



# Camp Lee 2021

June 2-6

Dear Students,

It's been nearly 2 years since most of us have been to Camp Lee. We are excited about going back and are looking forward to having lots of fun and growing in our faith. We are planning some different things with our schedule and our activities, and it will be a great adventure. We hope you are excited about going and we are looking forward to our trip!

Here's some things you can do:

- 1-Get your **deposit (\$50)** submitted **no later than Sunday, May 2<sup>nd</sup>** to have a spot!
- 2-Pray daily for Camp, it's leaders, and most importantly ... campers!
- 3-Invite your friends (They must come to Youth Group at least 3 times before Camp)

While we are at Camp Lee we will do things together as a group. All youth are expected to attend Small Groups, Services, and all other scheduled events. This means we expect you to be where you are supposed to be at all times. There will be lots of free time everyday where you can choose options that you would like. Everyone is also expected to conduct themselves according to our Conduct Agreement, and to obey all Leaders (Adult and College) at camp.

The total cost of camp will be \$265. **Students must pay a \$50 deposit no later than Sunday, May 2<sup>nd</sup> to secure a spot.** Please sign up as soon as you can. You will need to pay a \$50 deposit (Non-refundable) to sign up, and then pay the remainder (\$265 minus \$50 deposit = \$215) of camp fee by Sunday, May 23<sup>rd</sup>.

There are scholarships available for those who need financial assistance.

Attached you will find the following items:

- Camp Checklist – List of all items you will need to bring to camp – Keep this sheet.
- \*Conduct Agreement – Agreement of how you will act – Sign & return.
- \*Permission Form – Permission for you to go – Sign & return.
- \*Medical form – Medical history form – Sign in presence of Notary & return.

**\*These items must be filled out and returned to Neal or the Church office NO later than Sunday, May 23<sup>rd</sup>. Remember, you also need to have your entire Camp Lee fee paid by this date.**

I look forward to what God can and will do throughout our week at camp. I am confident that He will speak to each of us in a special way and change our lives. Again, please pray daily for your camp and for all those who will attend.

## Camp Lee Checklist

June 2-6, 2021

- Bible (Please bring an actual Bible – Cell phones/Bible Apps will not be allowed during small groups or worship)
- Pen & Paper
- Backpack (To transport your belongings up/down the mountain)
- Water Bottle (Write your name on it please)
- Insect repellent
- Flashlight!
- Sun screen
- Towels & Washcloth
- Toothbrush, toothpaste, & other toiletries – Deodorant - PLEASE!
- Sleeping bag (or single sheets & blanket) & Pillow
- Earplugs (if you can't sleep with others snoring)
- Proper clothes - No "short" shorts allowed. Tank top straps must be at least 2 fingers wide.
- Swimsuit – Girls may wear a one-piece or a bikini with t-shirt.  
Guys – no speedos.
- Proper shoes appropriate for the mountains. Sandals may result in blisters or foot/ankle injuries. Please bring more than 1 pair.
- Rain protection
- Plastic bags for wet or muddy clothing
- Money (for lunches/snacks during travel and snacks at camp)
- An open, teachable spirit

**No personal music or video devices or earphones allowed at camp or on bus  
(this includes ipods, ipads, DVD players, electronic games, etc.)**

**Cell phones are allowed during free time only.**

## Conduct Agreement

In every event that we hold at camp you are not only a representative of your church, but also of Jesus Christ! Be aware that you are responsible for your actions!

I will not...

Leave the retreat grounds.

Be in the cabin of the opposite sex.

Participate in any way in the use of any illegal substances.

Bring or light any fireworks.

Hurt anyone else's body, personal items, or feelings.

Use vulgar or offensive language.

I will...

Be at all events on time.

Observe all camp rules.

Report any injury or problem to a Leader immediately.

**Obey all leaders** (even ones that are not from my home church).

I have read and understand the Conduct Agreement. I also understand that if I am caught breaking this agreement, that, based on the severity of the offense, the youth leaders have the option of calling my parents to come pick me up or send me home at my parents' expense.  
(anyone participating in the use of any illegal substances will be sent home immediately).

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Youth Signature

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Parent or Guardian Signature

Lynn Haven United Methodist Church  
3203 Minnesota Ave.  
Panama City, FL 32405  
850-265-5231

# Youth 2021/2022

**\*\*THIS FORM MUST BE SIGNED and NOTARIZED  
IN THE PRESENCE OF A NOTARY PUBLIC\*\***

## Authorization for Medical Treatment

We, the undersigned, as the parents and/or guardians of \_\_\_\_\_, hereby consent to any and all emergency medical and surgical treatment, including anesthesia and surgical procedures, which may be deemed advisable by qualified physicians selected by agents or officials of Lynn Haven United Methodist Church. The intention thereof is to grant authority to administer and to perform examinations, treatments, anesthesia, surgical procedures, and diagnostic procedures, which may now, or during the course of the patient's care be deemed advisable or necessary by qualified physicians.

STUDENT NAME \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

MEDICAL INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

STUDENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

PARENT OR GUARDIAN NAME \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMERGENCY CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED

\_\_\_\_\_ CELL PHONE # \_\_\_\_\_

Is your student allergic to any form of medication or anesthesia? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Is your student presently under medical treatment/taking medication? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Frequency of medication: \_\_\_\_\_

If student needs medication while on a trip with the Youth ministry, please talk to the Youth Pastor before each trip.

IN WITNESS of our consent and agreement with the matters stated above, we have subscribed our signatures below.

DATE: \_\_\_\_\_  
\_\_\_\_\_  
Parent/Guardian Signature

DATE: \_\_\_\_\_  
\_\_\_\_\_  
Parent/Guardian Signature

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

SUBSCRIBED and sworn to before me, a Notary Public, the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
My commission expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

AFFIX SEAL HERE:

# PERMISSION FORM – Camp Lee 2021

As a parent/legal guardian of \_\_\_\_\_, I have reviewed the information about the Camp Lee 2021 event, and give permission for the subject of this release to be involved in the overall activities.

I/We have reviewed the rules of the activities and agree that the subject of this release will abide them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We understand all reasonable safety precautions will be taken at all times by Lynn Haven United Methodist Church/its agents, and all other attending churches during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Lynn Haven United Methodist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name (Please Print): \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grade Student will enter this Fall: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

(W) Phone #: \_\_\_\_\_ (H) Phone #: \_\_\_\_\_

Health/Med. Ins. Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Please list below any allergies and/or medical conditions the subject of this release may have. Also list any prescription medication he/she may be during this time.**

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