



# MISSION: POSSIBLE

THE MISSION BEGINS JULY 18, 2010

***July 18-21***

**Place**

ACA Camp Lake Geneva  
Fruitland Park, FL  
[www.aca-camp.com](http://www.aca-camp.com)

**Cost**

\$100.00 per child (1st-5th grade)  
for all Church members and  
regular attendees.

\$150.00 per child (1st-5th grade)  
for all Non-Members.

This includes 4 days and 3 nights  
at camp Mission: Possible, all  
meals at the camp site, lodging,  
and all camp materials.

There will also be a snack bar  
provided by ACA Camp Geneva.  
Snack cards can be purchased  
for \$10.00 the day of your arrival.

Deadline for Payment is **July 1st.**

This year's Children's Camp  
will focus on the mission that  
Christ has set before us.  
Children will spend 4 exciting  
days exploring God's word  
through engaging worship and  
family groups, team centered  
recreation and awesome free  
time!

Camp Geneva of Fruitland Park is a  
beautiful 100 acre camp ground  
that will meet all our indoor and  
outdoor camp needs. From large  
dormitories, spacious cafeteria,  
auditorium, outdoor amphitheatre,  
sports fields, human foosball field,  
canoeing, gymnasium, swimming  
pool and sandy beach area on  
beautiful Lake Geneva...children  
are sure to have fun!

All Camp registration and medical forms must be  
fully completed and notarized to attend Camp  
Mission: Possible.

## What to Bring:

### Linens

(towels, pillow, blankets, set of sheets or sleeping bag)

### Refillable Water Bottle

### Sneakers

(for games)

### Water Shoes

(flip-flops, crocs, etc...)

### Changes of clothes

(2 per day)

### Bible

### Toiletries

(toothbrush, soap, shampoo, etc..)

### Sunscreen and Bug Spray

### Bathing Suit and Beach Towel

### Spending Money for Snacks

(Camp punch cards provided)

## Dress Code:

### Casual Attire Only

**No alcohol, tobacco or drug advertisements**

**No clothing that promotes bad behavior (racism or sexual images)**

**No spaghetti straps**

**One piece bathing suit or two piece with a dark shirt**

**Shorts must be finger tip length**

**Skirts/Dresses must be knee length**

**Pants/Shorts should be worn at waste**

## Schedule:

### Sunday

Registration	3:00 - 4:30 pm
Orientation	4:30 pm
Family Groups	5:15 pm
Dinner	5:45 pm
Worship	6:45 pm
Family Groups	8:00 pm
Evening Activity	9:00 pm
Church Group Time	9:30 pm
In Room	10:00 pm
Lights Out	10:30 pm

### Monday & Tuesday

Breakfast	8:00 am
Quiet Time w/ Church	9:00 am
Worship	9:30 am
Family Groups	11:00 am
Lunch	12:00 pm
Afternoon activity	1:00 pm
Free Time	2:00 pm
Dinner	5:00 pm
Worship	6:00 pm
Family Groups	7:15 pm
Evening Activity	8:00 pm
Church Group Time	9:30 pm
In Room	10:00 pm
Lights Out	10:30 pm

### Wednesday

Breakfast	8:00 am
Quiet Time w/ Church	9:00 am
Clean-Up/Pack	9:30 am
Family Groups	10:30 am
Closing Celebration	11:00 am
Lunch	12:00 pm
Load Buses	1:00 pm
Churches Depart	1:30 pm

**But Jesus looked at them and said,  
"With men this is impossible,  
but with God  
all things are POSSIBLE."  
Matthew 19:26**



# Children's camp Registration form July 18th - 21st

Male  Female

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Home Church: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies (food, medications, etc...): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

**\*\*Medication(s) must be sent in original container(s) with original pharmacy instructions and placed in a gallon sized Ziploc bag marked with the child's name. All medications will be administered by the camp Nurse at nursing station. All children must be accompanied by a Church Sponsor at the nursing station\*\***

Describe any other problems or special circumstances regarding your child (i.e. bedwetting, depression, ADD, fears, death in family, ect...)\_\_\_\_\_

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### **Camper Expectations**

While at Camp Mission: Possible I intend to be a positive influence on others and respect my surroundings. Therefore I affirm and will follow these six expectations:

1. I expect to participate in every aspect of this camp to the level of my ability, attending and cooperating in all portions of the program.
2. I expect to conduct myself in a responsible manner at the campsite.
3. I expect my privacy and personhood will be respected by others at the camp and will give the same respect to them.
4. I expect this camp to enhance my physical, social, mental and spiritual well being and will therefore not use or possess drugs, alcohol or tobacco products at this camp.
5. I expect to make a positive impact at this camp and will therefore dress appropriately at all activities, following the dress code provided. If I am unsure about any item of clothing I will ask my Children's Ministry Director/ Pastor or a church sponsor.
6. I expect God to touch my life through this camp.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Please print and attach copy of child's insurance card (if applicable).**

## Camp Mission: Possible 2010 Medical Release Form

Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Male  Female

Address: \_\_\_\_\_

### In case of emergency notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

### Medical History

Check all that apply to your child (past or present):

- Asthma  Sinusitis  Bronchitis  Kidney Problem  Heart Problem  
 Diabetes  Dizziness  Stomach Problem  Hay Fever  Measles  
 Chickenpox  Mumps  Whooping Cough  Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Allergies (food, medications, insects, etc...): \_\_\_\_\_

Previous Surgery(s) or Illness: \_\_\_\_\_

Medications (name and dosage): \_\_\_\_\_

Should this child's activities be restricted for any reason? (please explain): \_\_\_\_\_

## Terms and Conditions

Please read the following and sign below, in front of a Notary Public. The signature of a parent or legal guardian is required for a child under 18 years of age to attend camp.

1. I understand that my child may participate in physical activities. As with any physical activity, there is a risk of injury. I fully accept the risk and hold harmless from any legal liability, First Baptist Church of Wildwood, any persons involved in the First Baptist Church of Wildwood's Children's Camp, Camp Mission: Possible, and The Sumter Baptist Association.
2. In the event of an emergency that requires medical treatment for the above-named child, I understand that every effort will be made to contact me or my emergency contact(s). However, if I/we cannot be reached, I give my permission to the First Baptist Church of Wildwood (Camp Mission: Possible) paid staff or volunteer(s) to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.
3. I grant permission for photos and video of my child to appear in any First Baptist Church of Wildwood/Sumter Baptist Association publication as long as there is no identifying information shown.
4. In the event of an emergency I grant permission for my child to travel to/from the First Baptist Church of Wildwood (Camp Mission: Possible) camp site with an adult leader.

**I have read and agree to the Terms and Conditions stated above.**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
**Printed Name of Parent or Legal Guardian**

### Notary Public

State of Florida  
County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 2010 before me, \_\_\_\_\_, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person whose name is/are subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

**I certify under PENALTY OF PERJURY under the laws of the State of Florida that the foregoing paragraph is true and correct.**

WITNESS my hand and official seal

Signature \_\_\_\_\_(Seal)