

Sponsor Information

Thank you for your willingness to be a sponsor and to help children come to know and grow in Christ! God has a purpose in your being at camp, a purpose which will have eternal, lasting results! Please begin praying now for the week.

Sponsor Responsibilities

- Love and pray for each camper.
- Have a positive attitude.
- Be familiar with the rules listed in the sponsor and camper book.
- Involve the kids at camp.
- Sit with your kids during worship. Seating will be assigned each night – look for the seating chart.
- Be available to speak with your kids during the invitation time.
- Facilitate Bible Studies during the Bible Study time.
- Participate actively during recreation time with campers.
- Do cabin wrap-up (review camper's daily memory verse, Bible truths, decisions, questions, prayer, etc.) with your camper in the cabin before lights out.
- Help campers with scripture memory and memorize the scriptures with them.

Sponsor Tips

Be sensitive to each child's needs. Watch closely for those who may feel left out or picked on by others. Do not suggest (much less promise) that a child can go home due to homesickness. Try to minister to him/her. Suggest a child write a letter. Encourage parents of the homesick child to persuade their child to stay. No child is permitted to leave camp (even with a parent) without one of the Camp Director's authorization. Bring the child to the Dean of Boys or Dean of Girls for some extra Tender Loving Care. Communicate with camp leadership. If you need something, talk with any of the Camp Staff.

Child Protection Training

In order to serve as a volunteer sponsor at Latham Springs, you must complete the Child Protection Training, and turn in a Certificate of Completion at the Sponsor Prep Meeting. These Certificates are good for 2 years, but it is your responsibility to be able to present the certificate. You can find all the information on this course at www.lathamspings.com/child-protection-training.

Registration/Background Check Form

Every adult over 18 must have a criminal background & sex offender check. It is the **church's responsibility** to complete a **background check** on each Sponsor and Fill out the **Sponsor Verification Form**.

The day of camp you will need to bring camp forms in this order, please:

Sponsor Verification Form, Adult Registration Forms, Copies of Child Protection Certificates,
List of Campers, Camper Registration Forms

Sponsor Prep Meeting

Sponsor Prep Day will be Sunday, June 2nd, 2:30 – 4:00 p.m. at FBC Grandview, 401 E. Criner, Grandview, TX 76050, (Youth Room/Closest to Brookshire Brothers). Contact Julie Swift, 817-648-5003 for questions. It is very important to have as many adults there as possible, especially if you are a first time sponsor. This is an important day to get information out, answer questions, and spend some time in prayer as a group. Please make every effort to be there.

Latham Springs Sponsor's Guidelines

Being a good sponsor means stepping up to the awesome, **24 hours a day**, responsibility of caring for someone else's children physically, mentally, emotionally and spiritually. A sponsor is acting "Loco Parenti" which means "in the place of parents". This is an opportunity that should be taken with great thought and care.

- I. It is the sponsor's responsibility to ensure their camper(s) do not participate in any activity listed as a limitation on Camper Registration/Medical Release Form (Appendix 1). Sponsors should make sure they are familiar with their camper's registration form and medical needs. Please make yourself aware of HIPAA and how it relates especially to the "Need to Know" privacy aspect of an individual's medical needs.

- II. SPONSOR PRIVILEGES are defined by your unique position as both a trusted church leader who is asked to shepherd precious young people and are required to assure health, safety and security for the campers. Privileges include:
 - 1) Sponsor campers.
 - 2) Parent, teacher, confidant, disciplinarian, staff member and friend to each camper in your group.
 - 3) Represent your church, Latham Springs and the Lord Jesus Christ.
 - 4) To provide an atmosphere conducive to spiritual growth for those who are already Christians.
 - 5) To maintain a prayerful sensitivity that God might call some to special service and then to help them in their response.
 - 6) Guide young people to understand and apply proper Christian relationship principles with their peers and leaders.
 - 7) To make CAMP the most fun experience ever.

- III. SPONSOR RESPONSIBILITIES include the primary requirement to assure that the campers in your group cooperate with all of the LSCRC Guidelines.
 - 1) Be vigilant for safety issues 24 hours a day.
 - 2) There is to be NO river or lake access unless LSCRC Personnel are present.
 - 3) Many campers' "sicknesses" are due to not drinking enough water. Encourage three glasses of water or non-caffeine drinks at meals and frequent fluids at activities.
 - 4) Please make yourself aware of correct body spill clean-up methods. LSCRC keeps "Body Spill Clean-up Kits" in the First Aid Station. You can contact the Camp Health Officer or camp staff to obtain a kit.
 - 5) Know each camper in your group by name and foster a spirit of mutual accountability.
 - 6) Sponsors must maintain continuous supervision of their group at all times. **This is a Texas Department of State Health Services requirement.** Supervision is never handed over to Latham Springs staff. This requires cooperation with other sponsors to assure that no camper is overlooked. It is important to know your campers.
 - 7) Please help be good stewards of God's resources at Latham Springs by keeping doors, closed, turning off lights and keeping air conditioner's thermostats **at 72** degrees. It will freeze up and not work at all if you turn it colder.
 - 8) NO ONE is to remain in the cabins/lodges during scheduled activities.
 - 9) Sponsors make sure their students are on time and monitor them during Worship services.
 - 10) Sponsors bed 'em down and shut-em off at "lights out".
 - 11) Seek opportunity early in the week to talk with your campers individually about their relationship with the Lord. If you need assistance ask your church leader or camp staff. It is best not to talk with your campers during the invitation unless they ask a specific question.
 - 12) LEAD your group to pray for the unsaved in the camp and especially in your group.
 - 13) If transportation is needed, notify the Camp Director to make plans to transport patient while maintaining enough supervision for your Campers. The transporting vehicle must take the Transport Safety Bag in vehicle located in the Nurses' Station. (STATE LAW)

- IV. CAMPER PROBLEMS:
 - 1) Handle problems which you observe in behavior immediately. If you require assistance, include your Church Leader, Dean of Campers, or Director.
 - 2) Personal problems which the campers bring to you need to be taken seriously and discussed with them as soon as practical. However, you will not be able to handle all of their problems and may need to refer them to parental or pastoral care.
 - 3) If further disciplinary actions are needed, consult with Camp Director.

V. ILLNESS OR INJURY:

- 1) Camper must be taken to the Camp Health Officer (CHO) in the First Aid Station.
- 2) If situation warrants, CHO will contact the Camp Director and Camp Manager if necessary.
- 3) If transportation is needed, notify the Camp Director to make plans to transport patient while maintaining enough supervision for your Campers. The transporting vehicle must take the Transport Safety Bag in vehicle located in the Nurses' Station. (STATE LAW)
- 4) CHO, Group Leader, Latham Springs Staff will make all calls to parents, doctors, or hospitals as required. Depending on the nature of the illness/injury the parent/guardian may be asked to meet their child at the doctor/hospital. Try and remain calm when calling parents. Please make yourself aware of HIPAA Laws especially relating to the "Need to Know" aspect.

VI. CABIN CLEANING & CHECK OUT:

Turn-around times are critical this year! Remember your check-in/check-out times. Same day as your departure, another camp will be arriving. During those few hours in between camps, Latham Springs staff will have to flip the whole camp for the next group. Please leave your cabins clean to help with this process. See page 23 in the Latham Springs Handbook for Cleaning Procedures.

- Staff will go through cabins, lodges and public restrooms daily to empty trash and fill paper towel and toilet paper dispensers.
- Two bottles of pink soap (heavily diluted) and a roll of paper towels will be available in each cabin.
- Encourage your campers to dispose of their trash properly and to keep the grounds picked up. It is good stewardship!

Check-out day:

1. Each cabin should be cleaned and checked by either a representative of the camp committee or the Camp Director to ensure that cabin has been inspected before departure.
2. Please see that all campers and camper belongings are out of the building.
3. Please ask all campers to remain out of the buildings once they are clean. They can use rest rooms at the auditorium.
4. Church group(s) who depart(s) without cleaning their building(s) may be assessed a cleaning fee.

VII. For Emergency Procedures and Child Abuse Procedures see pages 20-22 in the Latham Springs Handbook.

Name of Church you are representing _____	T-shirt Size _____
Name of Camp Session attending Next Level Kids Camp _____ Date of Camp July 14-18, 2019	_____

Adult / Leader / Sponsor **(Must be 21 yrs. or older)**

Registration Agreement & Medical Release Form for Latham Springs Camp & Retreat Center

Name _____	Phone # _____	Email Address _____
First Middle Last (Maiden)		
Address _____	City/State _____	Zip _____
Birth Date _____	Sponsor Age _____	Driver's License # _____
Emergency Contact _____	Relation _____	Phone _____
Family Physician's Name _____	Work phone _____	Cell _____
Insurance Provider _____	Policy # _____	ID# _____

Medical conditions and Health History: List any recent illness, injuries and/or hospitalizations relevant to physician in case of an emergency (use back if necessary)

I hereby authorize the Latham Springs Camp & Retreat Center staff, Camp Nurse or Group Leadership to make emergency medical decisions on my behalf (if necessary) and I understand that my insurance coverage will be Primary Coverage.

***ALL MEDICATIONS**, whether prescription or over-the-counter, **MUST** be in the original container with the camper's name and the current dosage (Required by the Texas Department of State Health Services). All medications must be placed in a large Ziploc bag with your child's name and church name and **MUST** be given to the Camp Nurse during Registration

Name of Medication	Dosage	Frequency / Time(s)	Comments
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime	<input type="radio"/> As needed
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime	<input type="radio"/> As needed
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime	<input type="radio"/> As needed
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime	<input type="radio"/> As needed

No medications may be kept in the cabins except with permission from the Camp Health Officer at registration. No medications may be given to ANY child except by the Camp Health Officer. This includes OTC, RX, and essential oils. No essential oil diffusers may be used in cabins due to allergies.

(Initials)

AUTHORIZATION FOR BACKGROUND CHECK

In consideration of the receipt and evaluation of this form by Latham Springs Camp & Retreat Center located at 134 PR 223, Aquilla, Texas 76622, I hereby give my permission to obtain information relating to my criminal history record. I understand that this information will be used, in part, to determine my eligibility to serve at Latham Springs. I hereby release any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or my family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this screening form. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

I agree to be bound by the Constitution and policies of Latham Springs Camp & Retreat Center and to refrain from unscriptural conduct in the performance of my services on behalf of the Camp. The basic criteria which have been established by the State of Texas for conducting youth camps is met or exceeded by Latham Springs Group Leader Handbook requirements and I agree to read thoroughly and adhere to all guidelines therein.

RISK RELEASE:

In consideration of, and as part payment for the right to participate in Activities and the services and food arranged by CAMP, Applicant: (1) fully releases CAMP from current or future liability from negligence, gross negligence, or intentional tort by any person, (2) assumes all Risks and Dangers, whether or not that risk is foreseeable, and (3) will indemnify and hold CAMP harmless from any and all claims, liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, for personal injury, property damage or loss, psychological injury or emotional distress, or medical expenses of any kind and attorney's fees and costs of court filed by Applicant, or by other parties against CAMP, connected with Applicant's program or participation in any activities at CAMP or arranged by the CAMP.

Applicant hereby agrees that Applicant will not sue CAMP for personal or property injury, and, if Applicant attempts to sue, Applicant will not collect any money. In addition, Applicant will indemnify CAMP for attorney's fees and costs of court fees associated with any litigation against CAMP connected with Applicant's program or participation in any activities at CAMP or arranged by the CAMP.

REPRODUCED IMAGES

I authorize and release the use of Applicant's image to be reproduced in any form including, but not limited to, newspapers, photographs, magazines, and internet websites, to CAMP for any purpose of CAMP.

BY MY SIGNATURE BELOW, I VERIFY THAT I HAVE READ AND UNDERSTAND EVERY PROVISION OF THIS AGREEMENT.

Name of Adult Participant **(Please Print)**

Date _____

SIGNATURE of Adult Participant

REGISTRATION FORM



PRETEEN CAMP 3rd-5th grade

July 14-July 18, 2019
Sun- Thurs

Children's Ministry

Volunteer Name: _____ Male Female

Date of Birth: _____

Address: _____

City: _____ Zip: _____

T-Shirt Size: YS YM AS AM AL AXL AXXL A3XL
(T-Shirt sizes tend to run small)

Cell Phone: _____ Email: _____

(Please print so I can read it) HAHA!

Emergency Contact: _____ Phone #: _____

Additional Info we may need to know: _____

For office use:

- Participation Agreement
- Camp Registration form
- Insurance Card

Activity Participation Agreement

Activity Information *(To be completed by the activity sponsor)*

Name of sponsoring organization: Eastridge Baptist Church

Address: 732 E. Ovilla Rd Red Oak, Texas 75154 Telephone: (972)617-2338

Name of sponsor's coordinator: Paul Raack Telephone: (972)617-2338

Description of activity: Preteen Camp

Date(s) and location of activity: July 14-July 18, 2019, Latham Springs

Participant Information *(To be completed by participant or authorized guardian)*

Name of participant: _____

Name of parents/guardians: _____

Address: _____ Telephone: _____

Name of emergency contact: _____

Telephone (Day): _____ Telephone (evening): _____

List allergies or medical conditions: _____

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

EASTRIDGE BAPTIST CHURCH

BACKGROUND AUTHORIZATION AND RELEASE FORM

Note: Submitting an incomplete or illegible form may delay the background check results.

I hereby AUTHORIZE any agency to furnish Eastridge Baptist Church with any and all criminal history and identity check information regarding me for the purpose of consideration for a position as a youth or children volunteer within Eastridge BC. I agree that a photocopy of this authorization can be accepted with the same authority as the original. I understand this AUTHORIZATION and the results are to be kept confidential within Eastridge BC.

I understand that a position as a youth or children volunteer requires a full criminal background and identity check for the purpose of evaluating me for that role. I also understand that any misrepresentation, falsification or omission of facts herein may be grounds for disqualification, release or dismissal from the youth or children's program.

PRINT LEGAL NAME: _____
Last First Middle

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** XXX-XX-

HOME PHONE #: _____ **BUSINESS PHONE #:** _____

OTHER NAMES YOU HAVE USED:
(INCLUDE MAIDEN NAME IF APPLICABLE) _____

Current Address:

Street Number & Name City State Zip How Long?

SINCE YOUR 17TH BIRTHDAY, HAVE YOU BEEN CONVICTED OF A MISDEMEANOR CRIME OR A FELONY OR FELONY-REDUCED-TO MISDEMEANOR CRIME BY ANY COURT FOR ANY OFFENSE? YES NO

If yes, please indicate date, location and explanation:

HAVE YOU EVER BEEN CONVICTED OF A CRIME UNDER ANOTHER NAME? YES NO

IF YES, INDICATE NAME: _____

DRIVER'S LICENSE INFORMATION: _____
License number Expiration Date State of Issue

I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief. I understand that Eastridge Baptist Church solicits this information in order to be informed of my previous record(s) and character. I understand that my position as a youth or children volunteer depends upon successful completion of a criminal background investigation. Once utilized in a youth or children volunteer capacity, I understand that any falsification, misrepresentation or omission of facts of this record may be considered cause for release or dismissal if discovered.

APPLICANT SIGNATURE: _____ **DATE:** _____



Eastridge Baptist Church
732 E. Ovilla Rd.
Red Oak, TX 75154
(972) 617-2338

General Questions: children@eastridgebc.com

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	