

CAMP JACOB

2010 Summer Youth Programs

General Information Sheet

Application Process

1. 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

Be sure to take advantage of the early registration prices.

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!

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, a spare change of clothes if considered necessary, and spending money (for Snack Shop, Country Store, T-shirts, etc.)

Overnight Camps:

Recommended Items: bedding, pillow, towels and washcloths, toiletries, Bible (KJV will be used by staff), notebook, pencil, flashlight, jacket or sweater, 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, 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 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, game boys, CD players, radios, etc.) 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. For the protection of the campers, those with contagious conditions such as chickenpox or lice should not be brought to camp.
5. Campers are not permitted to use the phone.
6. Parents are asked not to call their children except in the case of an emergency.
7. Lost and found items not picked up within 30 days after departure will be disposed of.
8. When writing a camper, please include the camper's name on the front of the letter.
9. 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.

2010 Camp Week*	Ages	Cost	Check-In Registration Time	Departure Time
VBS Day Camp July 5 - 9	2 - 11	\$60 After June 21-\$70	9:00-9:30a.m. Mon. thru Fri. (free breakfast at 8:45a.m.)	3:00p.m. Mon. thru Thur. 1:30p.m. on Friday
Teen Challenge Camp July 12 - 17	12 - 17	\$125 After July 1-\$140	3:00-6:00p.m. on Mon. (sandwiches will be served)	9:30-10:30a.m. on Saturday
Junior Adventure Camp July 26 - 31	8 - 11	\$125 After July 1-\$140	3:00-6:00p.m. on Mon. (sandwiches will be served)	9:30-10:30a.m. on Saturday
Tyro Option for Junior Adventure Camp July 29 - 31	7 - 9	\$70 After July 1-\$80	8:00-8:30a.m. on Thur. (Breakfast will be served)	9:30-10:30a.m. on Saturday

* See the Camp Jacob General Information brochure for detailed descriptions of programs and activities.

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.

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 _____	
Camper's Nick Name (if any) _____		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Camper's Email _____ (in order to receive notices of posting our newsletter on the web)			
Address _____		City _____	State _____ Zip _____
Father's Name _____		Mother's Name _____	
Daytime Phone _____		Evening Phone _____	Cell Phone _____
Home Church (if any) _____			
Pastor's Name _____		Pastors Phone Number _____	
Camp and Date Attending _____			
Roommate Preference _____			
(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.)			
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 at least two relatives/friends over 18 years of age who may serve as emergency contacts 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 _____

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 _____

➤ Is the camper covered by an Insurance Program? Yes No


➤ 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 reasons.


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

SIGNATURES REQUIRED:

“I have read the *WHAT TO BRING* and *DO NOT BRING* sections of the General Information Sheet, and I agree to abide by these guidelines while at Camp Jacob.”

 _____
Signature of Camper


“I have read the General Information Sheet, and I agree to support these guidelines for my child while at Camp Jacob.”

 _____
Signature of Parent or Guardian

“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