



2022 Information Packet

Provided in this packet:

- **General Information Sheet**
- **Registration Process & Dates**
- **Required Forms**
 - ✓ 2022 Camp Eagle Registration Form
 - ✓ Kids Life Liability Release Form
 - ✓ Kids Life Authorization to Reproduce Physical Likeness
 - ✓ Medication Permission Form
- **Camp Eagle Daily Schedule**
- **“What to Bring to Camp”**

Questions? Contact us!

Kids Life Office - Salem Campus

kidslife@fcclife.org

387-3200 ext. 334

Monday thru Thursday 8:00am – 2:00pm

Cathy Noell – Salem Campus Kids Life Director

cnoell@fcclife.org

Crystal Stratton – North Campus Kids Life Director

cstratton@fcclife.org

Lauren Walters – Southwest Campus Kids Life

lwalters@fcclife.org

Director





Registration Process & Dates

To secure your child's spot at camp, please complete and submit the following to the Kids Life Office at the Salem Campus.

FCC Requirements (submit to Kids Life Office)

FCC Registration Form
FCC Liability Release Form
FCC Authorization to Reproduce Likeness Form
Immunization Record
Copy of Child's Insurance Card
\$50.00 Deposit

Camp Eagle Requirements (to be completed online)

Camp Eagle Registration

No spot is secured until ALL of the FCC Requirements on the list above are received.

Important Dates

- | | |
|------------------------|--|
| Sunday, 4/24/22 | Camp Information Meeting
12:30 pm at all campuses |
| Sunday, 6/26/22 | FCC Registration deadline <ul style="list-style-type: none">• <i>Spots may be secured after this date, depending on Camp Eagle availability</i> |
| Sunday, 7/6/22 | Cancel by this date <ul style="list-style-type: none">• <i>Forfeit \$50.00 deposit, all other monies paid will be returned</i> |
| Sunday, 7/10/22 | ALL payments due in full <ul style="list-style-type: none">• <i>Spots not paid in full by this date will be released back to Camp Eagle</i> |
| Sunday, 7/10/22 | Final Parents & Campers Meeting
1:00 pm, Main Street, Salem Campus <ul style="list-style-type: none">• <i>Lunch provided</i>• <i>Final instructions</i> |

It is your responsibility to make sure that all required forms and deposit are turned in before the deadlines.



Camp Eagle Payments

- Monthly, quarterly, or payments in full are accepted.
- **ALL monies are due no later than Sunday, 7/10/22.**
- Turn payments into Kids Life Help Desk or make payments online through the FCC website.
 - *DO NOT combine or include with your weekly tithe.*
 - *DO NOT PAY ONLINE WITH CAMP EAGLE. THE DISCOUNT MAY NOT APPLY.*
 - For Online Payments:
 - Go to www.fcclife.org
 - Click the “Events” tab
 - Click the Camp Eagle info box
 - Select the “Click here to pay your deposit/registration fees”
 - Follow the prompts to submit your payment
- Mail payments to Shannon Bratton, Kids Life Admin. Asst., 1226 Red Lane Ext., Salem, VA 24153

Additional Excursions for additional fee (these are optional):

- Lazer Tag
- Horsemanship



General Information

When

July 25th – 29th, 2022

Monday, July 25	7:00 am	Check-in @ FCC/Salem - Red Lane parking lot
	8:15 am	Leave FCC Salem Campus
	9:00 am	Arrive at Camp Eagle
Friday, July 29	5:30 pm	Leave Camp Eagle
	6:15 pm	Arrive at FCC/Salem – Red Lane parking lot

Where

Camp Eagle
Fincastle, Virginia

Chaperones

Cathy Noell, Salem Campus Kids Life Director, cnoell@fcclife.org
Crystal Stratton, North Campus Kids Life Director, cstratton@fcclife.org
Lauren Walters, Southwest Campus Kids Life Director, lwalters@fcclife.org

Transportation

FCC transportation

Cost

\$330.00/child, includes

- Meals/Snacks
- Lodging for 4 nights
- Basic activity fees
- T-shirt
- Small Group supplies

Camper Spots Available

50 children spaces available to all FCC campuses (25 boys/25 girls)

Children ***must have*** completed 3rd – 5th grade (private/public school age guidelines)

Spots are filled on a first come, first-serve basis once **all FCC paperwork and deposit** is received.

DO NO REGISTER ONLINE WITH CAMP EAGLE



Medication while at camp

A Medication Permission Form must be completed for all medications, including over-the-counter, your child will need to take while at camp.

- Only medicines with a completed and signed form will be administered.
- All medicines MUST be checked in with FCC Camp Nurse.
- Children will not be allowed to keep or administer their own medication.

Two Medication Permission forms are included with this packet.

- Complete and turn in with registration forms for any medications your child takes daily as of now.
- We can update as needed prior to camp.

If additional forms are needed, feel free to make copies or call the Kids Life office.

Money

Your child will need the following:

- Spending money for camp (up to \$75 for the week).
- Money will be checked in and held by Camp Eagle.

Housing

All children will be housed in cabins with 2 Camp Eagle counselors.



2022 Camp Registration Form

Child's Personal Information:

Child's Name: _____

Address: _____

City/State/Zip: _____

Parent's Email Address: _____

Date of Birth: _____ Grade (*just completed*): _____

School Attending: _____

Special Needs (*physical/learning/dietary*): _____

Parent/Guardian Information:

Father's Name _____

Mother's Name _____

Who does child reside with? _____ Father _____ Mother _____ Both _____ Other*

*If child lives with someone other than Father/Mother:

Name/Relationship to child: _____

Emergency Contact Information

1st Contact

Parent/Legal Guardian cell # _____ work # _____

2nd Contact (*if 1st cannot be reached*)

Parent/Legal Guardian cell # _____ work # _____

Child's shirt size: _____ YS _____ YM _____ YL _____ AS _____ AM _____ AL



What to Bring

- Bible, Notebook/Journal, & Pen/Pencil
- 6 pairs of shorts (*No "short shorts". Stand with you arms by your side—your shorts should be longer than your fingertips.*)
- 6 T-shirts (*No tank tops or midriff tops*)
- Underwear
- Sock & tennis shoes for recreation (*2 pairs of closed toed shoes would be ideal*)
- One-piece swimsuits (*No bikinis, tankinis, or T-shirts over two-piece swimsuits*)
- Beach towel
- Towels & Washcloths
- Sleeping bag/bedroll & pillow
- Shampoo, conditioner, soap, and/or shower gel
- Shower shoes (*flip flops*)
- Deodorant
- Toothbrush & Toothpaste
- Spending money (*We recommend no more than \$75. It must be turned in to FCC counselors at check-in.*)
- Light jacket or sweatshirt
- Rain gear
- Flashlight
- Any necessary prescription or over the counter medication as listed on Health Form (*All medications must be turned in to FCC Camp Nurse/Director at check-in.*)
 - * *Your child will have to move/carry their own belongings, so pack as light as possible.*
 - * *We recommend packing each set of clothes in a Ziploc bag labelled with the day.*
 - * *Please make sure to pack camp appropriate clothes—clothes that can get messy.*

What NOT to Bring

- ⊗ Cellphones, radios or personal listening devices, video games, etc
- ⊗ Tobacco, drugs, or alcohol
- ⊗ Weapons or pocket knives
- ⊗ Fireworks
- ⊗ Lighters, matches, or candles
- ⊗ Skateboards
- ⊗ Magazines
- ⊗ Food or Drinks

FCC and/or Camp Eagle will not responsible for any items that are lost, stolen, or left on campus.

Medication Permission Form

- Complete one form for each medication (prescription and over-the-counter) to be given.
- Include medication in its original package or prescription bottle.
Medication will not be administered if not in its original package.
- All medications **MUST** be checked in with Camp Director.

Child's Name _____

Medication _____

Health issue requiring medication _____

Dosage/how often _____

Special instructions _____

To be completed by Camp Nurse or Camp Director

Date/Time of Dosage

Administered By/Notes:

Signature of Camp Nurse/Director



Kids Life Children's Ministry
Authorization to Reproduce Physical Likeness

I grant Fellowship Community Church the right to photograph my child and use his/her picture, silhouette, or other reproductions of my child's physical likeness in connection with advertisements, publications, and/or videos of Fellowship Community Church. These reproductions may include an exhibition, Internet webpage, incorporation into a publication, church advertisement or promotion, or any other use of videos.

My signature below indicates that I have read and understand the meaning and effect of this release form.

Agreed and Accepted:

Signature of Parent/Guardian

Date

Child's Name (please print)

Relationship to child

****Note: This information will be in force until such time as the parent notifies the church in writing that they want the information to be changed.****

Kids Life Liability Release Form

Kids Life is the Children's Ministry of Fellowship Community Church
Release of All Liability Claims

This form allows your son or daughter to attend the following activities:

Camp Eagle Junior Overnight Camp
July 25 - 29, 2022
Camp Eagle
Fincastle, VA

In consideration for being accepted by Fellowship Community Church for participation in the above activity, we (I) being 21 years of age or older, do for ourselves (myself), and on behalf of my child-participant if said child is not 21 years of age or older, do hereby release, forever discharge and agree to hold harmless Fellowship Community Church and the directors thereof from any liability, claims or demands for personal injury, sickness, or death, as well as, property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we (I), and on behalf of our(my) child-participant if under the age of 21 years of age, assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

If the participant has not attained the age of 21 years:

We (I) are the parent(s) or legal guardian(s) of the participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary actions or otherwise, we (I) hereby assume all transportation costs.

Print Name of Participant

Insurance Carrier

Print Parent/Legal Guardian(s) Name

Policy Number

Emergency Telephone Number

Physician's Name/Telephone Number

Signature of Parent/Legal Guardian

Today's Date



Camp Eagle's 2022 Tentative Schedule

7:00am	Wake Up
7:15 – 8:00am	Devotions
8:00 – 8:15am	Get ready for breakfast
8:16 – 8:50am	Breakfast
8:50 – 9:20am	Tidy up the bunk house
9:30 – 10:20am	Field Games & Activities (Horsemanship if signed up)
10:30 – 11:40am	Morning Chapel
11:50am – 12:20pm	Lunch
12:30 – 3:30pm	Hunting Grounds, Outdoor Activities, Swimming, Zip Line, Climbing Wall, Creaking (Laser Tag, Paintball)
3:45 – 4:45pm	Canteen Time/Snacks
4:50 – 5:30pm	Cabin Group Devotionals
5:40 – 6:25pm	Evening Camp Wide Teambuilding Games
7:00 – 7:45pm	Dinner
8:00 – 9:15pm	Evening Chapel
9:16 – 10:15pm	grub 'n grog – canteen store & Joe Mama's
10:20 – 10:40pm	Canteen Time/Snack
11:00pm	Lights Out

**Schedule subject to change*

Camp Eagle Registration Form (Please Print)

Camper Name Parent/Guardian Name

Address City

State Zip Parent's Email

Home Phone Parent's Cell Parent's Work

Camper Date of Birth Camper Age Camper Gender Female Male T-shirt Size

School Grade Completed

Home Church Pastor's Name

First Time Camper? Yes No Choice of 1 Bunk Mate

(Choice of Bunk Mate must be mutual & parents consent)

Medical Information & Authorization ~ In Case of Emergency, Contact:

Name of emergency contact other than Parent/Guardian

Home Phone Cell Work

Name of family Physician Phone

I authorize Camp Eagle Counselors to administer the prescription medications to the camper while he/she is a camper at Camp Eagle. I understand and am Yes No aware the prescription medications are not administered by the Camp Nurse at Camp Eagle.

I authorize Camp Eagle Counselors to administer over-the-counter medications to the camper while he/she is a camper at Camp Eagle. I understand and am Yes No aware the over-the-counter medications are not administered by the Camp Nurse at Camp Eagle.

Please select Yes or No for all over-the-counter medicines that may be administered as needed to your camper (equivalent store brand may be used in place of the brand name product) if any over-the-counter medications are sent to camp with the camper, they must be in the original package.

Acetaminophen (Tylenol Tablet or Liquid) <input type="checkbox"/> Yes <input type="checkbox"/> No	Calamine Lotion <input type="checkbox"/> Yes <input type="checkbox"/> No	Insect Repellent <input type="checkbox"/> Yes <input type="checkbox"/> No
Antibiotic Cream (Neosporin Ointment) <input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrocortisone Cream <input type="checkbox"/> Yes <input type="checkbox"/> No	Pepto-Bismol Tablets/Liquid <input type="checkbox"/> Yes <input type="checkbox"/> No
Antihistamines (Benadryl Tablets/Liquid) <input type="checkbox"/> Yes <input type="checkbox"/> No	Ibuprofen (Advil Tablets/Liquid) <input type="checkbox"/> Yes <input type="checkbox"/> No	Sunscreen <input type="checkbox"/> Yes <input type="checkbox"/> No

Special Medications (please be specific)

Special Health Problems, Handicaps or Disorders

Allergic Reactions (bee stings, penicillin, etc.)

Restricted Activities Do you have medical insurance? Yes No

Insurance Company Name & Number

2022 Camp Weeks

(Check Desired Week(s) of Camp)

Teen Camp Weeks (Ages 12 - 18) - \$360	<input type="checkbox"/> June 6 - 10	<input type="checkbox"/> June 13 - 17	<input type="checkbox"/> June 20 - 24	<input type="checkbox"/> July 18 - 22	<input type="checkbox"/> August 1 - 5
Junior Camp Weeks (Ages 8 - 12) - \$360	<input type="checkbox"/> June 6 - 10	<input type="checkbox"/> June 13 - 17	<input type="checkbox"/> June 27 - July 1	<input type="checkbox"/> July 11 - 15	<input type="checkbox"/> July 22 - 29
Little Eagles Overnighter (Ages 6 - 10) - \$90	<input type="checkbox"/> July 8 - 9				

Optional Excursions

<input type="checkbox"/> \$18 ~ Eagle Eye Lazer Tag (ages 8 - 18)	<input type="checkbox"/> \$25 ~ Paintball (ages 12 - 18)
<input type="checkbox"/> \$25 ~ Tube the James (ages 12 - 18)	<input type="checkbox"/> \$40 ~ Horsemanship (ages 8 - 18)

Medical Authorization

In case of medical emergency, I hereby give my permission to have the staff member in charge hospitalize my child and/or secure a licensed physician, surgeon, or anesthetist in providing the necessary care for my child as named on this registration form. I certify that my child is in good physical health and is able to participate in the entire camping program, except for the activities listed as restricted. I further give permission to the camp staff to administer Tylenol or Benadryl, if needed. I understand and agree that I will be responsible for any and all expenses associated with providing medical care for my child.

Assumption of Risk Participation and Indemnity Agreement

I am aware that during certain events and activities on Camp Eagle property, there may be inherent risks associated with this as well as any other outdoor activity. These events include, but are not limited to, High and Low Ropes Courses, Swimming, Hiking, Challenge Courses, Team Building Exercises, games, paintball, The "Blob", Hay Rides, archery, BB guns, tomahawk throwing, sling shots, Laser Tag, and all other camp related activities. Since Camper safety is of utmost importance to the Camp Eagle Staff, I agree that once made aware of the rules, regulations, and standards as set forth by Camp Eagle instructors, I will abide by them or accept dismissal without benefit of refund for refusing to follow such rules.

In consideration of and as part payment for the right to participate in these events and activities, I have and do hereby assume all risks and will hold Camp Eagle and its sponsoring organization, Shenandoah Baptist Church, (along with all employees or agents of Camp Eagle and Shenandoah Baptist Church), harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my and/or my child's participation in outdoor program activities arranged for me and/or others by Camp Eagle. The terms hereof shall serve as a **RELEASE AND ASSUMPTION OF RISKS** and **INDEMNITY** for my heirs, executors, and administrators and for all members of my family.

If participant is a minor, the undersigned parent or guardian gives permission for said minor to participate in events and activities sponsored by Camp Eagle and accept all risks as stated above.

OPTIONAL EXCURSIONS

In addition to the aforementioned activities, I hereby give permission for my child to participate in the following Optional Excursions

Initial Here _____ Paintball - I understand and assume all risks related to this activity.

Initial Here _____ Tubing the James - I understand that this is an "off-site" event and give my child permission to ride the bus to and from the Tubing location. I also understand that this event requires an additional Release Form for Twin Rivers Outfitters which needs to be signed before participation will be granted. I understand that my child will be supervised by Camp Eagle Staff while "off-site" and expect my child to follow all rules/guidelines given.

Initial Here _____ Laser Tag - I understand and assume all risks related to this outdoor activity and understand that this activity takes place in the woods.

Initial Here _____ Horsemanship - I understand that this is an "off-site" event and give my child permission to ride the bus to and from the Horsemanship location. I also understand that this event requires an additional Release Form for Blue Ridge Farms which needs to be signed before participation will be granted. I understand that my child will be supervised by Camp Eagle Staff while "off-site" and expect my child to follow all rules/guidelines given.

I hereby give permission for my child(ren) to be photographed or videotaped while participating in the events at Camp Eagle. I give Camp Eagle and their agents permission to use or distribute such photographs or video for any reasonable purpose including advertising or promotion. I understand that this consent complies with Section 8.01-40 of the Code of Virginia or its equivalent.

I have carefully read all the information from the Summer Guidelines (campeagleva.org/faqs) and agree to cooperate and comply in all these areas. I understand that violations in any of these areas may result in the campers dismissal from Camp Eagle.

Signature of Parent

Date

Camper Name

Date

Return the completed registration form with a \$50 non-refundable deposit to: Camp Eagle, PO Box 7010, Roanoke, VA 24019. All registrations are processed in the order they are received. Questions: Please call (540) 366-2433 or visit us at campeagleva.org