

2020 Summer Camp Registration

Online Registration is a 3-Step Process.

Step 1. Create A Group (Youth/Kids Pastor/Camp Coordinator)

- Go to laaog.org/kidscamp (kids) or laaog.org/summercamp (youth), Registration, and then “Create a group” located on the right side of the page located under actions. Once you have created a group, you will receive a church/camp specific registration link and other info in your email.

FAMILY LIFE CAMPS

LOUISIANA ASSEMBLIES OF GOD

REGISTRATION HOME PAGE



Facebook Twitter Email

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Contact Information

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Location Information

Twin Lakes Campground

300 Bayou Clear Road
Woodworth, LA 71485

laaog.org/
Email Directions

Nearby

Airports
Hotels
Restaurants

Actions

Add to My Calendar
Make a Payment
Create a Group

YOUR GROUP HAS BEEN CREATED FOR CAMP

You did it! The first step of getting your students to camp is done. You are now registered as the camp coordinator for your church's group for camp. Here is the next step:

Use the link below to promote your students and leaders to register for camp. (Please note that this link is specific to your church's group and week of camp so do not share with other groups. If you are registering for more than one week of camp, you will receive an email with a link for each different week of camp.)

If you would rather use paper forms to gather your students information, we have "Data Collection Forms" included in your packet. But remember, these forms are not to be mailed in as registration. You only use those forms if you do not want your students to register online themselves and would rather do that for them. In that case, you get the Data Collection Forms back and then enter that information online.

Attendees can be added to your group using this link: <https://laaog.brushfire.com/events/453727?group=54bc18a2-dbd4-478b-ae6a-7e79942a6ba>

If that link doesn't work, please follow these steps:

1. Visit <http://laaog.org/453727>
2. Click "Join a Group"
3. Select the group: TEST GROUP* (DO NOT DELETE)
4. Enter the passcode: joint23

Feel free to share this information with anyone you want to join your group.

**EMAIL
EXAMPLE**

Step 2. Join A Group (Parents & Sponsors)

Youth Camp 3 (June 25-29)

Youth Camp 3 (June 25-29) On-Time - Camper	Until Apr 30	\$170.00	\$0.00 of \$170	0
Please note: your registration is not valid until we receive your \$50 deposit (nonrefundable).				
Sponsor - Youth Camp 3 (June 25-29) On-Time	Until Apr 30	\$60.00	\$0.00 of \$60	0
Sponsors must be at least 20 years old or married.				
Please note: your registration is not valid until we receive your full registration fee (nonrefundable).				

Selections are not reserved until order is complete.

JOIN A GROUP CONTINUE

- The link provided in your email can be sent to the parents/guardians or sponsors to register with your group **OR** the group name and passcode can also be used to register attendees with your group.

Step 3. Complete online application and submit payment. (Parents & Sponsors)

- A \$50 deposit for campers and sponsors must be paid at the time of registering to secure the student or sponsor's spot.
- The remaining balance can be paid online at anytime prior to the week of camp. Churches who choose to collect the remaining balance are asked to submit one form of payment either by mail, online or in person during check-in at the campground.

PAPER APPLICATIONS

- If your church would like to use paper applications to collect camper/sponsor information, you can choose to hand out the **DATA COLLECTION FORMS** that are included in this packet.
- The camp coordinator would use those forms to register your campers and sponsors. **If anyone other than the parent/guardian is registering the camper, Family Life will need the original data collection form with the parent/guardian's signature AFTER they have been registered online.**

DATA COLLECTION FORMS ARE ONLY NEEDED IF THE CAMP COORDINATOR IS REGISTERING ATTENDEES INSTEAD OF THE PARENT/GUARDIAN OR SPONSOR



IF ONE OF YOUR STUDENTS WILL REQUIRE HANDICAP ACCESSIBLE HOUSING, PLEASE CONTACT US VIA EMAIL AT kelly@laaog.org NO LATER THAN ONE MONTH PRIOR TO THEIR WEEK OF CAMP SO APPROPRIATE ARRANGEMENTS CAN BE MADE.

FAQ'S ABOUT SPONSORS & UNREGISTERED GUESTS

- **AGE OF SPONSORS** - Sponsors must be at least 20 years old or married.
- **UNDERAGE KIDS** - Underage children are not allowed to attend camp.
- **BACKGROUND CHECKS** – Please provide full name as it appears on your driver's license, and a permanent address when registering online for this process. Our office will run the background check.
- **PREGNANT SPONSORS** - Sponsors who are pregnant may apply as long as their pregnancy is not considered high-risk and they are less than 20 weeks. You must have a written note from your physician stating that you can attend camp as well as participate in the daily activities of camp. The written note must be turned in to the office staff upon arriving at the campground. No special housing accommodations will be provided due to pregnancy. (Campers who are pregnant are not allowed to attend camp.)
- **LEAVING THE CAMPGROUND** - Sponsors (and campers) are not allowed to leave camp unless approved by office staff and check-out process is completed.
- **GUESTS** - No unregistered guests are allowed on the campground with the exception of senior pastors and their spouses. Those guests are asked to check-in and check-out at the campground office.
- **NUMBER OF SPONSORS ALLOWED** - We ask that you limit your sponsors to no more than 1 sponsor per 7 students per gender.

FAQ'S ABOUT REGISTRATION & CHECK-IN

- Data Collection Forms only need to be turned in if the camp coordinator is registering attendees instead of the parent/guardian or sponsor
- Medication forms should NOT be mailed in. Bring those to camp ONLY.
- Deposits are NON-REFUNDABLE and cannot be transferred to another camper's balance.
- Check-in will be in the cafeteria. Please do not arrive before check-in time.

CHANGES TO YOUR GROUP

As the Camp Coordinator for your group, you are able to change a person's information. You can use your 'manage your group' password to make changes up until 2 weeks prior to your group and there is availability. Any student or sponsor that is taking the place of another student or sponsor must be the same gender, from the same church and going to the same camp. With any other questions or changes, please email kelly@laaog.org for questions on all camps.

REGISTRATION REPORTS

Camp Coordinators will receive periodic, automated reminder emails containing a link to a registration report. This link may be accessed at any time to show current students and sponsors registration status. Please check the report often to ensure that information is accurate. Please pay close attention to gender and age of each student and sponsor. NOTE: Last minute gender changes could result in your student not being able to room with your church.

CONFIRMATIONS

The Camp Coordinator will receive a confirmation two (2) weeks prior to your camp start date to verify payment information. **Team color and themes will not be released UNTIL DAY OF CAMP. Camp Shirts will be in all Team Colors and assigned to your group in YOUR team color. In addition, all color items will be on sale at the snack shack in all colors (face paint, silly string, etc).**

FAMILY LIFE

CAMP INFO & GUIDELINES FOR YOUTH CAMPS

PARENTS/ GUARDIANS PLEASE READ

Dress Code:

This exists to help everyone keep their eyes & focus on God for this awesome camp.

Please understand that we simply don't want to make each other "stumble", and thus we ask everyone to please follow this dress-code completely.

- No tank-tops (guys & girls), low-cut or midriff-revealing tops
- No skirts/dresses above the knee
- No shorts shorter than 6 inches above the knee
- No spaghetti-strap, one-shoulder or strapless tops/dresses

Items to Bring:

- Clothing for 5 days/4 nights
- Swimsuit with cover-up (not a towel) if planning to swim
- Twin-size bedding and blanket (or sleeping bag), Pillow
- Towels & washcloths (enough for 4 days and extra for swimming)
- Laundry bag (for dirty clothes/towels)
- Toiletries (soap, shampoo, toothpaste, hairbrush, deodorant, etc.)
- A Bible and something to take notes with
- Money for snacks at the snack shack

Medications:

Parents: If your camper needs to bring any prescribed medication to camp, **please complete the the Camp Medication Form within 24 hours prior** to your camper's arrival at camp. **All medications must be in the original containers.** Place all medication containers in a plastic Ziploc bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. Inhalers are the only meds that can be kept with the camper (please send two in case one is lost).

The leader from each church should check-in the medication(s) with the camp nurse/medic upon arrival, and they'll remain in his/her care for the duration of camp. It is also the church leader's responsibility to pick-up all medication(s) from the First Aid Station as camp dismisses. For any medical exceptions regarding outside food or drink, please have your youth leader or camp coordinator contact the office staff no later than the week before your camp starts.

In Case of Sudden Illness:

Please be considerate. If you are sick, have a contagious disease or an infection, please don't attend camp! If you have questions or concerns, please feel free to call our office at 318-445-6238. We want everyone to have a safe, happy, healthy time at camp, and wouldn't want everyone in your dorm to get sick as well!

No drugs, alcohol, cigarettes and/or tobacco

No pornography of any kind

No food, or drinks to be brought to camp

No pets or animals allowed

No knives, guns, tasers, or weapons of any kind

PLEASE NOTE: If you choose to bring electronic devices (phones, cameras, etc), please note that we are **NOT** responsible for these items if they are lost or stolen. It is at your own discretion. We strongly suggest these items be left at home or kept by the youth leader during camp.

FAMILY LIFE

CAMP INFO & GUIDELINES FOR KIDS CAMPS

PARENTS/ GUARDIANS PLEASE READ

Please complete all forms and complete every question. Failure to do so may delay registration.

We are asking parents NOT to call children or children to call home unless there is an emergency.

Only medicine in the ORIGINAL container and labeled with the child's name will be accepted.

Please include one medication form per camper with all medications included on form.

Over the counter medications (Tylenol, Pepto-Bismol, etc...) are provided at the campground. Please do not send any unless it is unusual.

All medicine should be given to the sponsor and will be brought home by the sponsor. No child will be allowed to leave the campground to visit relatives or friends.

Please do not visit the children at camp. This often causes homesickness for the camper.

Please do not send children to camp with fever or a communicable disease.

Please do not send a child with an ear infection or lice. (Lice checks should be done prior to camp)

Infections, scratches, abrasions, eye, ear and throat irritations should be reported with a note to the nurse.

If ear plugs are needed, please send them labeled with the child.

For KIDS CAMP, please label envelope with name and amount of spending money for camp bank. No bank at Tween Camp. (All money should be in 1's or 5's)

T-shirts are NOT included with the camp registration fee. If you plan to pre-order (\$15.00), make sure that the t-shirt size is marked on the registration form. Extra camp t-shirts will be available for purchase on first come basis in limited sizes.

Children may wear modest short outfits to all activities. No short shorts or abbreviated attire (half shirts, midriff & hip huggers with stomachs showing.) No strapless or spaghetti tops.

Cover up t-shirts are required to be worn when going to the lake and/or the pool.

Label the luggage with name, address, phone and home church

No food, ice chest, small refrigerators are allowed in the dorms

ITEMS NEEDED AT CAMP

Modest swimsuit	Dirty Clothes bag (cloth / mesh not plastic)
4-8 sets of clothing	Soap
4-8 sets of under clothes	Deodorant
1 set of twin bedding	Toothbrush and toothpaste
1 blanket	Shampoo
1 pillow	Clothespins
4-5 Towels	Spending money
4-5 Washcloths	T shirt cover-up (to wear from the lake to the pool)
Hair brush/comb	Bible and Journal

DO NOT BRING TO CAMP

Drugs	Un-labeled medication
Knives or firearms	Tobacco
Fireworks	Pets
Food or snacks (attracts ants in dorms)	

**The camp is not responsible for lost or stolen personal items.*

Individuals needing reasonable accommodation under ADA should contact the Camp Director prior to arriving for camp.

All Camps Medication Form

If your camper needs to bring any prescribed medication to camp, **please complete this form within 24 hours prior** to your camper's arrival at camp. **All medications must be in the original containers.** Place all medication containers in a plastic bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. A medical attendant will receive medications at the First Aid Station during camp check-in. Inhalers are the only meds that can be kept with the camper (please send two in case one is lost).

No prescribed medications can be administered unless listed on this form with Parent/Legal Guardian signature.

Medical personnel in the First Aid Station must administer all camper medications.

Camper _____ Dorm _____ *(to be filled in at camp)*

Church/City _____ Sponsors Name _____

Parent Day Phone _____ Parent Evening Phone _____

NAME OF MEDICATION	DOSAGE	TIME TO BE GIVEN	INITIALS, DATE AND TIME GIVEN							
			(NURSE USE ONLY)							

Comments/Instructions: _____

Medications will be given as directed on prescription containers. Explain any differences in instructions.

Parent/Guardian:

I, _____, Parent/Legal Guardian of (Campers Name) authorize the camp medical personnel to administer the medications listed above.

I authorize the Camp Executive Staff to consent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contact me before such action.

Parent/Guardian Signature _____

Date: _____

REGISTER ONLINE

IF APPLICANT'S PARENT/GUARDIAN IS NOT THE ONE REGISTERING THE CAMPER ONLINE, THE CAMP COORDINATOR MUST SUBMIT THIS COMPLETED FORM TO FAMILY LIFE AFTER THE ONLINE PROCESS IS COMPLETED.

FAMILY LIFE SUMMER CAMP

CAMPER DATA COLLECTION FORM

Church Attending With: _____ Church City: _____

Week Attending: **Youth Camp#** _____ **Kids Camp#** _____ **Tween Camp**

CAMPER INFO:

Camper's Name: _____ Guy _____ Girl Age: _____ DOB: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

MEDICAL INFO:

Medical Facts We Should Know: _____

NOTE: If your camper needs to bring any medications to camp, please complete a Medication Form and have your camper bring it them to camp. All medications must be prescribed in camper's name & in their original containers.

Date of most recent tetanus shot: ____ / ____ / ____ (REQUIRED in case of emergency)

INSURANCE INFO:

Camper's Insurance Company: _____ Policy #: _____

PLEASE NOTE... Camp insurance is SECONDARY. Camper's insurance is PRIMARY.

EMERGENCY CONTACT INFO:

Parent/Guardian Name: _____ Relationship To Camper: _____

Home Ph: (____) _____ - _____ Cell: (____) _____ - _____ Work/Alt Phone: (____) _____ - _____

Home Address: _____ City: _____ State: _____ Zip: _____

AUTHORIZATIONS:

I give permission for my child to participate in all camp-related activities. I give my consent for the camp first aid personnel or other appointed authority to administer proper medication and/or treatment as needed. In the event I cannot be notified of necessary emergency surgery or other medical treatment for my child, I give my permission for the attending physician to treat my child in the manner he/she recommends.

I also understand participants are liable for damage caused intentionally or maliciously. Damage caused by a participant will be directly to the participant responsible and their legal guardian.

I also give permission for photos (individual or group) & video footage to be taken of my student at this event, to be used in the best interest of Family Life, as well as the Louisiana District Council of the Assemblies of God.

I understand, for the safety and protection of the registered participants, this camp is a closed campus event. NO guests will be allowed on the grounds without prior approval from the Family Life office staff.

PARENT/GUARDIAN SIGNATURE(required): _____ **Relationship To Camper:** _____

I acknowledge that I have read the Camp Guidelines and I understand that my signature below signifies that I am in agreement with its contents. I understand that should I be sent home for breaking the camp rules, I will not receive a refund (full or partial). I also understand that I will be informed of other camp rules upon arrival, and should I break any of those rules and the resulting discipline warrant it, I will be dismissed from camp without refund. I understand that Student Life Camps is a volunteer activity. I am willing to cooperate with the overall spirit and schedule of this event.

CAMPER'S SIGNATURE: _____

Camp Shirt Size: _____
Additional Cost: \$15 (if pre-ordered)

RULES FOR ACCEPTANCE AND PARTICIPATION IN THE PROGRAM ARE THE SAME FOR EVERYONE
WITHOUT REGARD TO RACE, COLOR, AND NATIONAL ORIGIN, AGE, GENDER OR HANDICAP.

SPONSOR DATA COLLECTION FORM

Sponsors must be 20 years or older, unless married

FAMILY LIFE SUMMER CAMP

REGISTER ONLINE
IF APPLICANT IS NOT THE ONE REGISTERING
ONLINE, THE CAMP COORDINATOR MUST
SUBMIT THIS FORM TO FAMILY LIFE AFTER THE
ONLINE PROCESS IS COMPLETED.

Church Attending With: _____ Church City: _____

Week Attending: **Youth Camp#** _____ **Kids Camp#** _____ **Tween Camp**

SPONSOR INFO:

Name: _____ M _____ F _____ Single _____ Married _____ Age: _____ DOB: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ - _____ Email: _____ @ _____ . _____

MEDICAL INFO: Sponsors that are pregnant, please see your church's camp coordinator for guidelines in attending summer camps.

Please list any medical facts that we should know: _____

Any medications you bring with you for yourself must be prescribed in your name, in their original containers & out of reach of campers.

Date of most recent tetanus shot: ____ / ____ / ____ (REQUIRED in case of emergency)

INSURANCE INFO: (Camp insurance is **SECONDARY** and your personal insurance is **PRIMARY**)

Sponsor's Insurance Company: _____ Policy #: _____

EMERGENCY CONTACT INFO:

Name: _____ Relationship To Sponsor: _____

Home Ph: (____) _____ - _____ Cell: (____) _____ - _____ Work/Alt Phone: (____) _____ - _____

Home Address: _____ City: _____ State: _____ Zip: _____

In the event I am unable to respond & my emergency contact cannot be notified of necessary emergency surgery or other medical treatment, I desire to be treated in the manner recommended by the attending physician.

In conformation with standard guidelines for adult volunteers working with minors, background checks are submitted on each adult volunteer ages 18 or above. This is from the National Criminal Search and Sex Offender's Database. We will contact you if there is any interference in your acceptance due to this background check.

Have you even been charged with immoral activities such as child molestation, crimes against nature, incest, obscenity, rape, etc.? ☐ **Yes** ☐ **No (If yes, please explain on a separate sheet of paper & attach to this application.)**

The information contained in this application is correct & true to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character, background and fitness for working with youth. I release all such references from liability for any damage that may result from furnishing such evaluations or opinions to Family Life. I understand that this camp is designed for the benefit of the youth attending, and that my application may not be accepted due to overstaffing, bed spaces for campers, etc.

As a camp sponsor applicant, I realize that I may be called upon to serve in a variety of ways/areas. I pledge myself in cooperative ministry with the director and will maintain a personal discipline and spirit which exemplifies Christ & sets a great example for students to follow at all times. I am willing to cooperate with the overall spirit and schedule of this event. I have read, understand & agree to abide by the general camp guidelines regarding dress code, contraband, etc. I also understand that I will be informed of other camp rules upon arrival, and should I break any of those rules and the resulting discipline warrant it, I will be dismissed from camp without refund. I understand that should I be sent home for breaking the camp rules, I will not receive a refund (full or partial), and that it is possible I may be prevented from participating in Family Life camps in the future.

SPONSOR'S SIGNATURE: _____ **DATE:** ____ -- ____ --

Camp Shirt Size: _____ **Additional Cost: \$15 (if pre-ordered)**

MAIL TO:

LOUISIANA ASSEMBLIES OF GOD
ATTENTION: FAMILY LIFE CAMPS
P.O. BOX 7388
ALEXANDRIA, LOUISIANA 71306

FAMILY LIFE SUMMER CAMP

JUNIOR SPONSOR DATA COLLECTION FORM

Camp Shirt Size: _____

Church Attending With: _____ Church City: _____

Week Attending: Kids Camp# 1 Kids Camp# 2 Kids Camp# 3

CAMPER INFO:

Camper's Name: _____ Guy _____ Girl Age: _____ DOB: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Instagram/Snapchat: _____ Driver's License #: _____

MEDICAL INFO:

Medical Facts We Should Know: _____

NOTE: If your camper needs to bring any medications to camp, please complete a Medication Form and have your camper bring it them to camp. All medications must be prescribed in camper's name & in their original containers.

Date of most recent tetanus shot: ____ / ____ / ____ (REQUIRED in case of emergency)

INSURANCE INFO:

Camper's Insurance Company: _____ Policy #: _____

PLEASE NOTE... Camp insurance is SECONDARY. Camper's insurance is PRIMARY.

EMERGENCY CONTACT INFO:

Parent/Guardian Name: _____ Relationship To Camper: _____

Home Ph: (____) ____ - ____ Cell: (____) ____ - ____ Work/Alt Phone: (____) ____ - ____

Home Address: _____ City: _____ State: _____ Zip: _____

AUTHORIZATIONS:

I give permission for my child to participate in all camp-related activities. I give my consent to administer proper medication as needed and requested by the camp nurse or other qualified authority. In the event I cannot be reached to be notified of necessary emergency surgery or other needed medical treatment, by doctor's recommendations, I desire to have my dependent treated in the manner recommended by the attending doctor.

I also give permission for photos (individual or group) & video footage to be taken of my student at this event, to be used in the best interest of Family Life, as well as the Louisiana District Council of the Assemblies of God.

I understand, for the safety and protection of the registered participants, this camp is a closed campus event. NO guests will be allowed on the grounds without prior approval from the Family Life office staff.

PARENT/GUARDIAN SIGNATURE(required): _____ **Relationship To Camper:** _____

As a camp junior counselor applicant, I realize I may be called upon to serve in a number of areas. I will dedicate myself to the service at the camp. I realize this camp is for student. I also fully understand that my application may not be accepted due to over staffing, bed spaces, etc. The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for children/youth work and give permission for my local church or the Louisiana District Assemblies of God to run a criminal background check. (only if age 18)

JUNIOR SPONSOR'S SIGNATURE (required): _____

I have reviewed the information being submitted, and as pastor, I recommend the applicant as a Junior Counselor. I am personally acquainted with the applicant, and in my opinion he or she is competent and qualified to work with minors of any age. I know of no reason physically, morally, or spiritually that he/she should not be accepted. I know of no facts or allegations that raise any question concerning his or her suitability for working with minors in any activity.

PASTOR'S SIGNATURE(required): _____ **PASTOR'S COMMENTS** _____