that medical personnel will make reasonable attempts to contact me before initiating treatment. I am aware that the practice of medicine is not an exact science and that no guarantees can be made concerning the results of treatment. I grant permission for treatment provided according to generally accepted standards of medical practice.

**INDIVIDUAL CONTRACT**

To the extent allowed by law, I, the undersigned am the parent/guardian of the individual(s) named below, and shall hold harmless, indemnify, and defend Bridgeway Youth Program Specialists, Inc. and the officers, employees, volunteers and agents of each of them from and against any and all liability, loss, damage, expense, cost of every nature, and causes of actions arising out of or in connection with any negligence in the performance of this agreement. It is further understood and agreed that this waiver, release and assumption of risk to be binding on my heirs and assigns. I also release Bridgeway Youth Program Specialists, Inc. of liability for any claims that may arise out of activity. Bridgeway Youth Program Specialists, Inc. also reserves the right to remove participants from the program if they present a threat to the children or if they abuse the privilege of the mission statement of Bridgeway Youth Program Specialists, Inc.

I hereby give my consent to all photographs, audio-recordings and/or video-recordings taken of me or my minor child by Bridgeway Youth Program Specialists, Inc. staff or their designees. I understand that any such photographs, audio-recordings and/or video-recordings become the property of Bridgeway Youth Program Specialists, Inc. and may be used by the organization, or others with their consent, for educational, instructional, or promotional purposes determined by the organization in broadcast and electronic media formats now existing or in the future created.

I have read this entire Informed Consent Agreement. I fully understand it and I agree to be legally bound by it.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's name

**-----IMPORTANT INFORMATION-----**

Please scan and email this form to [info@bridgingtheway.org](mailto:info@bridgingtheway.org) and pay online at [www.bridgingtheway.org](http://www.bridgingtheway.org)  
Please note that Camp Bridgeway is a faith-based camp. Sessions will be taught from a Biblical/Christian perspective.  
Students of all faiths and backgrounds are welcome to attend!

**FOR OFFICIAL USE ONLY:**

Date: \_\_\_\_\_ Total paid: \_\_\_\_\_ Type of payment: \_\_\_\_\_ Chk # \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Bridgeway Youth Program Specialists, Inc.

(770) 364-2995

[www.bridgingtheway.org](http://www.bridgingtheway.org)

# Parent/Camper Agreement Form

Parents and Campers,

It is our desire that every camper has an AMAZING week while at Camp Bridgeway! Please help us achieve this goal by reading over and agreeing to the following policies and guidelines that we require students to follow during their week at camp.

**Please initial each statement below and sign at the bottom to indicate your understanding of these policies. This form MUST be initialed and signed by BOTH parent and camper in order to attend Camp Bridgeway.**

Student Initials	Parent Initials	
		I understand that cell phones and electronics are NOT permitted at camp. No exceptions. If phones are found, they will be confiscated and returned at the end of the week. In case of an emergency, all leaders will have a cell phone available for student use. Parents are able to contact Kayse McCanne (Camp Director) at 770-364-2995. This is to ensure that students have an opportunity to “unplug” and focus on God and build stronger friendships with their peers this week.
		All campers will be expected to attend all morning and evening worship services.
		All campers will be expected to participate in all team competitions and activities unless there is a verifiable medical condition that prevents them.
		The following behaviors will result in immediate dismissal from camp: fighting, bullying, stealing, sexual misconduct, or possession of drugs/alcohol/tobacco/weapons.
		No public displays of affection will be allowed.
		Girls are not allowed in or around boys’ dorms. Boys are not allowed in or around girls’ dorms.
		All campers must stay in designated areas. Those found in unauthorized areas may be sent home.
		Campers must wear modest clothing and swimsuits. Please refer to the packing list for specific guidelines. If a student is seen wearing inappropriate clothing, they will be asked to change. If no acceptable alternative is available, the parent will be notified to bring additional clothing.

I understand and agree to abide by these policies and guidelines.

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date