

A Ministry of Peachtree Baptist Church at

CAMP FAIRVIEW

Dates of Camp: July 20-25, 2020

Cost of Camp: \$160

We now offer payment by card online through PAYPAL!

No fee if using the friends and family payment option on Paypal. Please add a \$5 fee if not used.

Make checks payable to: Peachtree Baptist Church

Mail checks and applications at least two weeks in advance of camp to:

Peachtree Baptist Church

3867 Hwy 85

Senoia, GA 30276

Contact Phone: 770-599-6888

Physical Location of Camp Fairview:

820 County Rd. 674

Riceville, TN 37370

Purpose

- PREACH CHRIST
- DEVELOP CHRISTIAN CHARACTER

Supply List

- KJV BIBLE
- NOTEBOOK AND PEN
- BED LINENS (SHEETS, PILLOW, OR SLEEPING BAG)

BOYS CLOTHING

- Chapel Dress (casual pants and shirts)
- Recreational clothing (loose fitting, water resistant knee length or longer)
- Swim trunks
- Neat and orderly appearance (hair cut, no piercings)

GIRLS CLOTHING

- Chapel Dress (casual skirts, tops, and dresses)
- Recreational Clothes (loose fitting, water resistant, knee length or longer)
- Modest Bathing Suit (one piece or tankini)
- Neat and Modest appearance

- SPENDING MONEY

Please keep this page for your reference

Supplies List Cont.

- SMILE AND A GOOD ATTITUDE
- REUSABLE WATER BOTTLE
- SPECIAL ITEM FIT
- BATH ITEMS
 - Deodorant
 - Soap
 - Shampoo
 - Toothbrush/Toothpaste
 - Shower flip/flops
 - Towel(s)

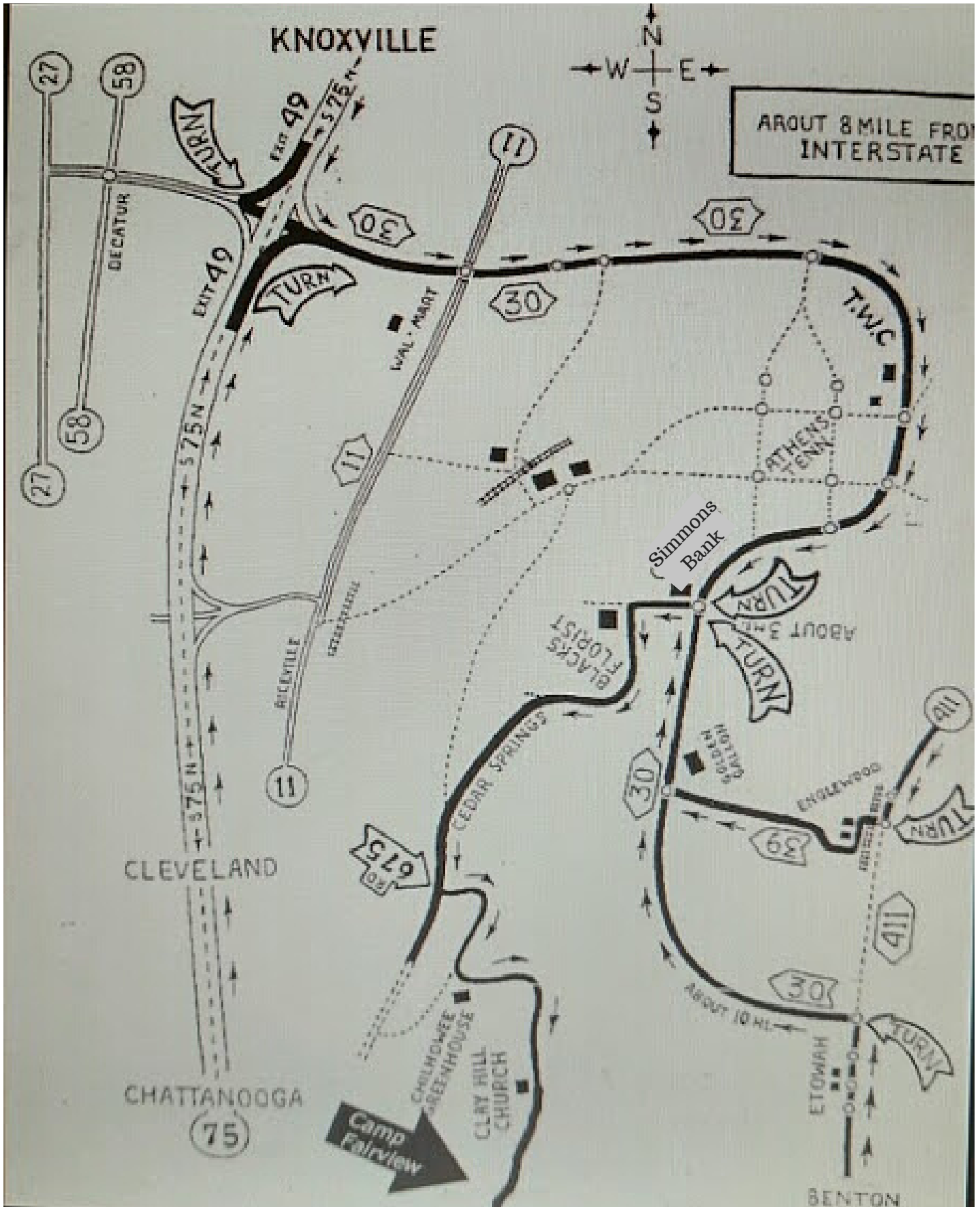


PHONING OR TEXTING IS PERMITTED ONLY FOR EMERGENCIES.

Please keep this page for your reference

MAP TO CAMP FAIRVIEW

Please keep this page for your reference



July 20-25, 2020

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CAMP FAIRVIEW

Please return this page to Peachtree Baptist Church

Name _____

Address _____

Camper or Parent's Email _____

Date of Birth M/D/Y _____

Name of Parents/Guardian _____

Name of Home Church _____

Name of Pastor _____

Pastor's or Church's Email _____

Parent Agreement

"I give consent for my child to attend Camp Fairview and will not hold the organization or sponsors liable in case of sickness or accident."

Parent Signature _____ Phone Number _____

Camper Agreement

"I desire to attend Camp Fairview and will do so at my own risk and responsibility. Also, I am willing to abide by all camp rules and regulations."

Camper's Signature _____

Camper's Health Certificate

Camper's Parent or Guardian must fill out this Health Certificate.

Please answer ALL questions.

Camper's Name _____ Age _____ Grade Next Yr. _____

Address _____ City/State _____ Zip _____

Phone _____ Height _____ Weight _____ Sex _____

Past Illnesses

<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Spinal Meningitis
<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Polio	<input type="checkbox"/> Scarlet Fever

Has Camper Ever Had?

<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Sinusitis
<input type="checkbox"/> Asthma	<input type="checkbox"/> Abscessed Ears	<input type="checkbox"/> Kidney Trouble
<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Poor Appetite
<input type="checkbox"/> Fainting	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Constipation
<input type="checkbox"/> Frequent Stomach Upsets		

Has Camper Had Inoculations, And Are They Up To Date?

Camper is Allergic To: _____

Will Camp Need to Receive Regularly Prescribed Medication While At Camp?

(All medication will need to be given to the appropriate camp counselor upon arrival. Please describe medication) _____

Doctor's name and contact information:

I agree not to permit my child to attend Camp Fairview if he has been exposed to any contagious or infectious disease, and will cancel his reservation at once. In case of emergency, I grant permission to the physician selected by the Camp Director to render proper treatment for my child. The parents will assume any coverage which camp insurance does not include.

Signature of Parent or Guardian _____ Address _____

Phone: Day _____ Evening _____

Parents, please fill out and return with application

RAFTING PERMISSION FORM

PLEASE BRING MONEY TO CAMP IN CASH ONLY

Rafting is \$20

Hiawassee Outfitters Participant Release of Liability and Assumption of Risk Agreement

*****READ BEFORE SIGNING*****

Organization Name: Camp Fairview/ Peachtree Baptist Church

Participant Name: _____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE HIAWASSEE SCENIC RIVER OUTFITTERS INCORPORATED, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss of damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X_____

Participant's Signature

Age

Date

Phone Number _____ Address _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X_____

Parent/Guardian Signautre

Date

Emergency Phone Number (s)