

First Baptist Church of Trenton  
*"Obedience Brings Blessings"*  
118 NE Second St., Trenton, FL 32693

12.13.2016

Dear Parents,

During the summer, First Baptist Church of Trenton attends Teen Extreme summer camp in Pensacola. It is a great week of encouragement, conviction, fun and friends. I'm sure that this year will not be any different. Attached to this letter is the application form for camp. Youth that are 12 years old after **June 1st** or are in the 7<sup>th</sup> – 12<sup>th</sup> grade may attend.

The cost for camp is \$200 per student. This may seem like a lot. **However**, if you please send in a \$50 deposit with the application to me, the rest of the money may be raised by fundraisers at First Baptist. Deposits are increased to \$75 if a student applies after February 5<sup>th</sup>. If you have any financial questions or concerns about camp, please contact me.

Camp week is June 12-16, 2017.

**\*IMPORTANT**

**The week we attend camp fills up QUICKLY (last year it was filled by the end of March)! Please apply as soon as possible!**

We hope your child can attend this year. Again, if you have any questions, please contact me at your convenience, 352-672-0930.

Blessings,

Zane Salyers  
Associate Pastor, First Baptist Church/First Place Academy

# Teen Extreme Application 2017

**NOTE:** Signed waiver for each participant must be received by Teen Extreme Youth Camp/Youth Outreach Ministry before he may participate. Group applications must be received no later than one week before camp.

**Youth groups must be accompanied by youth director and/or sponsor.**

TeenExtremeCamp.com

850.969.1555  
850.479.6576

Teen Extreme Youth Camp, Youth Outreach Ministry  
P.O. Box 18500 • Pensacola, FL 32523-8500  
Reservations@teenextremecamp.com

## Participant Information

Check appropriate boxes:  Male  Female  
 Camper  Sponsor/Other  Youth Director  PCC Alumnus  
 Dr.  Rev.  Mr.  Mrs.  Miss

Name \_\_\_\_\_  
First Last (prefer to be called)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Have you attended Teen Extreme before?  Yes  No

Church/Group \_\_\_\_\_ City/State \_\_\_\_\_

Roommate Request \_\_\_\_\_  
(only list one)

## Camper Information

Grade Next Sept. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
(during camp)

School \_\_\_\_\_

Week Attending  June 12-16  July 10-14  
 June 19-23  July 17-21  
 June 26-30

### Anticipated Transportation

Private vehicle  Plane\*  Commercial bus\*

\*Please notify the Reservation Office of your shuttle transportation needs by calling (850) 969-1555 no later than the Wednesday before camp begins.

## Youth Director Use Only

Contact Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Has your church/group attended Teen Extreme before?  Yes  No

Last year attended? \_\_\_\_\_

## Emergency Information

Father  Legal Guardian \_\_\_\_\_

Phone: Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Mother  Legal Guardian \_\_\_\_\_

Phone: Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

When parents unavailable, contact the following:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone: Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Does camper have any food, medication, or environmental allergies?

Yes  No If yes, please list \_\_\_\_\_

Does camper have a medical, emotional, behavioral or physical condition?  Yes  No

If yes, please explain \_\_\_\_\_

*(A Medical Release form needs to be submitted to Youth Outreach Ministry on all campers with medical, emotional, behavioral, or physical conditions before the camper will be approved for camp.)*

Does the camper take any **routine** prescription medications, over-the-counter (OTC) medications or supplements?  Yes  No

*(An Authorization for Administration of Medication form must be completed if routine prescription medications, OTC medications, or supplements that the camper brings need to be administered by the camp nurse. This form needs to be signed by both the parent/legal guardian and a healthcare professional and then brought to the nursing staff at camp check-in.)*

The camp nurse has authorization from a staff medical professional to administer the following camp-provided OTC medications on an as-needed basis with permission of the parent/legal guardian. Check "yes" for any medications you give permission for the nurse to administer:

Yes  No Acetaminophen (Tylenol)  
 Yes  No Calcium Carbonate (Tums)  
 Yes  No Diphenhydramine (Benadryl)  
 Yes  No Ibuprofen (Advil/Motrin)  
 Yes  No Auro-Dri (Swimmer's Ear)

## Medical Insurance *This information prevents delay of treatment in case of emergency.*

Insurance Company \_\_\_\_\_

Insured's Name \_\_\_\_\_

Group ID \_\_\_\_\_

Member ID \_\_\_\_\_

## Participant Waiver and Release

(Must be completed for each participant, including sponsors, and sent with application)

I understand and agree that I am assuming for myself and the Participant named below all risk of injury from participating in rock climbing activities, surfing on the FlowRider, or paintball games. I understand that: (1) injuries while rock climbing may occur from rope entanglements, objects falling from or being dropped by other climbers, or from contact with anchor points, bolts, or equipment used in climbing; (2) injuries while using the FlowRider may occur by falling or being thrown by the water pressure onto a fixed surface or padded retaining wall, or by contact with the body board; (3) the activities of paintball are physically and mentally intense, injuries while participating in paintball games may occur due to the activity and weaponry involved, and while particular protective equipment and personal discipline will minimize the risk, the risk of injury does exist; and (4) other unforeseeable injuries may occur from these activities. I hereby waive, release, and agree not to sue Youth Outreach Ministry, Inc., Pensacola Christian College, Inc., its affiliates or subsidiaries, and any of their officers, directors, employees, agents, students, successors, or assigns for any damage, injury, cost, or cause of action arising from any participation in these activities. I voluntarily sign this waiver and release form and agree not to sue with full knowledge of the nature and extent of the risks inherent in the use of the rock climbing wall, FlowRider, and paintball. I further indemnify and save Youth Outreach Ministry, Inc., Pensacola Christian College and its affiliates, employees, and agents harmless from any liability or medical payments resulting from the participant's participation in this camp or other activities during his or her stay at summer camp. I further understand that Youth Outreach Ministry, Inc., does not provide medical insurance coverage for the participant, and any medical expense incurred will be paid by me or my insurance. I hereby grant permission for the participant to attend the camp, participate in all the camp activities, and to be treated by a licensed medical professional in the event of any injury, accident or illness, or other situation that may require medical attention. I give permission for the participant's picture to be used in future publications including publications from PCC and its affiliate web pages. Registration fee is nonrefundable and nontransferable. No refunds are available if a participant attends any part of a week. Campers that use tobacco, alcohol, or any form of illegal drugs will be dismissed. Any noncooperative or noncompliant campers will be subject to dismissal.

I acknowledge and certify that I am legally authorized to sign this consent form on behalf of the minor child.

Parent/Legal guardian's signature (if camper is under 18 years)

Relationship to participant

Date

Participant's signature

Date

Send this signed form by mail to Teen Extreme, Youth Outreach Ministry, P.O. Box 18500, Pensacola, FL 32523 or by fax to 850-479-6576.