

Thank you for registering for the following event/date: _____

Church: _____ Leader: _____

TOTAL spaces reserved: ____ (# youth ____ # adults ____)

Total cost: \$ _____ Deposit rec'd: \$ _____ Balance due: \$ _____
(amount and date) (mail to camp prior to your event OR bring it with you)

Cost per camper is \$140.00; for every 7 campers one adult is free;
or first adult is \$45, second adult is \$75.00 and any additional adults are \$110.00 each.

Questions? Please contact Christa regarding program details or regarding payments. We look forward to serving you! ☺

Now that you are registered, read through and distribute accordingly the following papers:

- **Leader Worksheet -**

- ☐ This is yours to keep.
- ☐ It was designed to help you keep track of your group's forms and payments.

- **Sample Schedule** (times/activities subject to change)-

- ☐ This is for you as the leader (and parents) to have a better idea about the flow of the week/weekend.
- ☐ We ask that you not share the specifics of this schedule with the campers--it is not a definite schedule and we do not want to disappoint them if activities are changed.
- ☐ Notice the "**BYG Time**"... BYG Time is to be **planned and led by you or the designated adult leaders from your church**. Counselors do not participate in BYG time--allowing for your church's campers and leaders to bond as a group.

- **Group Roster -**

- ☐ This needs to be sent to camp as soon as possible. We need to know the genders and grades of the campers coming (as well as the genders of the chaperones) to make sure that we have adequate space and staff for everyone attending. **PLEASE also mail with it your group's completed health forms and profiles/registrations.**

- **Health Form -**

- ☐ Copy and distribute to each participant (adults should fill out at least the emergency contact information).
- ☐ These forms need to be given to camp to keep—**please send these to camp before you arrive.**

- **Camper Profile-Registration Form -**

- ☐ Copy and distribute to all campers.
- ☐ These should be **mailed back to camp before you arrive--mail it with your group roster.**

- **Letter to Camper/Parent AND Info/What to Bring List -**

- ☐ Copy and distribute to each participant.
- ☐ This is an informational sheet for all of your group's participants. Please include with an letter of information specific to your group (dates, times, travel arrangements, leader phone numbers, etc)

Questions or concerns? Contact Christa at (919) 552-9421 or program@agapekurebeach.org

BYG Retreat--Leader Worksheet

KEEP THIS FORM. This form is for your organizational use as the group leader. We invite you to record your group's information to keep track of who has turned in which papers. We do not need a copy of this form; it is for your use and convenience. *Also, remember to inform the adult leaders/chaperones about planning your group's BYG Time.*

[illegible]

SAMPLE SCHEDULE

BYG (Building Youth Groups) Weekend RETREAT				
	FRIDAY	SATURDAY		SUNDAY
MORNING	BYG Weekend Retreat at Camp Agapé (basic sample schedule--all times and activities subject to change)	8:15	Breakfast	8:15 Breakfast
		9:15	Rally Time	9:15 Pack/clean/load up - Cabin groups called in for store time
		9:45	"Get to know you" games	10:15 BYG Time *see note Load up?
		10:30	Discovery Time	11:15 Worship/closing
		11:15	Nature/cabin time	11:45 camper eval
		12:00	Chill	12:00 Lunch
		12:15	Lunch	1:00 Departure
		12:15	Lunch	1:00 Departure
AFTERNOON	SAMPLE SCHEDULE	1:15	BYG Time *see note	
		3:00	Cabin time/Nature time	
		3:45	Cabin time/ Nature	
		4:45	Worship	
		5:15	wash up	
		5:30	Dinner	
EVENING		6:30	Evening Game	
			Campfire	
		7:30 Campers arrive--unpack & settle	7:45/8:00	
		8:00 Welcome /intros		ready for bed
		8:15 Campfire ready for bed	8:30/8:45	Candle Power
		9:30 Candle Power	9:15	
			Lights Out	
	10:00 Lights Out	10:00	Lights Out	

*NOTE:

BYG Time is planned and led by the youth leaders/chaperones from your church

This purposeful time for your church group to be together without the presence of Agapé staff--to make memories together outside of our programmed activities. Plan to bring and use your own materials. For BYG Time ideas or theme details for your weekend, or if you have any questions, contact Christa at (919) 552-9421 or program@agapekurebeach.org

BYG Group Roster

date of event: _____

SEND THIS BACK TO CAMP BEFORE YOUR ARRIVAL! 😊 This form is for our use to properly register your campers. We need to know names and genders of campers attending as soon as possible to be able to properly house participants as well as prepare materials and staff.

Contact Person:

Phone to reach contact person:

Church Name:

Address:

City, St, Zip:

[illegible]

AGAPÉ KURE BEACH MINISTRIES RETREAT INFORMATION

Camp Health Form

All campers must have completed the Health History form in order to attend camp. The form **must be signed** by a parent or guardian and given back to your group leader who will return it to camp.

Insurance

Agapé Kure Beach Ministries provides umbrella liability coverage. In case of an accident requiring medical care, AKB Ministries can provide for out-of-pocket expenses or assist with expenses above limits of your primary insurance. AKB Ministries does not provide preventive or health care insurance on sickness.

Medication

Please furnish complete and specific written instructions for your camper's medications. **Prescription medications must be in their original prescription bottles.** All medications must be turned in at registration and AKB staff members will handle all storage and distribution. "Just in case" medications like Tylenol, Benadryl, etc. can be left at home - we stock these common over-the-counter medications.

Arrival/Departure and Directions

Arrival/check-in is **Friday 7:30-8:00** at the Lodge. Plan to eat dinner *before* you arrive. Our time together concludes **Sunday after lunch at 1:00pm**. Detailed directions can be downloaded from our website: <http://agapekurebeach.org/home/directions.html>

Telephone

The telephone number for the Agapé office is 919-552-9421. It is our policy that campers do not use the telephone. Please have all transportation planned before drop-off. In case of an **immediate family emergency only**, contact Christa.

What to bring:

- ☐ Sleeping bag or twin bed sheets (pillows and blankets are provided but **bring your own pillowcase**)
- ☐ Towel
- ☐ Toiletries: toothbrush, toothpaste, comb/hairbrush, soap, shampoo, etc.
- ☐ Clothes for entire weekend (appropriate for outdoor activities)
- ☐ Footwear- **must be closed toe and attach to heel**
- ☐ Light coat or sweatshirt
- ☐ Rain jacket or poncho
- ☐ Cap or hat
- ☐ Books or quiet game
- ☐ Flashlight
- ☐ Insect repellent, sunscreen
- ☐ Water Bottle
- ☐ **Money for camp store (optional)**
- ☐ Bible

We are not responsible for any personal items brought to camp

What to NOT bring:

- ✗ Chewing gum
- ✗ Snacks or food of any kind
- ✗ Cell phones
- ✗ Any other electronic devices; iPads, radios, mp3, games, etc.
- ✗ Candles, lantern, fireworks of any kind
- ✗ Alcohol, tobacco products of any kind, drugs not prescribed by doctor
- ✗ Knives/firearms/weapons
- ✗ Anything we haven't listed that we feel is necessary- if you think we might want to confiscate it, don't bring it

Camp reserves the right to hold any of the above items while the camper is in camp. Legal action may be taken in cases involving alcohol, tobacco, and other drugs, fireworks, and weapons. Although camp respects the privacy of all attendees, for safety sake we reserve the right to search any personal items we feel necessary, with or without notification.

BYG Profile/Registration Form

Return this to your group's leader...they should be mailed all together to camp prior to your arrival.

Camper Name _____
Last First Middle

Address _____

Telephone () _____

e-mail address _____

☐ No, You may not e-mail me a post-retreat evaluation

Date of Birth _____ Age _____ Current Grade _____

Name of Home Congregation _____



Camper Profile Information

The following information is helpful to our camp staff in getting to know campers better and more quickly:

Nickname (or what the camper prefers to be called): _____

Pet(s) Name(s): _____

Brothers or Sisters: _____

Special Interests or Hobbies: _____

Is your child: [] Out-going [] Quiet and Shy in groups?

Concerns we should be aware of: _____

The #1 thing they hope they do while they are at camp: _____

Permission (This section must be signed in order for your child to attend camp)

_____ HAS MY PERMISSION TO ATTEND BYG AT CAMP AGAPÉ.

Parent/Guardian's Signature _____

please print Parent/Guardian name here _____

Agapé ✝ Kure Beach Ministries Health History Form

**To Parent(s)/Guardian(s): Please follow the instructions below.
Attach additional information if needed.**

1. Complete front and back of this form and make a copy.
2. Send the original signed form to camp at least 10 days prior to camper's arrival.
3. Campers cannot be accepted for camp sessions without a signed health history.

Mail this form to:
Agapé ✝ Kure Beach Ministries
1369 Tyler Dewar Lane
Fuquay-Varina, NC 27526

Camper Name _____
Last

Camper Name: _____
Last First Init.
☐ Male ☐ Female Birth Date _____ Grade Entering: _____ Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year Month/Day/Year
Camper Email: _____ Camp Program _____
Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____
Home Phone: (_____) _____ Cell Phone: (_____) _____ Email: _____
Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____
Home Phone: (_____) _____ Cell Phone: (_____) _____ Email: _____

Additional contact in event parent(s) (guardian(s) can not be reached:

Name: _____ Relationship to Camper: _____ Home/Cell Phones: (_____) (_____) _____

Allergies: ☐ No known allergies. ☐ This camper is allergic to: ☐ Food ☐ Medicine ☐ The environment (insect stings, hay fever, etc.) ☐ Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: ☐ This camper eats a regular diet. ☐ This camper eats a regular vegetarian diet.
☐ This camper has special food needs. (Please describe below.)

Activity Restrictions: Chronic illness, operations, or serious injury. (Please describe below.)

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|--|
| 1. Had frequent ear infections? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Had mononucleosis ("mono") during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have a heart defect or heart disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. If female, have problems with periods/menstruation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Had seizures or convulsions? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, has been told about menstruation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have a bleeding/clotting disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Had hypertension? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have asthma/whooping/shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Have a history of bedwetting? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Had Chicken Pox? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had Psychiatric Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Had Measles? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Have headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Had Mumps? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Had German Measles? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Have diabetes? (year) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Please explain "Yes" answers in the space below, noting the number of the questions.

First

Initial

(For Camp Use) Cabin or Group _____

(For Camp Use) Week/Camp _____

Camper Health History Form	Camper Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Init. </div>																								
Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement. Has the camper: <div style="margin-top: 5px;"> 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Ever been treated for emotional or behavioral difficulties or an eating disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. During the past 12 months, seen a professional to address mental/emotional health concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)..... <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p><i>Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.</i></p>																									
Immunization Record: Date of Last Tetanus _____ DPT _____ Polio _____ MMR _____ <p><i>If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.</i></p> <div style="display: flex; justify-content: space-between;"> Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____ </div>																									
Medication: <input type="checkbox"/> This camper will not take any daily medications while attending camp. <input type="checkbox"/> This camper will take the following daily medication(s) while at camp: <p>"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. <i>Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.</i></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 20%;">Name of Medication</th> <th style="width: 15%;">Date Started</th> <th style="width: 20%;">Reason for taking it</th> <th style="width: 20%;">When it is given</th> <th style="width: 15%;">Amount or dose given</th> <th style="width: 10%;">How it is given</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____ </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____ </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____ </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>The following non-prescription medications may be stocked in the camp Health Center and are used on an <u>as needed basis</u> to manage illness and injury. <i>Cross out those the camper should <u>not</u> be given.</i></p> <div style="display: flex; flex-wrap: wrap; font-size: x-small;"> <div style="width: 33%;"> Acetaminophen (Tylenol) Ibuprofen (Advil, Motrin) Antihistamine/allergy medicine Diphenhydramine antihistamine/allergy medicine (Benadryl) Calcium Carbonate (Tums, Antacid tablets) Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) </div> <div style="width: 33%;"> Phenylephrine decongestant (Sudafed PE) Pseudoephedrine decongestant (Sudafed) Guaifenesin cough syrup (Robitussin) Dextromethorphan cough syrup (Robitussin DM) Generic cough drops Sore throat spray </div> <div style="width: 33%;"> Calamine lotion Antibiotic cream Aloe Bandaid Anti-Itch Gel (.45% camphor) Isotonic Solution (eyedrops) Isopropyl Alcohol (ear drops for swimmer's ear) </div> </div>		Name of Medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
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Health-Care Providers: Name of camper's primary doctor(s): _____ Phone: (_____) _____																									
Medical Insurance Information: This camper is covered by family medical/hospital insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <p><i>Please include a copy of your insurance card; copy both sides of the card so information is readable.</i></p> <div style="font-size: x-small;"> Insurance Company _____ Policy or ID # _____ Group Plan # _____ Subscriber _____ Insurance Company Phone Number (_____) _____ Where insured is employed _____ Address for claims _____ </div>																									
Check here <input type="checkbox"/> if you do <u>NOT</u> give permission for A☿KB Ministries to photograph your child for camp promotional purposes (brochures, SmugMug, etc.) No names are used.																									
Parent/Guardian Authorization for Health Care: <p>This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.</p> <div style="display: flex; justify-content: space-between; font-size: x-small;"> Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____ </div>																									
What Have We Forgotten to Ask? Please attach any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.																									