



TCC TEEN CAMP 2023 is for all teenagers ages 13-18 (teens leaving 6th grade and entering 7th have a choice between the teen program or the children's program).

CAMP DETAILS

This year's encampment is July 6 – July 14. The cost of Teen Camp is \$100 and covers all meals, lodging, services, and activities. However, they may want to bring extra cash for snacks at the TCC Café and items at the Camp Bookstore.

REGISTRATION

We will need an individual registration form, which includes the medical information form, for each student and leader attending. All registration will be completed through the camp office.

If you have any questions, contact our registration director, Janis Whitley, via email (whitleyjanis@yahoo.com) or via phone (912.670.1878).

MEDICATION

Any medication for your child will need to be given to the camp nurse, Sue Martin. She will oversee storing and administering all children's medication.

WHAT TO BRING TO CAMP

Bible, sleeping bag or twin-size sheets and blanket, pillow, towels & washcloths, casual clothing, modest swimwear (girls-one piece, tankinis, or t-shirts can be worn over two piece), beach towel, all personal toiletries, flashlight, rain gear/umbrella, sunscreen, bug repellent, medications needed*, spending money (Camp Bookstore & TCC Café), a refillable water bottle, snacks, and a great attitude.

*All medications are to be turned in at registration.

DRESS CODE

Modest clothing must be worn. Campers and personnel should wear clothing that covers their bodies appropriately. Halter-type dresses/shirts, spaghetti/strapless tops, and short shorts are not allowed to be worn by children or camp personnel. Shoes must always be worn at camp. Flip-flops are discouraged for recreational times. Modesty in all clothing is our requirement. Bring some clothes you do not mind getting dirty as some activities may be messier than others.

DAILY SCHEDULE

8:00 – 8:30	Breakfast
9:30 – 10:15	Morning Games and Small Groups
11:00 – 12:15	Morning Youth Gathering
12:15 – 1:00	Lunch
1:00 – 3:30	Recreation
5:00 – 5:30	Supper
6:00 – 7:00	Preparing for Evening Worship
7:00 – 9:00	Evening Worship with Adults
9:30 – 10:30	After Party
10:30	In Dorm

MINOR CAMPER APPLICATION

TCC

CAMPER INFORMATION (please print clearly)

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Gender: _____

Physician's Name: _____ Phone: _____

Father or Guardian's Full Name: _____

Father's Work Phone: _____ Father's Cell Phone: _____

Mother or Guardian's Full Name: _____

Mother's Work Phone: _____ Mother's Cell Phone: _____

EMERGENCY CONTACT PERSON

Contact Name: _____

Relationship to Camper: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Email: _____

CHURCH INFORMATION (if applicable)

Church Name _____ Pastor's Name _____

Address _____ City _____ State _____

Church Group Leader Name _____

OFFICE USE ONLY

TCC

TEEN

_____ nights @ \$ _____

Meals \$ _____

Misc. \$ _____

Total Paid \$ _____ (Cash / Check)

Arrival Date _____

Departure Date _____

Lodging Location _____

CHILD

_____ nights @ \$ _____

Meals \$ _____

Misc. \$ _____

Total Paid \$ _____ (Cash / Check)

Arrival Date _____

Departure Date _____

Lodging Location _____

MINOR CAMPER HEALTH INFORMATION

TCC

Do you have health insurance? _____ Yes _____ No

If yes, name of company: _____

Policy Number: _____ Phone: _____

Address of Company: _____

City: _____ State: _____ Zip: _____

Allergies: _____ Insect Stings _____ Drugs _____ Other Allergies

If you checked any of the conditions above, please give details (include normal treatment of allergic reactions):

Conditions: _____ Heart _____ Frequent Colds _____ Chronic Asthma
_____ Diabetes _____ Hay Fever _____ Physical Handicap
_____ Epilepsy _____ Frequent Stomach Upsets

Please explain: _____

What communicable disease has this camper had? (Check all that apply)

- Measles Polio Mumps Chicken Pox Scarlet Fever Whooping Cough

When did this camper last receive a Tetanus Shot (give year): _____

Does the camper have any of the following conditions? (Check all that apply)

- Heart Trouble Ear Trouble Kidney/Urinary Trouble Asthma Hernia Skin Trouble HIV/AIDS
 Lung Trouble Diabetes Seizures

Allergies (Name allergies or medications camper is allergic to. Camper must bring own EpiPen if needed.)

Please indicate any prescription medication your child will be bringing to camp, including written directions for administering. No refrigeration is available; therefore, arrangements should be made in advance with your youth leader to handle medication with this requirement.

MINOR PARTICIPANT WAIVER, RELEASE, INDEMNIFICATION OF ALL CLAIMS & COVENANT NOT TO SUE

I am a parent or legal guardian of the Minor named above who is under eighteen years of age ("Minor"), and I am fully competent to sign this Release. I certify that Minor is in good health, has no mental or physical conditions that would prevent his or her participation in the encampment and/or its recreation activities, and has no condition that requires the taking of medication on a regular basis, except as fully and expressly indicated above. In consideration of Minor being permitted to participate in Taylor County Holiness Campground, Inc.'s (the "Camp's") activities and to use the facilities and equipment at the Camp, I, on behalf of myself, Minor, and Minor's representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns (collectively, the "Minor's Representatives"), hereby agree to be bound by this Release. I understand that such participation or use entails certain inherent risks to Minor, and I, on behalf of Minor's Representatives, voluntarily accept all risk to Minor's health that may result from such participation or use. Therefore, I, on behalf of Minor's Representatives, hereby agree that Taylor County Holiness Camp Ground, Inc., its respective directors, officers, employees, agents, representatives, related and/or affiliated entities, successors and assigns (hereinafter, "Released Parties") SHALL NOT BE LIABLE FOR ANY DAMAGES arising from (a) the DISCLOSURE OF MEDICAL INFORMATION contained in this form (if believed necessary by the Released Parties), and/or (b) PERSONAL INJURIES (INCLUDING DEATH), DAMAGE TO OR LOSS OF PROPERTY OR OTHER HARM, whether foreseen or unforeseen, present or future, known or unknown, that Minor may sustain in any way which directly or indirectly results from or arises from Minor's attendance or participation in the Camp. Furthermore, I, on behalf of Minor's Representatives, agree to INDEMNIFY, DEFEND, AND HOLD HARMLESS the Released Parties from and against any and all claims, foreseen or unforeseen, present or future, known or unknown, that Minor's Representatives may have or assert, even if caused in whole or in part by the NEGLIGENCE, FAULT, BREACH OF CONTRACT, STRICT LIABILITY, OR OTHER ACT, CONDUCT OR STATUS of any of the Released Parties. This indemnification includes all costs of defending such claims, including attorneys' fees, costs, and expenses, whether suit is filed or not.

I further authorize emergency medical treatment to be performed by Camp medical staff and/or attending physicians at a local clinic or hospital to my child in my absence.

This Release contains the entire agreement between the parties and may be amended only in writing signed by the undersigned and the Released Parties' representative(s), or their successors. It is not intended to release the Released Parties from any conditions or activity that, as a matter of law, cannot be avoided, waived or released, and no provision hereof should be so interpreted. It is governed by the internal laws of Georgia (even if applicable conflict of law rules would provide otherwise). Its terms are severable. It shall not be strictly construed against any party.

I HAVE READ AND UNDERSTAND THIS RELEASE AND ACCEPT AND AGREE TO ITS TERMS AND SIGN IT VOLUNTARILY.

Signature of Parent or Guardian (Circle One)

Date

CORONAVIRUS / COVID-19 WARNING & DISCLAIMER

INITIAL _____

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Taylor County Holiness Campground programs or accessing Taylor County Holiness Campground facilities could increase the risk of contracting COVID-19. Taylor County Holiness Campground in no way warrants that COVID-19 infection will not occur through participation in Taylor County Holiness Campground programs or accessing Taylor County Holiness Campground facilities.

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT.

Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Taylor County Campground programs, now or any time in the future.