

CAMP JACOB

2017 Summer Youth Programs General Information Sheet

Application Process

1. We would like for you to use the Online Registration at www.campjacob.com. However, if you prefer otherwise, complete the attached Camper Application and Health Form.

2. Mail the application with payment to:

Camp Jacob Applications
2723 Camp Jacob Rd.
Clintwood, VA 24228

3. Payments may be made in full or in installments with half due at time of application and the remainder due at Check-In Registration. Prices include a \$10.00 non-refundable processing fee.

4. Late applications may be turned in at Check-In Registration.

5. See you at Camp Jacob!

Be sure to take advantage of the early registration prices.

DIRECTIONS TO CAMP JACOB:

From I-81 in VA: Take exit 14 and go toward Abingdon. Turn right on West Main Street [US 19], go 0.9 miles. Turn left to continue on US-19 North and go 12.7 miles. Turn Left in Hansonville onto US-58-ALT WEST and go 35.0 miles. Take ramp toward Wise/Jenkins, Kentucky and go 15.6 miles. Turn right onto South Mountain Road (SR 630) and follow approximately 4 miles. Look for the Camp Jacob sign to turn Left and proceed 2.5 miles to the front gate of Camp Jacob.

From I-81 in TN: Take exit 57B onto I-181 North toward Kingsport and go 8.7 miles. I-181 becomes US-23 North and go 61.8 miles. Turn right onto South Mountain Road (SR 630) and follow approximately 4 miles. Look for the Camp Jacob sign to turn Left and proceed 2.5 miles to the front gate of Camp Jacob.

From Haysi, VA to Clintwood, VA: Take Rt. 83 from Haysi to Clintwood. At the first red light bear to the left. Then at the second red light turn right onto Brush Creek Rd (at Rite-Aid). Stay on Brush Creek Rd for approximately 4 miles. Approximately 1 mile past Pine Creek FWB church, turn right up the hill onto Osborne's Gap. Continue to the front gate of Camp Jacob.

From Kentucky: Take US 23 South into Virginia. At the bottom of the mountain, take a left on South Mountain Rd (SR 630) and follow approximately 4 miles. Look for the Camp Jacob sign to turn Left and proceed 2.5 miles to the front gate of Camp Jacob.

WHAT TO BRING:

Day Camp: swimsuit, towel, clothes and shoes for activities, sun screen, a spare change of clothes if considered necessary, and spending money (for Snack Shop, Country Store, T-shirts, etc.); personal life jackets are optional but ensure a correct fit for your child

Youth Collision Camps:

Recommended Items: bedding, pillow, towels, washcloths, toiletries, Bible (KJV will be used by Camp Jacob staff), notebook, pencil, flashlight, sun screen, insect repellent, jacket or sweater, rain coat, swimsuit, clothes for activities, clothes for evening services, tennis shoes (flip flops are not suitable for many camp activities), hiking shoes, and spending money (for Snack Shop, Country Store, T-shirts, etc.)

Optional Items: tennis racket, baseball glove, fishing gear, life jacket, and camouflage or similar clothing for hide-n-go-seek

Note to All: Shorts above the knee, tight clothing (including yoga pants), tank tops with straps less than three finger widths, or immodest clothing should not be worn in mixed groups.

Ladies/Girls Note: Please bring knee-length dresses or skirts for evening services. Slits must not come above the knee. No attire worn in mixed groups may have a low neckline (front or back). One-piece swimsuits (no bikinis) must be worn for swimming.

Men/Boys Note: Please bring shirts with collars and long pants for evening services. Shirts must be worn when in mixed groups. Regular swim shorts (no bikini shorts) must be worn for swimming.

DO NOT BRING: alcoholic beverages, illegal drugs, tobacco products, fireworks, weapons, knives, attire with inappropriate graphics or lettering, electronic entertainment devices (cell phones will be allowed for our new “Home Connect” time) or ungodly printed materials (books, magazines, etc.)

PARENTS NOTE:

1. Please mark all luggage and clothing with the camper’s name.
2. Campers are expected to stay the entire camp period except for sickness or emergency at home.
3. Refunds are not generally given for early departure.
4. Campers may be photographed and/or recorded on video for use in promotional materials.
5. For the protection of the campers, those with contagious conditions such as chickenpox or lice should not be brought to camp. Specifically for lice, campers should be “nit free.”
6. Campers are not permitted to use the camp phone.
7. Parents are asked not to call their children except in the case of an emergency.
8. Lost and found items not picked up within 30 days after departure will be disposed of.
9. When writing a camper, please include the camper’s name on the front of the letter.
10. Please do not send snacks and candy for use in the cabins. These attract unwanted critters.

CODE OF CONDUCT FOR SUMMER CAMP

Camp Jacob is a special place that is set aside for God’s ministering. The Bible gives many examples in which God blessed humans because of efforts to maintain holiness. It is our desire for God to bless and perform a mighty work in the lives of those who come to Camp Jacob. Therefore, please respect our guidelines while on the premises of Camp Jacob in an effort to maintain holiness at our camp. Any guest who is uncooperative or noncompliant to our guidelines will be subject to dismissal.

2017 Camp Week*	Ages	Cost	Check-In Registration Time	Departure Time
John-Thomas Association Youth Collision June 19 – 23	8 -18	\$155 After June 1 – \$185	3:00-6:00p.m. on Mon. (sandwiches will be served)	10:00-11:00a.m. on Friday
Youth Collision July 10 – 14	8 -18	\$155 After June 20 - \$185	3:00-6:00p.m. on Mon. (sandwiches will be served)	10:00-11:00a.m. on Friday
VBS Day Camp July 24 – 28	2 -11	\$75 After July 10-\$85	9:00-9:30a.m. Mon. thru Fri. (free breakfast at 8:45a.m.)	3:15p.m. Mon. thru Thur. 1:30p.m. on Friday

* See Camp Jacob’s brochure or website for detailed descriptions of programs and activities.

<p>For more information or if you have any questions, please call: 276-926-8960, email: info@campjacob.com, or visit our website at www.campjacob.com.</p>
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CAMP JACOB

CAMPER APPLICATION AND HEALTH FORM

For the health and safety of your child while at camp, please read this form carefully and fill in the requested information. Please provide complete information so that we may better serve your child in case of emergency or illness.

Camper's Legal Name _____		Date of Birth _____	
Name Camper Goes By (if different) _____		Male <input type="checkbox"/>	Female <input type="checkbox"/>
		Age _____ <small>(As of 1st Day of Camp)</small>	
Address _____		City _____	State _____ Zip _____
Father's Name _____		Mother's Name _____	
Daytime Phone _____		Evening Phone _____	Cell Phone _____
Email _____			
Home Church (if any) _____			
Pastor's Name _____		Pastors Phone Number _____	
Camp and Date Attending _____			
Overnight Campers Program Trek (Circle One): Junior Trek (ages 8-12) or Teen Trek (ages 12-18)			
Roommate Preference _____			
<small>(NOTE: List only one name. Your choice should be no more than one year older or one year younger. Your choice should also choose you.)</small>			
T-Shirt Size (Circle One): Youth Sizes: T-4/5, Youth Sm-5/6, Youth Md-8/10, Youth Lg-12/14 Adult Sizes: Small, Medium, Large, XL, XXL			

List a relative or friend over 18 years of age who may serve as an emergency contact and, if necessary, have permission to pick up the camper if the parent(s) cannot be reached. *(Note: While your child is at camp, please make sure someone is always available to be reached by phone in case of illness or emergency.)*

Name _____ Relation _____ Phone _____

- Please list medications needed while at camp. Include medication name, dose, and time(s) to be given. Be specific with medication directions.

Medication: _____

Medication: _____

Medication: _____

ALL MEDICINES MUST BE IN THEIR ORIGINAL CONTAINERS. This includes over-the-counter medicine as well as prescription medicine. Please label over-the-counter medicine with your child's name. Please talk with the nurse about directions for all medicine that your child needs to take while at camp. NURSES BY LAW AND STANDARDS OF PRACTICE CANNOT GIVE MEDICATION THAT IS NOT LABELED AND IN THE ORIGINAL BOX, BOTTLE, OR CONTAINER. NURSES MUST BE ABLE TO POSITIVELY IDENTIFY WHAT THEY ARE ADMINISTERING.

➤ List any allergies:

Medication _____

Food _____

Insect bites or stings _____

Any other allergy _____

Usual treatment for allergic conditions _____

➤ Date of last tetanus shot _____

Insurer Name: _____

➤ Is the camper covered by an Insurance Program? No Yes if yes, Policy Number: _____

➤ List any medical conditions, especially those that will require special care while at camp. Please be sure to inform the Camp Director and Camp Nurse if your child has: asthma, diabetes, seizures, heart problems, sleep problems, urinary or bowel problems, handicap conditions that require special assistance, or any other special medical condition.

➤ List any specific activities to be restricted for medical or other reasons.

➤ Private lice examinations may be performed on campers at check-in registration for overnight youth camps to avoid outbreaks.

SIGNATURES REQUIRED:

Camper Agreement (To be signed by all overnight campers):

“I agree to abide by guidelines in the *WHAT TO BRING* and *DO NOT BRING* sections of the General Information Sheet. I further agree to obey the camp’s rules while at Camp Jacob.”



Signature of Camper

Parent/Guardian Agreement:

“I have read the General Information Sheet, and I agree to support these guidelines for my child while at Camp Jacob. I also agree that my child may participate in all camp led activities on or off the camp’s premises except as noted on this application.

In case of a medical emergency, I understand that every effort will be made to contact the parents and/or named contacts of campers. In the event that neither the parents nor contacts can be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize and secure proper treatment for, and order injection, anesthesia or surgery for my child.

In the event of an injury or illness that is not serious I give permission for the camp staff to treat my child, as needed with non-prescription medications and equivalents including, but not limited to those listed below (cross out any that you do not wish to be used).”

Tylenol, Ibuprofen, Antibiotic ointment, Benadryl tablets or liquid, Cortisone cream for itching



Signature of Parent or Guardian