

Preachin' Time Ministries – Sand Mountain Bible Camp – Camp Application

Name: _____ Age: _____
 Mailing Address: _____ Grade Completed _____
 _____ Male or Female
 Phone #: _____ Birthday _____
 EMAIL _____ T-Shirt Size: Youth S M L
 Parent's Name _____ Adult S M L XL XXL
 Parent's Address _____ City, State, Zip _____
 My church _____ Pastor _____
 Address _____ City, State, Zip _____

Medical Information: (MUST BE COMPLETED BY ALL ATTENDING CAMP! – Attach an additional sheet if needed!)
 Please list All Medical Conditions that Camp Personnel or Medical Personnel Should be aware of: (Include Medical Allergies, Medication Allergies, Food Allergies, Other Allergies like 'bee stings, etc; skin diseases, asthma, heart conditions, etc)

Medications: (Please list "ALL" medications of "ANY TYPE" – prescription, over the counter that camper should take and/or have in their possession. Include INSTRUCTIONS. Also indicate if you want camp staff to dispense the medication on your behalf.)

Physical Restrictions: (Campers are expected to FULLY PARTICIPATE in activities unless medically unable to do so)

Date of Last Tetanus or Booster: _____

CONSENT AND RELEASE FORM:

(Custodial Parents/Guardians Must Review and Sign for children under 18)

I, the undersigned parent or guardian, hereby consent to my child, _____, who is _____ years of age, participating in the activities connected with time at PTM's Basic Training Youth Camps at Sand Mountain Bible Camp, a camp facility held in Trenton, Georgia. These camps are sponsored by Preachin' Time Ministries and Evangelist Duane Moore (an Outreach Ministry of White Oak Springs Baptist Church in Dallas, GA) and Sand Mountain Baptist Ministries, Inc of Trenton, GA. My Child will participate in the camp(s) indicated below. I certify that my child is able to participate in these activities, including sports, horse back riding, swimming (note: Not all activities may be available at this Camp) and other camp related activities (unless indicated in the medical information section of this application). If my child has a medical condition which may be relevant to a physician in the event of an emergency, I have listed them above in the medical section of this application. In the event of an emergency, I may be reached at the telephone number listed with my signature in this application. If I cannot be reached within a reasonable period of time, I hereby authorize Duane Moore, camp director or his designated adult assistant to make emergency medical decisions for my child. If there are any activities that I do not want my child to participate in, I have listed them below my signature. If I have requested weekend accommodations below, I further consent to my child traveling in private, church or corporate vehicles with the director or his designate when needed and specifically agree not to hold said driver or entity liable in the event of an accident. I also consent to my child participating in activities off campus as required including but not limited too, church events, restaurants, shopping, amusement parks, etc. I UNDERSTAND THAT JUNIOR CAMPERS WILL BE CHECKED FOR HEAD LICE BEFORE BEING ALLOWED TO ATTEND CAMP.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISK WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Bro. Duane Moore, White Oak Springs Baptist Church, Sand Mountain Baptist Ministries, Preachin' Time Ministries and their employees, agents, volunteer assistants and associates, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I EXPRESSLY AGREE TO ASSUME ALL FINANCIAL RESPONSIBILITY FOR ANY MEDICAL TREATMENT NECESSARY FOR MY CHILD. (PROVIDE A COPY OF INSURANCE CARD – Front and Back)
 Insurance Company _____ Policy/ID _____ Employer _____ Check here for NO MEDICAL INSURANCE _____

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Parent or Guardian _____ Date _____ Day Phone _____ Cell Phone _____
 I do not wish my child to participate in the following: _____

Adult Release: (For adults 18 and older attending Camp) As an adult attending PTM's Basic Training, I agree to the conditions indicated in the paragraphs above including my release of liability and agreement to assume financial responsibility for myself. (please complete the insurance information above)

Signed _____ Date _____ Emergency Contact _____

CAMPER AGREEMENT (ALL MUST SIGN):

This camp reserves the right to set and enforce their statement of Faith, rules for behavior and other requirements as necessary. This includes but is not limited to: King James Only program, Appropriate Dress Requirements (no shorts, tanks, etc for Males – No pants, Shorts, immodest tops for Females); Full participation in all activities and services; Camp details are determined by the director. Preachin' Time Ministries has a STANDARD CODE OF CONDUCT that will be in effect for CAMP. Obtain a copy at www.preachintime.com or by mail.

I, _____ (camper), am familiar with the dress code, doctrine and discipline statements for the PTM STANDARD CODE OF CONDUCT. I agree to willing abide by these rules, be a good sportsman, dress according to camp policy and exhibit a good Christian disposition at all times. I agree to follow the directives of the camp director and leadership at all times. I desire to come to BASIC TRAINING and do so at my own risk. I understand that failing to comply with the rules of the camp may result in my dismissal from camp and require my parent/guardian to make arrangements for my early departure.

Camper Signature _____ Parent: I agree to this statement _____

Tell us when you are coming to Camp

(To get these prices you MUST register by June 5. We prefer you pay your fees in full, however, if you need to, you may send a \$50 deposit per week you want to attend and pay the balance at camp. Late Registration ADD \$40 per week.) ALL YOUTH AND ADULTS ATTENDING CAMP MUST PAY THESE FEES. Thank you

___ 6/15-19, 2009 Teens (cost \$90) _____
 ___ 6/22-26, 2009 Juniors (cost \$90)* _____
 ___ 6/29-7/3, 2009 Teens (cost \$110) _____
 (attending both Teen Weeks deduct \$10 each) _____
 ***Additional Gift for the Sand Mountain
 "Building for Future Generation" campaign _____
 ***Weekend Accommodations* _____
 (\$10 per night stayed which includes a continental breakfast)
 ___ nights @ \$10 _____

List the weekend nights _____
 Total Enclosed \$ _____
 (Make your checks payable to PTM, include this form and a copy of your insurance card)
 MAIL TO PTM-POB 5115-GAINESVILLE, GA 30504
 *35 Min registrations required

Each camper will receive an acceptance packet with packing instructions, arrival information, dress reminders and directions to the camp.
MAY WE EMAIL THAT INFORMATION TO YOU?

Email Address: (print very neatly)

*Some have requested information about weekend accommodations. This generally is for those campers that because of distance arrive on Sunday night before their camp week. Occasionally, campers want to attend multiple weeks and stay the weekend. PTM/SMBC is glad to accommodate these request. There is a \$10/night charge and this includes a light breakfast the morning following. For teen weeks, the canteen is open for lunch on Monday. **YOU MUST PRE-ARRANGE WEEKEND ACCOMMODATIONS WITH THE CAMP**

Contact us: Preachin' Time Ministries – Evg. Duane Moore
770-530-7957 or duanemoore@preachintime.com

OFFICE USE:
 Personal _____ Medical _____ T-Shirt _____ Release _____ Camper Agreement _____ Fees Enclosed \$ _____ Follow UP _____