

SUMMER CAMP 2019



IG - @PASSIONSTUDENTMINISTRIES



JULY
8-12

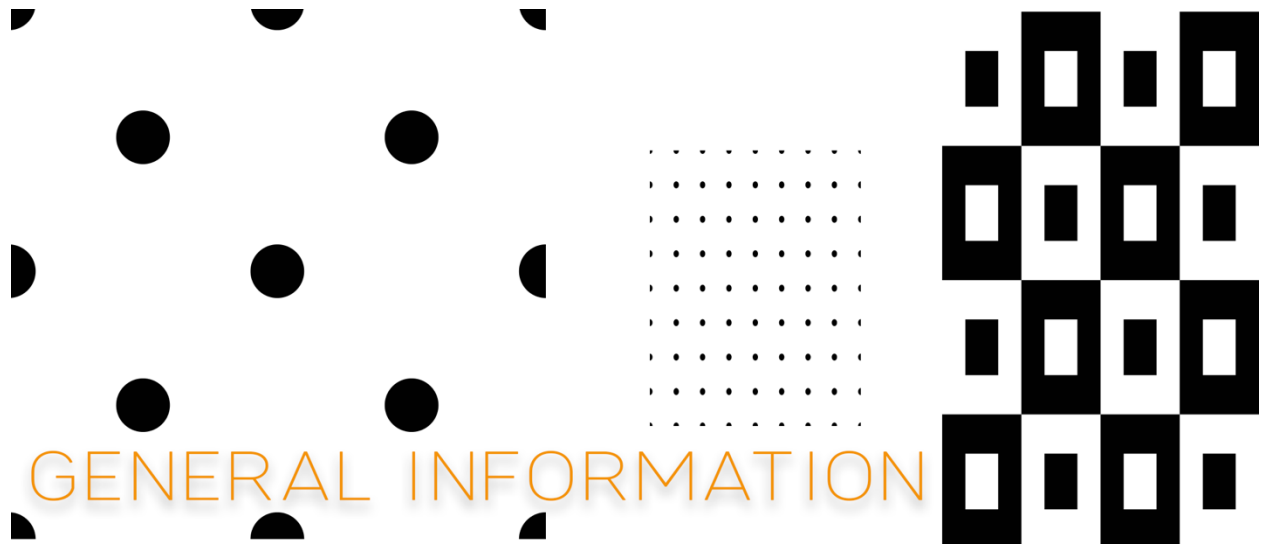
NEWCITYCHURCH.NET

\$295
AGES:
13-18

2019

YOUTH LEADER PACKET





July 8-12, 2019

Ages: 13-18

Price: \$295

Youth Leader Price: \$230

Youth leaders: Ages 19+, serving as Cabin Counselors

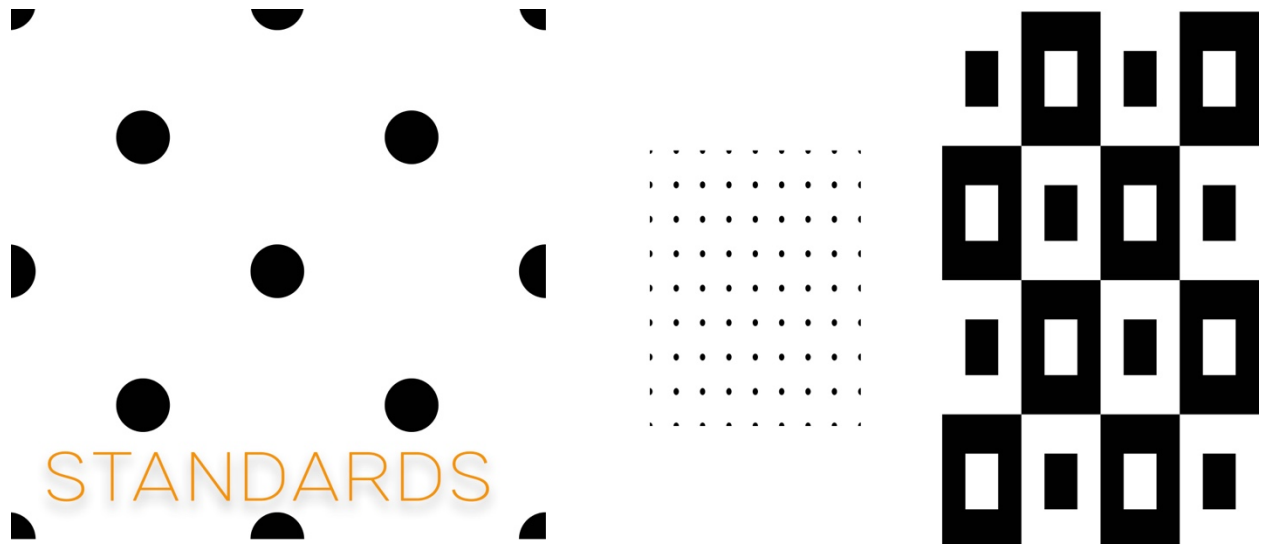
**Youth Leaders must be the age of 19+, complete a Background Screening, Youth Leader Application and submit a Pastoral Referral by the pastor/youth pastor of the attending group.*

Location: FFA-FFCLA - Covington, GA

Registration: newcitychurch.net

Out of state groups (groups not traveling with Passion Student Ministries) may be eligible for additional discounts. Please contact our admin. at passionstudents@newcitychurch.net for further info.

Final camp balances are due Monday, July 1, 2019



CAMP STANDARDS

In order to create an atmosphere where teenagers can get the most out of camp and more specifically speaking, a place where teenagers can focus on God alone, we feel it is best to set specific boundaries during our time at camp. For that reason, we have rules that we ask to be followed as well as enforced by you and your chaperones. We wanted to specifically address three of these:

1. Cell Phones

We believe our camp experience is best without the distraction of cell phones. We do understand some of your student ministries may use phones and other technology for practical reasons (i.e.: Bible apps, taking pictures, communication among the group, etc.). However, we will ask for students to turn in their cell phones at the time of registration. All cell phones will be locked and stored until the completion of camp. If there is an emergency situation, students will be permitted to use their phones.

If you need to get in contact with your child while they are at camp, please call the FFA-FCCLA office (770- 786-6926) to contact one of our camp directors.

Passion Student Ministries will not be held liable for any lost or stolen cell phones.

2. Standard of Dress

Passion Students has determined a specific standard of dress for all attendees including chaperones. We understand that Christians may have different opinions of what is "modest". However, in our experience, it is best to set one standard to be above reproach to ALL groups coming.

*We expect Youth Leaders and chaperones to abide by and join with our staff in enforcing these rules for the duration of camp. With all of us working together to maintain a standard of dress for campers, we hope to create a focus for the week to be on what truly matters.

1. Shorts should be appropriate length. (No shorter than the tip of the index finger when standing straight.)
2. No spaghetti strap tank tops. (All straps should be at least an inch or two fingers width.)
3. No clothing that reveals the stomach, cleavage or bra.
4. No offensive slogans or profanity on t-shirts or hats.
5. Two-piece bathing suits will need to be covered by a dark colored shirt/tank top.
6. Shirts must be worn at all times, except for swimming.
7. Pants/Shorts are to be worn at the waste. No sagging.

We expect all of your chaperones to be familiar with these rules and enforce them within your own group.

3. General Rules

- No alcohol, tobacco, vapes, or drugs of any kind permitted anywhere on campus.
- No males in females' dorms at any time and vice versa. No exceptions.
- Absolutely no pranks or any act of vandalism on the camp grounds.

Campers will be asked to leave if they participate in any activities of this nature. They will also be responsible for cost of any damages.

- All scheduled events are non-optional.
- All campers and chaperones should be inside their cabins by 11pm.
- Lights out at midnight.

No refunds will be provided to anyone sent home.

4. Curfew

Curfew every night is 11:00pm. This is also a FFA-FCCLA policy.
This applies to chaperones as well.

* In the event a session has ended and one of your students needs more advising, please feel free to use as much time as you need once in your cabins; boys with a male chaperone and girls with a female chaperone.

We do not allow a male chaperone alone with a female teenager or vice versa.



SELF DRIVER CHECK-IN/REGISTRATION:

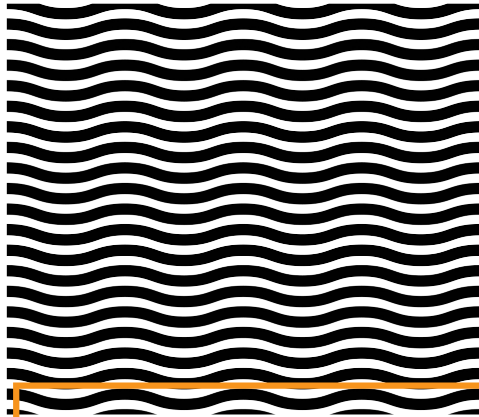
(For those not traveling with PSM transportation)

**720 FFA FHA Camp Rd
Covington, GA 30014
770-786-6926
georgiaffacamp.org**

Registration will begin at 4:00pm on Monday and will last until 5:30 pm. Please do not plan on arriving before 4:00 pm.

During the registration process, camp participants will receive all information needed for the week.

***Final check-in information will be emailed to your group leader closer to the event.**

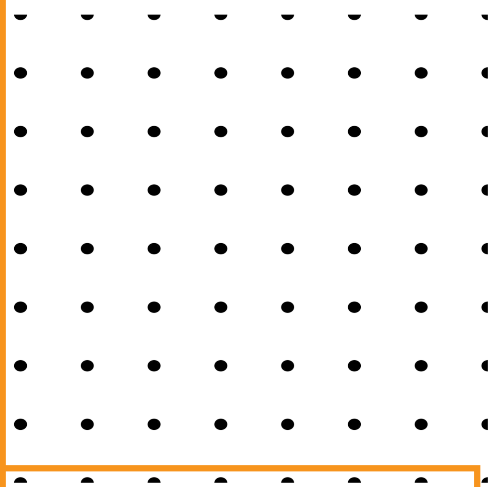


SUMMER CAMP 2019 PACKING LIST

PACK IT- (BRING THESE ITEMS)

- * REGULAR CLOTHES FOR SESSIONS.
- * ACTIVE WEAR/CLOTHES THAT CAN GET REALLY DIRTY, (WORN DURING OUTSIDE GAMES)
- * SNEAKERS
- * MODEST BATHING SUIT
- * TOILETRIES
- * SLEEPING BAG OR BLANKET & PILLOWS
BUNKS HAVE A MATTRESS WITHOUT ANY PILLOWS, SHEETS OR BLANKETS. PLEASE PREPARE ACCORDINGLY.
- * TOWELS
- * TRAVEL WATER BOTTLE
- * BIBLE
- * BUG REPELLENT & SUN SCREEN
- * EXTRA MONEY FOR CONCESSIONS.

**** YOUR BEST "CHRISTMAS IN JULY" THEME NIGHT COSTUME.
(HELP YOUR TEAM WIN THEME NIGHT!) ****



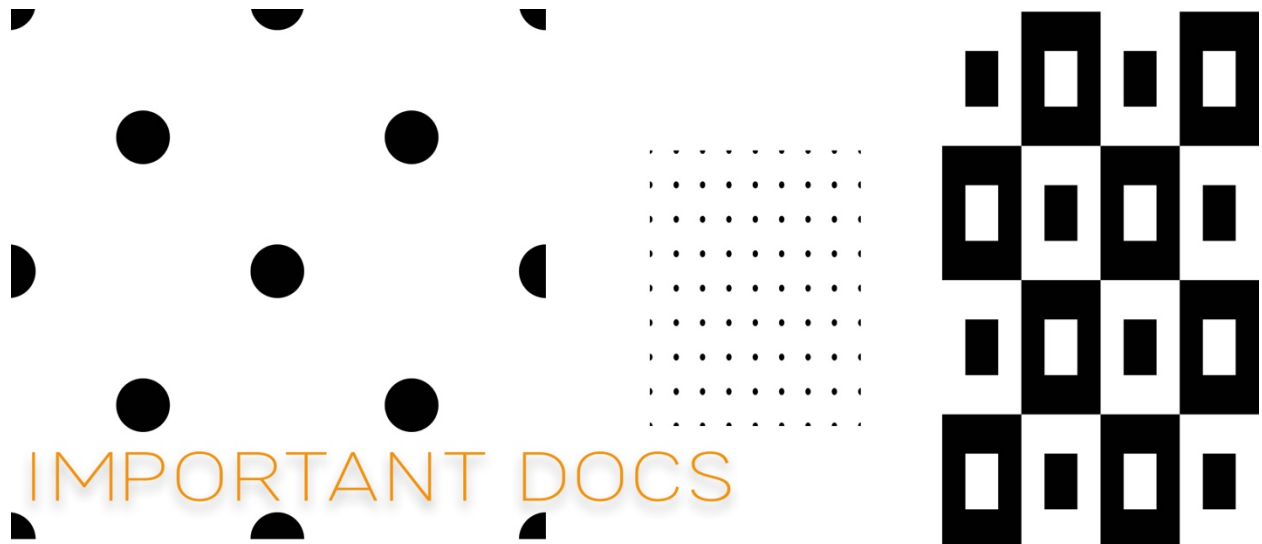
DON'T PACK IT- (DO NOT BRING THESE ITEMS)

- * ELECTRONIC GAMES
- * KNIVES, FIREARMS, AND WEAPONS
- * FIREWORKS
- * ALCOHOL, DRUGS, TOBACCO PRODUCTS, VAPES, ETC

FOR OPTIMAL FOCUS ALL CELL PHONES WILL BE TURNED INTO LEADERSHIP AT THE BEGINNING OF THE WEEK & RETURNED ONCE CAMP IS CONCLUDED. STUDENTS WILL BE PERMITTED TO MAKE PHONE CALLS IN THE CASE OF AN EMERGENCY.

IF YOU NEED TO GET IN CONTACT WITH YOUR CHILD WHILE THEY ARE AT CAMP, PLEASE CALL THE FFA-FCCLA OFFICE (770- 786-6926) TO CONTACT OF ONE OF OUR CAMP DIRECTORS.

PASSION STUDENT MINISTRIES WILL NOT BE HELD LIABLE FOR ANY LOST OR STOLEN CELL PHONES.



The following pages contain all the paperwork you will need to submit for Summer Camp 2019.

1. BACKGROUND CHECK

For the safety of our students, all Youth Leaders (ages 18+) must submit a background check

2. GROUP INFORMATION SHEET

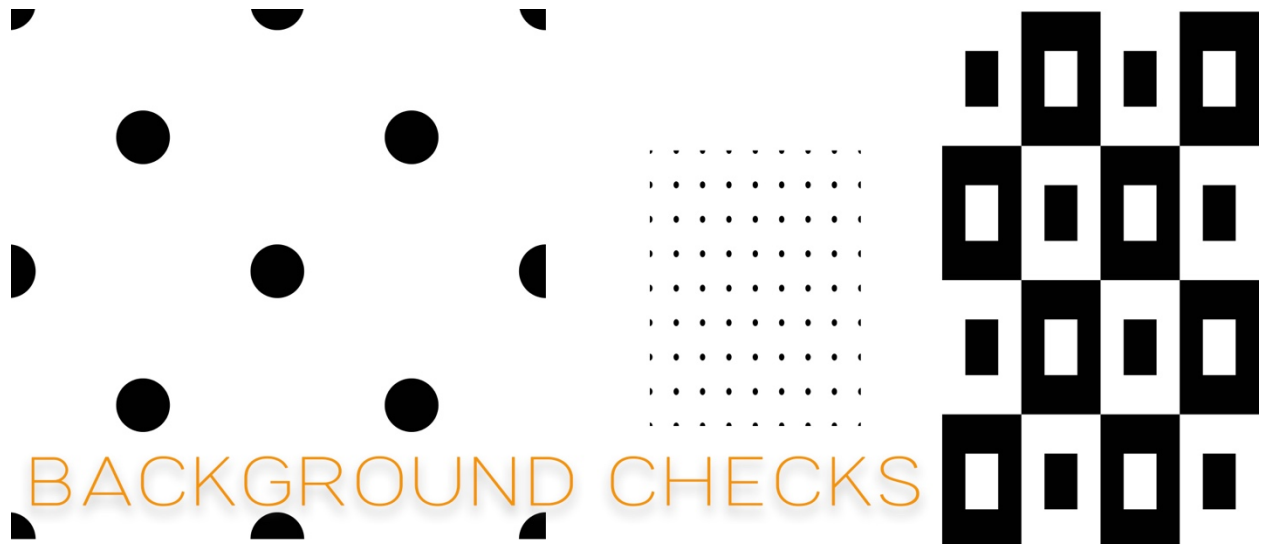
This form should be sent in with your final balance. You can email or mail this form to be received by **July 1st**. Please make sure to fill it out completely.

3. YOUTH LEADER APPLICATION

Both a youth leader application & pastoral referral must be submitted by each youth leader.

4. MEDICAL RELEASE FORMS (2)

We will need two Medical Release Forms (New City Church form & FFA FCCLA) for all campers coming with your group, including your chaperones as well as yourself. Individuals will not be permitted on campus without having properly filled out both Medical Release Forms.



**FOR THE SAFETY OF ALL STUDENTS; WE WILL BE PERFORMING
BACKGROUND CHECKS ON ALL PASTORS/YOUTH LEADERS WHO WILL BE
SERVING AT PASSION STUDENTS SUMMER CAMP.**

YOUTH PASTOR, PLEASE HAVE EACH ATTENDING MEMBER OF YOUR
LEADERSHIP TEAM (ages 18+), FILL OUT & SUBMIT A BACKGROUND
CHECK.

BACKGROUND CHECKS MAY BE EMAILED TO
passionstudents@newcitychurch.net.

PLEASE SUBMIT BACKGROUND CHECK FORMS ASAP!

**BACKGROUND CHECKS MUST BE SUBMITTED NO LATER THAN
MONDAY, JULY 01, 2019**

Background Screening Consent

This background screening is required by the insurance company of New City Church. Applicant should complete all relevant information and sign and date the form.

I, _____, hereby authorize New City Church and/or its agents, to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with New City Church.

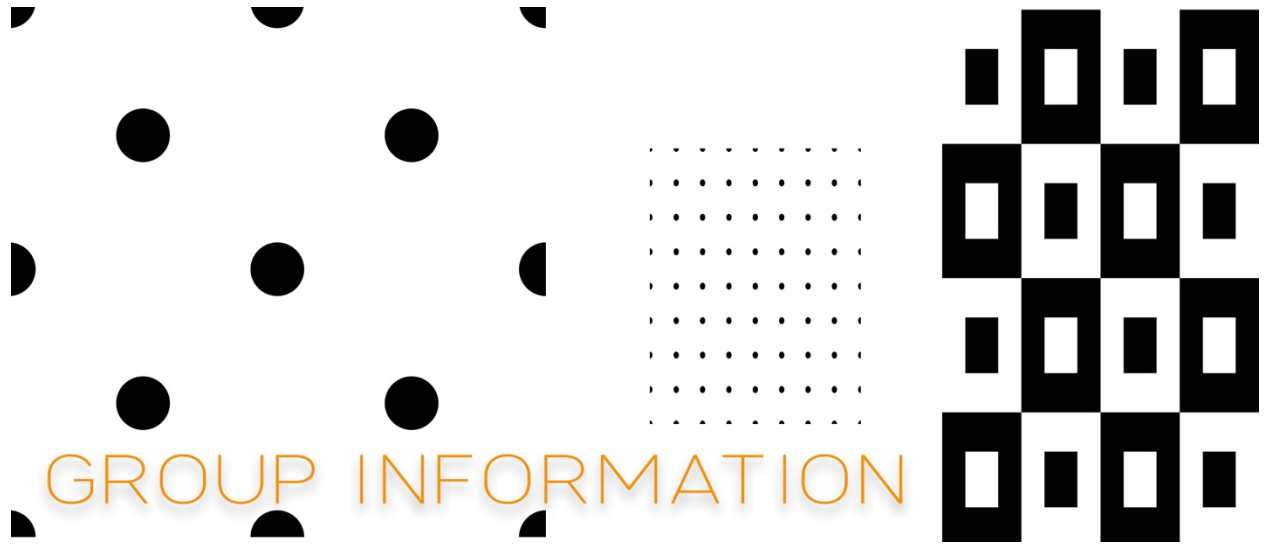
I release New City Church and its agents and any person or entity, which provided information pursuant to this authorization, from any and all liabilities, claims or lawsuits regarding the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

- Full Name (Printed):
- Maiden Name or other Names Used:
- Social Security Number:
- Date of Birth*:
- Present Address:
- City: State: Zip:
- How Long at Former Address?
- Please list all states of residence since turning age 18:

- (Please circle any of the following states in which you have lived:
CO, DE, HI, LA, MA, SD, VT, WV, WY, OR, RI)
- Driver's License Number:
- State of License:

Signature of Applicant/Date: _____ Date: _____

Note: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. New City Church abides by all applicable state and federal employment laws.



GROUP INFORMATION

Youth Leader Name: _____

Church Name: _____

City, State: _____, _____

Travel Contact Information (In the event we need to get in touch with you while you travel)

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

Are there any special needs with your group regarding lodging? (i.e., wheelchair, etc.)
If yes, please describe in the space below:

Group Information:

of Campers: _____ (Ages 13-14) Males _____ (Ages 13-14) Females
_____ (Ages 15-18) Males _____ (Ages 15-18) Females

of Youth Leaders: _____ Males _____ Females

of Group Total: _____

This form must be submitted no later than Monday, July 1, 2019

*** PLEASE NOTE: each attendee will need to be registered online.

This form only reflects your group info as a whole.



YOUTH LEADER APP.

THIS FORM IS ONLY TO BE FILLED OUT BY THOSE WHO ARE AGES 18+ INTERESTED IN SERVING AS A YOUTH LEADER AT PSM, SUMMER CAMP.

This form must be submitted no later than Monday, July 1, 2019
Email to: passionstudents@newcitychurch.net

Youth Leader Name: _____

Church: _____

How long have you attended this church?

How long have you been serving as a youth leader?

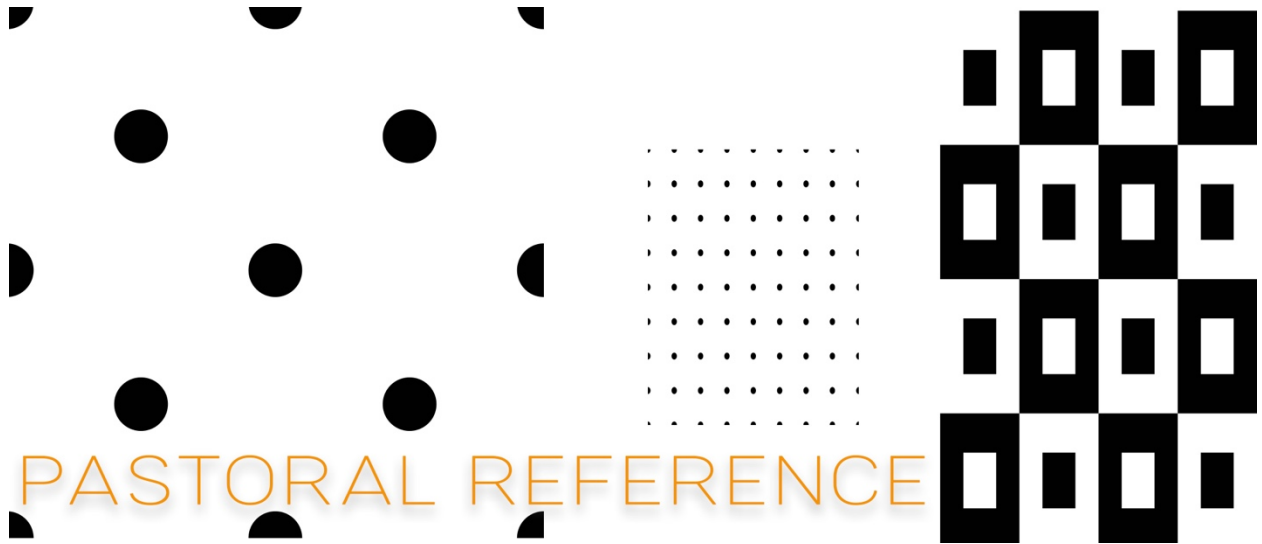
Do you have any special needs or restrictions that will affect your time serving at summer camp? If so, please explain:

Have you ever attended a summer camp for youth? (whether as a youth or serving at a youth camp)

If so, what was your role?

When did you give your life to Christ?

Briefly explain your salvation experience:



THIS FORM IS ONLY TO BE FILLED OUT BY PASTORS FOR THOSE WHO ARE AGES 18+ INTERESTED IN SERVING AS A YOUTH LEADER AT PSM, SUMMER CAMP.

This form must be submitted no later than Monday, July 1, 2019

Pastor's name:

Youth Leaders name:

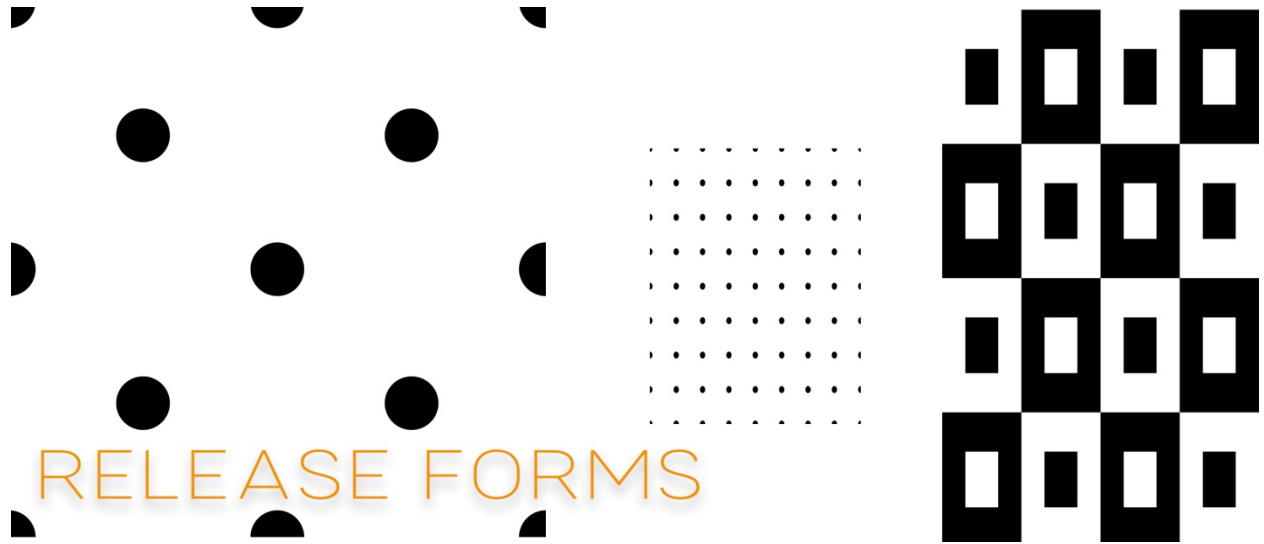
- 1. Length of relationship with youth leader:**
- 2. To your knowledge does this applicant have a thriving relationship with Christ?**
- 3. How would you rank this person as a leader?**
(1 – 10, 1 being low leadership and 10 being outstanding leadership)

4. Please give me a summary of his/her strengths when working with teens?

**5. Would you trust the applicant to give sound godly counsel?
If no, please explain**

6. Have you ever observed or heard anything about this applicant that would make you reluctant to recommend him/her as a camp youth leader?

7. Would you be willing to leave your children in the care of this person for a week?



**REMINDER: EACH PARTICIPANT (WHETHER CAMPER OR YOUTH LEADER)
MUST SUBMIT 2 COMPLETED RELEASE FORMS.**

- 1. NEW CITY CHURCH**
- 2. FFA – FCCLA**

PLEASE SEE FOLLOWING PAGES FOR BOTH RELEASE FORMS

**New City Church
Passion Student Ministries Release Form**

Activity: Passion Students, Summer Camp: 2019

Name of Participant/Youth _____
Last First

Address: _____

Telephone Number: _____

Parent or Guardian's Full Name: _____
Last First

Parental Release:

As parent or legal guardian, I hereby give permission for my youth to participate in the following activity, Summer Camp 2019, organized by the New City Church, Passion Student Ministries during **July 8-12, 2019** in Covington, GA. In signing this form, I, _____ (parent or guardian of participant) agree to not hold New City Church, its officers, or the PSM team members liable for any injury, loss, damage, or accident that my youth may encounter while participating in the above described activity with Passion Student Ministries.

Transportation Release:

- I (parent or guardian) am aware and agree to allow my youth to be transported in a vehicle (Bus) driven by an approved New City Church driver to and from the above-mentioned activity.
- I (parent or guardian) agree to be responsible for the transport of my youth to and from the above-mentioned activity.

Transportation Fee is included in the Summer Camp 2019 registration fee & the fee cannot be waived based on opting-out of transportation provided by NCC.

Medical Release:

In the event that I, (parent or guardian), cannot be reached, my signature below gives my consent and permission for my youth to receive medical attention at the discretion of the Passion Students Ministry Team.

Medical Information

Does this youth have any medical or health problems, and has this youth any chronic or recurring illness or illnesses, which would have an effect on the youth's participation in this activity? Yes No

If yes, please describe the problems or illnesses _____

Does this youth require any type of medication? _____, if yes, explain _____

Insurance Information

Is there any medical insurance which provides benefits for this youth? _____, If so, please indicate:

Name of the Insurance Company _____

Address: _____

Policy Number: _____ Phone No. of Insurance Company _____

Name of Policy Holder _____

I, (Parent/Guardian of Youth/Participant), by signing below give my permission for my youth to participate in all prescribed activities except as noted by me.

Student/Participant Signature

Parent/Guardian Signature (date)

Students under the age of 18 must have this application signed by a parent or guardian.

Georgia FFA-FCCLA Center
High Ropes Course and Low Ropes Course
Assumption of Risk / Informed Consent / Voluntary Release

You will be taking part in a challenge course program that is physically and mentally challenging, but it is designed to be safe and within the capability of anyone in reasonably good health. If you know of any physical limitations that will limit your ability to participate in the course, please let your facilitator know.

The Georgia FFA-FCCLA Center operates under a "Challenge by Choice" philosophy, which means that you have the option to select your personal level of challenge in all activities. During the program, we will provide a challenging setting in which to expand your limits, while supporting your personal boundaries. As with any physical activity, there is some risk of injury. To minimize the potential for accidents, it is important to listen to the facilitators and follow their instructions. Please ask questions if you do not understand directions.

"I fully understand that my participation in the challenge / ropes course activities facilitated by the Georgia FFA-FCCLA Center and all of their employees and instructors could result in injury or death. I do voluntarily choose to participate in these activities. Also, my participation requires that I am of good physical condition and I do hereby accept all responsibility for my own physical well-being, and I do not have any medical conditions that will prohibit me from safely participating or will put me at risk of injury. Being fully aware of the degree of risk and injury to myself, I hereby release and hold harmless the Georgia FFA-FCCLA Center and all of their employees and instructors from any claim, action, damage, liability, and expenses of any kind resulting from accident or injury incurred while participating in these activities."

Participant Name (print): _____

Participant Signature: _____ Date: _____

Group Name: _____ Date of Program: _____

Parent/Guardian Signature: _____ Date: _____
(Parent or guardian *must* sign if participant is under 18 years of age.)

Required Participant Information:

Date of Birth: _____ Male / Female (*circle one*)

Home Address: _____

Parent/Guardian(s) Name: _____

Home phone: _____ Cell phone: _____

In case you are not available in an emergency situation, please indicate an additional person to be notified:

Name: _____ Relationship to student: _____

Contact Information: _____

Is this student covered by medical insurance? Yes / No (*circle one*)

Plan Name: _____ Group #: _____

Does the participant have any medical conditions (including recent surgery, pregnancy, healing fractures, back or neck injuries, heart condition, etc.) that would limit participation in the program? Yes No

If yes, please explain: _____

List any current medications: _____

List any allergies: _____