

Hey kids 1st thru 6th grade,



Join us at Camp Timothy

"That you may know how you ought to conduct yourself in the house of God" (1 Timothy 3:15)



Dear parent and/or guardian,

Camp Timothy is the children's program (1st thru 6th grades) of the "Authentic Church" GARBC Conference June 25-29th, 2012 being held at Baptist Bible College in Clarks Summit, PA. We are looking forward to ministering to you and your child during this week. To help you with planning, a schedule of times for Camp Timothy as well as some other important information have been listed below.

Monday	Tuesday	Wednesday	Thursday	Friday
xxxxxxx	8:30AM - Noon	8:30AM - Noon	8:30 AM - Noon	8:30 - 10:45 AM
xxxxxxx	1:30 - 5PM Inflatables	1:30 - 2:30 PM Crafts	No Camp	xxxxxxxxxxxxxxxxxxxx
7 - 8:30PM	7 - 8:30 PM	7 - 8:30 PM	7 - 8:30 PM Bonfire	xxxxxxxxxxxxxxxxxxxx

Important Information on Tuesday & Thursday special activities:

On Tuesday afternoon we will have some inflatables set up (weather permitting) for some exciting games and even a double water slide, so please wear some comfortable play clothes over a bathing suit, and be sure to bring a towel. **Thursday evening** we will be having a bonfire during the evening program.

Morning & Evening sessions: Please bring a Bible, pen/pencil and dress for outdoor game time.

Pre-registration

Name _____ Grade just completed _____

Address _____ City _____ State/Zip _____

Conference hotel and phone number _____

Parent/Guardian _____ Phone _____

Who is authorized to pick up your child? _____

Emergency Contact & Phone _____

Allergies/Special Instructions _____

Medical Release Form

June 25—June 29, 2012 • Clarks Summit, Pennsylvania

My child, listed below, has my permission to participate in all activities related to the 2012 GARBC Conference, both on and off the Conference site.

Name of Child / Program

(Nursery, Preschool, Children, Youth)

In the event my child becomes ill or injured, I authorize the following actions:

1. Contact me first.
2. If I am not available, the group leaders may use their judgment in contacting a physician and following his/her instructions.
3. In case my child is involved in an accident and requires treatment, the attending physician has my permission to examine my child and begin treatment in my absence.

Please list any medical allergies, medications being taken, medical problems, or other pertinent information.

I understand that all expenses will be my responsibility or that of my insurance company.

I release the GARBC, all Conference program workers, Baptist Bible College & Seminary, and the city of Clarks Summit, Pennsylvania, from any and all liability.

Parent's /
Guardian Name _____ Date _____

Signature _____

Address _____

City/State/Zip _____

Phone (home) _____ (cell) _____

Insurance
Company _____ Policy Number _____