

## GROUNDING JR HIGH MINISTRIES

### Mission Statement

We strive to serve in our church and in our community. This is the driving force in the name that we have given to this ministry



**Youth Meeting Times:**  
Sundays—9:00AM  
Wednesdays—6:30PM

First Baptist Church of Jackson  
Youth Ministries  
8925 Strausser Street, NW  
Massillon, OH 44646  
www.fbcj.com • office@fbcj.com

# JUNE 9<sup>th</sup> - 13<sup>th</sup> FBCJ Summer Camp



**Theme:**

**The Kingdom**

**1 Chronicles 29:11**

*Camp Speaker:*  
**Pastor Brian Brown**

# REGISTRATION FORM

FBCJ YOUTH CAMP 2024

## PAYMENT DEADLINE

**Sunday, MAY 5**

### T-SHIRT SIZE

- SMALL
- MEDIUM
- LARGE
- X-LARGE  2XL

# Jr. High Activities

Along with Lake Day (complete with a blob and zipline, you will take part in these activities:

## HIGH ROPES COURSE



## HIKING

### 2 ADDT'L WAIVER FORM NEEDED:

- Alpine Adventures Waiver
- Hiking

**TOTAL CAMP COST:**  
**\$230**

# Come Join us for SUMMER CAMP June 9-13

**Departure:** Load Luggage  
9AM Sunday school

Important: Bring a packed lunch for the day we leave.

**Return to FBCJ:**  
5:30PM Thursday

### WHAT TO BRING

- Spending \$\$ for: 1) souvenirs, 2) snacks for the road and at camp, 3) milkshake/coffee shop.
- Sleeping bag or bedding, pillow, towels, washcloths, everyday shoes & athletic shoes, flashlight, pen, journal/notebook, Bible, "modest" swim suit & clothes (see activities below), personal toiletries, sunscreen, insect repellent, camera, water bottle, umbrella, fan, plastic trash bag for wet/dirty clothes, medications, snacks (no refrigerator)

Water Activities: Shorts or swimsuit, *contact lenses not recommended.*

### WHAT NOT TO BRING

iPad/tablet, cell phone, offensive clothing (immodest or with inappropriate logos, etc.), fireworks, weapons.

INVITED BY:

AGE: \_\_\_\_\_

NAME:

ADDRESS:

CITY/STATE:

PHONE:

IN EMERGENCY NOTIFY:

Doctor/City/Phone:

FOOD ALLERGIES / MEDICATIONS:

### EMERGENCY MEDICAL & LIABILITY RELEASE

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

"In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection of anesthesia, or surgery for my son or daughter as deemed necessary."

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They agree not to hold this church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Also, by signing this release, you give permission for your child to be sent home for any disciplinary reasons.

PARENT OR GUARDIAN SIGNATURE:

PARENT OR GUARDIAN NAME (PRINTED):

DATE:



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