

2023 CAMP EMMANUEL INFORMATION

CAMP THEME: *HUMBLE YOURSELVES BEFORE THE LORD*

Alma 10:28: “But that ye would humble yourselves before the Lord, and call on His holy name, and watch and pray continually, that ye may not be tempted above that which ye can bear; and thus be led by the Holy Spirit, becoming humble, meek, submissive, patient, full of love and all long-suffering; having faith on the Lord.”

DAILY THEME: Show humbleness to God and others by:

Monday	Being <i>meek</i> and <i>submissive</i>
Tuesday	Being <i>patient</i>
Wednesday	Being <i>full of love</i> and <i>long-suffering</i>
Thursday	Having <i>faith</i>

REGISTRATION: 4:00 p.m. on Sunday, July 9
Activities begin at 6:00 p.m.

CAMP CLOSES: Thursday, July 13, at 12:30 p.m.

COST: \$50 if pre-registered by July 1; \$55 after that date

WHAT TO BRING: Scriptures, notebook and a pen, suitable clothing for warm, cool and rainy weather (sweatshirts, pants, and a jacket are necessary), suitable shoes for hiking, sleeping bag, pillow, sheets, toiletries, towels, conservative swimsuit, flashlight, camera, and bug spray.

RULES AND REGULATIONS:

1. The use of tobacco, drugs, etc. is not permitted at camp. I-Pods, I-Pads, and lap tops should be left at home. Also, pop and candy are not permitted.
2. All campers must be in their living quarters during quiet time.
3. Boys are not allowed in the girls' cabins, and the girls are not allowed in the boys' cabins.
4. Everyone must wear shoes on the campgrounds.
5. No littering.
6. All campers must have permission from a staff member before leaving camp or going into the timber.
7. Living quarters must be kept clean. Daily inspections will be given.
8. Attendance is required at all planned activities.
9. Respect others' feelings and belongings.

Phone number to reach someone at the Followers of Christ Campground is Gina Birdsall's cell phone number: 712-216-1765.

Send registrations to:
Gina Birdsall
2091 Easton Trail
Pisgah, IA 51564

REGISTRATION FORM

NAME (Please Print) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ BIRTHDATE _____

GRADE COMPLETED _____ AMOUNT ENCLOSED \$ _____

*****Make checks payable to Gina Birdsall, 2091 Easton Trail, Pisgah, IA 51564*****

I have read the camp rules and will abide by them _____

(Camper's Signature)

T-SHIRT SIZE: (Youth) YS YM YL YXL or (Adult) AS AM AL AXL AXXL

(PLEASE CIRCLE ONE)

MEDICAL AND HEALTH RECORDS

(To be completed by parent/guardian)

Camper's Name _____

Phone: Day _____ Evening _____

Alternate contact in case of emergency: _____

Please list any allergies your child has or any medications your child has to take.
Also, list how often and how much for each medication.

"I hereby approve of my child's participation at camp and give permission to the Camp Director and Staff to make decisions related to the well-being of my child. In the case of an emergency, I understand every effort will be made to contact the parent/guardian of the camper. In the event that I cannot be reached, I hereby give permission to the physician and/or hospital selected by the Camp Director and Staff for any resulting expense not covered by the camp's medical insurance. Having confidence that the Camp Director and Staff will exercise diligence for the safety of the campers, I release the Camp Director and Staff and the Followers of Christ Campground of any personal liability."

SIGNATURE _____ DATE _____

*****If you have friends you want to bring to camp, please feel free to make copies of the registration form as needed.*****