

**Information Packet  
for**



**Little Sister Camp  
[www.EastTexasGMC.clcss.com](http://www.EastTexasGMC.clcss.com)  
Lakeview Baptist Assembly  
June 22-24  
Cost \$130**

**Little Sister Camp Director: Mary Simmons  
Camp Pastor: Chris Robeson  
Worship Leader: Rick McElmurry  
Missionaries: Elisa Stamps (IMB - Spain)  
Special Project: Noah's Ark Animals**



**Little Sister Camp 2020**  
**Lakeview Baptist Assembly**  
**June 22-24**  
**Cost: \$130**

Dear Girls' Missions Director/Leaders/Sponsors:

*Amid the Covid-19 pandemic, GMC planners are still planning camp June 22-24. We have made some changes to our policy for this year. Registration deadline is now **June 1**. At that time, a fee of **\$50 per camper** will be required. This fee is non-refundable but is transferable. The balance of the cost is due the day you arrive at camp. We hope this will relieve some stress that churches and families are feeling during this time of uncertainty. Every effort possible will be made to ensure the health and safety of your girls while they are at camp.*

*At this time, the only reason we will not have camp is if the State of Texas and/or the Lakeview Board of Trustees cancels our camp. In that case, 100% of the registration fee will be refunded.*

**This packet includes the following:**

- 1. Bring to Camp Checklist**
- 2. Medical Info/Consent/Agreement Form**
- 3. Medication Release/Administration Form**
- 4. Background Check Authorization Form for Sponsors**
- 5. T-shirt Order Form**
- 6. Camp Registration Form**
- 7. Special Days Sheet for each leader and parent**
- 8. Map of the Encampment**

***Check list to mail to the Registrar by June 1, 2020:***

- Camp Registration Form**
- Church Check for \$50 per camper and adult sponsor attending Little Sister Camp**
- T-shirt Order Form**
- 1 copy of CRIMINAL AND SEXUAL MISCONDUCT RECORDS CHECK AUTHORIZATION FORM for EVERY leader coming to camp**

**Check list to bring to camp on June 22, 2020:**

- 2 copies of completed Medical/Consent/Agreement per camper (1 for camp nurse and 1 for traveling to and from camp)**
- 1 copy of Medication Release Form PER MEDICATION PER GIRL (attach to Medical Form)**

- ❖ **Make sure your church name and city are printed on EVERY form you turn in to the camp. Example: First Baptist Church/Anytown, Texas**
- ❖ **Don't forget to include the name/address/phone number of the contact person from your church. It is vital that we are able to reach that person if questions arise before camp.**

**Things to remember to make sure your girls have a great time at camp:**

- **Deadline for registration is *June 1, 2020*.** Any additions after that will be added only with approval from Registrar Chasidy Guthrie (903-930-0969). No late fee this year, but late additions may not receive a T-shirt.
- **CHECK AUTHORIZATION FORM for EVERY leader coming to camp needs to be mailed in with your Registration.**
- The adult/child ratio is 1/6. We recommend **at least 2 leaders per group.**
- **Refunds** for non-attending campers will be made only in the event of medical emergencies. Substitutions are permitted.
- Mission offering goal: **\$2,000.00**
- **No personal checks.** One check per church made out to **Gregg Baptist Association**
  
- **Mail registration to: Chasidy Guthrie**  
Attn: **Girls' Missions Camp**  
PO Box 1124  
Hallsville, Texas 75650
  
- **Registration begins 9:00 AM on Monday morning in the Worship Center.**
- **Morning Celebration, at 10:00 AM** is the first event of camp.
- **Monday is Church Shirt Day.**
- Little Sister Camp **ends Wednesday afternoon immediately after Afternoon Celebration** (about 3:00 PM).
- **Names tags including name and grade completed** need to be made by each church. They must be durable enough to last all week since they are your **MEAL TICKET**.
- **Orientation for camp sponsors will be June 13 at 9:30 AM at Lakeview Baptist Assembly in the cafeteria.** *Every* adult sponsor needs to attend since there will be **no orientation** at camp. It is *mandatory* that each church send at least one adult leader since camp T-shirts will be distributed that day.
- **Absolutely EVERYONE who is going to stay at camp with your girls MUST complete the Background Check Authorization Form and mail it in with Registration.** The encampment must receive the forms **at least two weeks before camp** in order to have time to process the forms. **NOTE: A local church staff person MUST recommend that adults who come are responsible.**
- **THE "CHILD PROTECTION TRAINING" SESSION WILL BE OFFERED FOR LEADERS WHO DID NOT GET CERTIFIED LAST YEAR. THIS "TRAINING" IS GOOD FOR TWO YEARS. In the extreme case someone cannot attend the Orientation for training; there will be a session at camp immediately upon your arrival on Monday, June 18.**
- **Advise parents** that there is an **AGREEMENT TO HAVE PICTURES TAKEN** on the Lakeview **MEDICAL INFORMATION/CONSENT/AGREEMENT to Participate** form. By signing the form, they are giving permission to have photos taken and possibly used in future camp publicity. The campers **WILL NOT** be identified by name.

**Got questions? Contact Lois Nowell, Girls' Missions Camp Director at 903-720-1657 or [girlsmissionscamp@gmail.com](mailto:girlsmissionscamp@gmail.com)**

**If you have questions about Lakeview Baptist Assembly go to their website [www.lba1948.com](http://www.lba1948.com)**



**Little Sister Camp  
June 22-24, 2020  
Bring to Camp Checklist:**

Bible	Pencil or Pen
Soap and Shampoo	Hairbrush
Deodorant	Sunscreen
Water shoes	Tennis shoes
Dirty clothes bag	Pillow
Sleeping bag OR Sheets & blanket	Towels & wash cloths
Clothes for Mon-Wed	Swimsuit & cover up
Missionary offering	Money: snacks & gift shop
Flashlight	

**REMEMBER: Monday is Church Shirt Day.**

**Appropriate clothing to wear at Little Sister Camp:**

Modest shorts, t-shirts, socks, and tennis shoes. You may wear shorts all day.

**Clothing NOT allowed at Little Sister Camp:**

Sandals, open-toed shoes, backless shoes-including CROCS, or platform shoes (the terrain is only tennis shoe friendly!). 2 piece swimsuits, halter tops, crop tops, spaghetti strap shirts, skimpy shirts, or skimpy shorts. Shorts with words written across the seat. Nothing showing that shouldn't be! Dress like a lady and you will be fine!

**Items NOT allowed at Little Sister Camp:**

Cell phones and/or any other electronic device. Medicines **NOT** in original containers. Bad attitudes.

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**CRIMINAL AND SEXUAL MISCONDUCT RECORDS CHECK  
AUTHORIZATION FORM**

I hereby authorize Lakeview Baptist Assembly and Conference Center Incorporated, and/or its agents to make an independent inquiry of my background (criminal and sex offender) on me whether local, state, or national. I hereby release Lakeview Baptist Assembly and Conference Center Incorporated, and /or its agents and any person or entity from any and all liability resulting from such disclosure. **(Required every year) This form must be in camp office at least 2 weeks prior to camp.** Lakeview FAX: 903 656-2993

Last Name (printed): \_\_\_\_\_

First Name (printed): \_\_\_\_\_

Middle Name (printed): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Physical Street Number: \_\_\_\_\_

Street Name (Not P.O. Box): \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Circle Name of Camp or Camps you are attending:

Girls' Mission Camp  
(June 22-25, 2020)

**Child Protection Training (required every 2 years)**

Each sponsor must show a certificate of completion for the Child Protection Training that is required by the State of Texas to be a sponsor for a children or youth camp. You need to provide Lakeview with a copy of your certificate of completion. If no proof of completion can be provided, you must go through the Child Protection Training. This training will be provided at the start of or prior to each camp. **(required every 2 years)**

- \_\_\_\_\_ 1. I will provide a copy of current Certificate of Completion
- \_\_\_\_\_ 2. No Certificate of Completion but took training provided by Lakeview, please check Lakeview's master list. Camp attended here last year \_\_\_\_\_.
- \_\_\_\_\_ 3. I will need training

**Please list all of the camp(s) you are attending for the summer.  
Only one background check is necessary per year.**

**Girls' Missions Little Sister CAMP**

**June 22-24, 2020**

**T-SHIRT ORDER FORM ~ Make a copy for your files. Send the original with your registration in May.**

**Church Name/City** \_\_\_\_\_ **Contact Person/Phone** \_\_\_\_\_

	First & Last Name	Grade Completed	Youth S 6-8	Youth M 10-12	Youth L 14-16	Adult S 34-36	Adult M 38-40	Adult L 42-44	Adult XL* 46-48	Adult XXL* 50-52	Adult XXXL* 54-56
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
	<b>Totals:</b>										

*\*Add one extra dollar for every "X" you add to your shirt size. This really helps keep the overall cost of camp down.*

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Little Sister Camp  
Lakeview Baptist Assembly  
June 22-24, 2020

Registration Form  
(1<sup>st</sup> – 2<sup>nd</sup> graders)

Contact Person:

Registration deadline: Postmarked by May 15

Name \_\_\_\_\_

Send to: Chasidy Guthrie

Address \_\_\_\_\_

Girls' Missions Camp  
PO Box 1124  
Hallsville, Texas 75650

City/Zip \_\_\_\_\_

Phone# \_\_\_\_\_

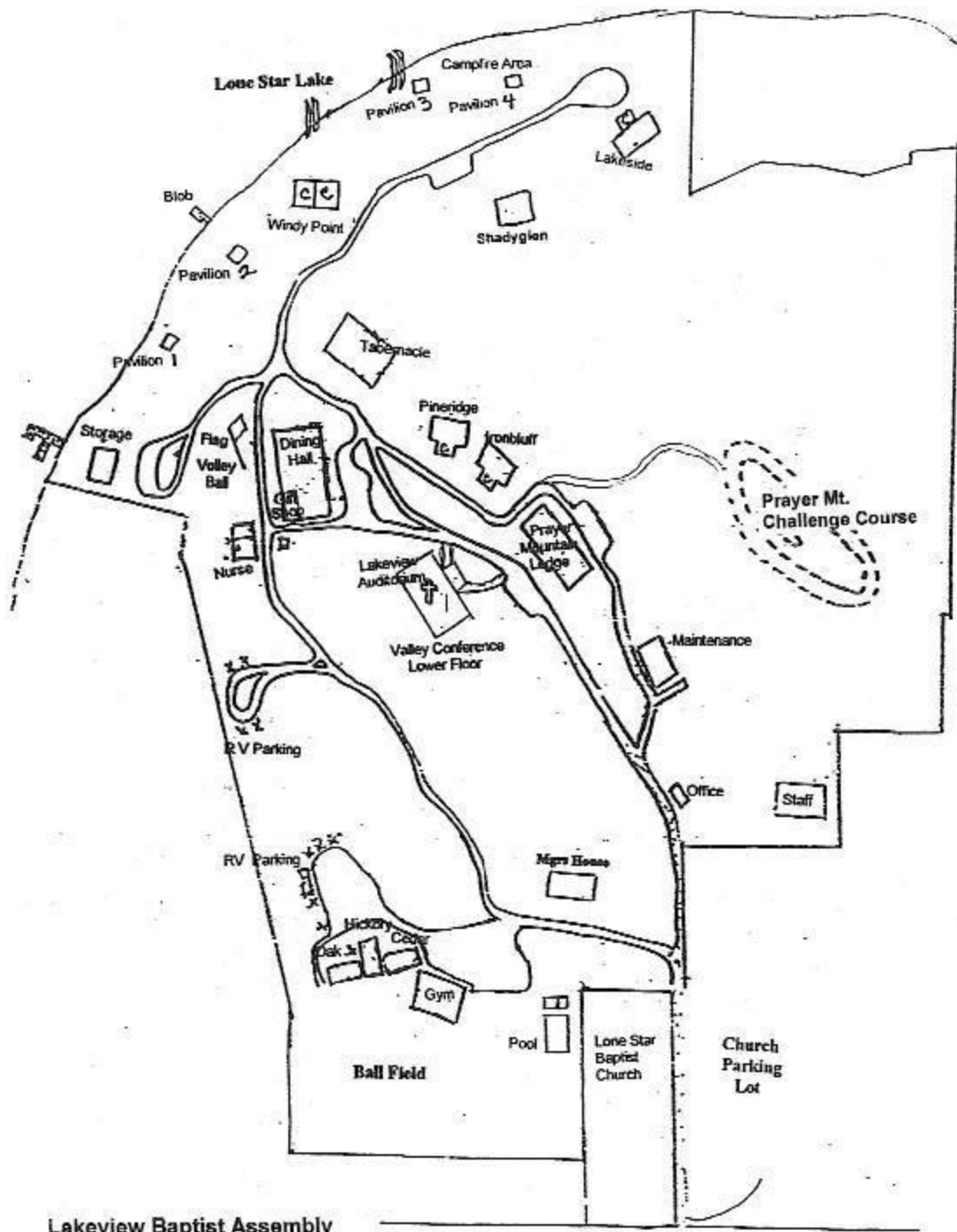
No late registrations without Registrar's approval!

Email \_\_\_\_\_

Registrar: Chasidy Guthrie  
(903) 930-0969

Name of Church/City \_\_\_\_\_

<b>Cost: \$130 per camper</b>	
<b>Total # of Girls</b>	
<b>Total # of Adults (1 adult to 6 girls)</b>	
<b>Total Attending</b>	
<b>Total Number Attending x \$130 = Total Amount \$</b>	
<b>Please send CHURCH CHECKS ONLY made out to: Gregg Baptist Association</b>	
<b>Please, do NOT mail Medical Forms to Registrar. Don't forget to mail Criminal Background Check Authorization Forms with Registration. ☺</b>	



Lakeview Baptist Assembly  
 P. O. Box 0130  
 Lone Star, TX 75668  
 Phone: 903 656-3871

→ North





## ***Big Sister Camp DAILY SPECIALS***

**Monday:** "Church Shirt" Day  
**Tuesday:** "Red, White, and Blue" Day  
**Wednesday:** "Camp Shirt" Day  
**Thursday:** "Inside Out" Day

### ***Activities include:***

<b>Swimming</b>	<b>Snack Bar/Gift Shop</b>
<b>"The Blob"</b>	<b><i>The SCREAMER</i></b>
<b>Paddle Boats</b>	<b>Prayer Mountain Hike</b>
<b>Ropes Course</b>	<b>Crafts</b>
<b>Kayaking</b>	<b>Archery</b>

**And much, much more**

### **OFFERING:**

**Goal for the missionary offering is \$2,000.00**

### **ORIENTATION:**

**The mandatory Leader Orientation/Brunch will be at Lakeview Baptist Assembly, Lone Star, June 13, 2020, 9:30 AM. NO ORIENTATION at camp.**

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## **MISSION ACTION PROJECT**

Through Buckner Children and Family Services our girls can provide “backpacks” filled with needed items for children when they are first placed in foster care. Many children are moved on emergency notice with very little clothing or personal items. The “packs” will be age and gender specific. Plan to fill a packback for at least one child. Encourage your church family to take part in this ministry.

### **FOR INFANTS AND TODDLERS**

- Diapers—around 10 (to get through the night or until the foster parent can get to the store)
- A few jars of baby food and a new bottle/ sippy cup
- Socks
- Baby safe toy/ rattle or teether (depending on age of baby/ size of diapers)

### **FOR BOYS AND GIRLS SIZES 4-10**

- A few new pair of underwear
- A new set of Pajama's
- Socks
- Child's Toothpaste with a new toothbrush
- Doodle Pad or Color Book with Crayons
- Stickers or Sticker book
- Toy or stuffed animal

Attached are labels specifying the age and gender of the child for whom the backpack was so lovingly filled.

Girl:

Age \_\_\_\_

Boy:

Age \_\_\_\_

Infant

Girl

Infant

Boy

**Lakeview Baptist Assembly**

**P. O. Box 0130 – Lone Star, Texas – Phone 903-656-3871**

**Medical Information/Consent/Agreement to Participate**

Church/Organization: \_\_\_\_\_

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Number & Street) (City & Zip Code)

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(If different than participant's)

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager \_\_\_\_\_

**Emergency Notification**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Medical Dr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Name of Insured: \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sponsor allowed authorizing emergency care in lieu of Parent/Guardian: \_\_\_\_\_

Person permitted to take Participant from camp: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Please include any other information you think we need to know on an extra sheet of paper.

**Medical Information**

Allergies (List and Explain Reaction): \_\_\_\_\_

Check any conditions: Diabetes \_\_ Epilepsy \_\_ Asthma \_\_ Heart \_\_ Chest Pain \_\_ Thyroid \_\_ Kidney \_\_ Dizziness \_\_ Back pain \_\_

Broken Bones \_\_ Bleeding Disorders \_\_ Operations \_\_ High Blood Pressure \_\_ Any Other Conditions \_\_\_\_\_

Explanation of the above: \_\_\_\_\_ List Any dietary or Physical Restrictions on back:

Are all immunizations current: Yes \_\_ No \_\_ Date of Last Tetanus Shot: \_\_\_\_\_

List Medications currently being taken: \_\_\_\_\_

I/we hereby authorize the camp nurse or camp director to administer all medication brought by participant. If a medical emergency should arise while the above listed camper is in attendance at Lakeview Baptist Assembly, I/we hereby authorize the camp nurse or camp director to provide care to the camper and/or transport the camper to a medical facility. I/we further authorize the health care provider of the medical facility to administer necessary medical and/or surgical care upon arrival at the medical facility. I/we understand that camp officials will make a conscientious effort to locate the parent/guardian or the emergency contact listed on this document before any action will be taken. If it is not possible to locate the emergency contact listed, I/we will accept the expense of emergency medical and/or surgical treatment.

I/we give my authority and consent for Lakeview Baptist Assembly or camp nurse to treat my child for minor injuries and illnesses with the appropriate non-prescription medication.

**AGREEMENT TO PARTICIPATE: ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

WHEREAS, THE UNDERSIGNED ("the PARTICIPANT") wishes to be accepted for participation in all activities conducted by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC.

In consideration of, and for the right to participate in such an activity by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors, Officers, Trustees, Employees, Agents, and/or Associates, I/we have and do hereby assume all of the risks and any other ordinary risk incidental to the nature of the activity. Further, I/we will hold them harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss, medical bills, hospital bills, and doctor bills, or other wise, which the participant now has or which may arise from or in connection with participation in any other activities arranged for me by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors, Officers, Trustees, Employees, Agents, and/or Associates, and their heirs, executors, and administrators, successors and assigns and for all members of my family, including any minors accompanying me. I/we fully understand that my physical activity involves risk of injury. I/we also understand that my participation in any activity is entirely VOLUNTARY. I/we enter into this activity and take full responsibility for the decision to participate or not to participate and agree to follow all safety instructions.

**AGREEMENT TO HAVE PHOTOGRAPH TAKEN:**

I/we are aware of the fact that photos of my child or of myself may be taken during the week by camp staff, which may appear in future camp publicity. By signing this, I/we give permission to use these photos, aware of the fact that my child or myself WILL NOT be identified by name in any such photos. I/we hereby give permission to have my photograph taken. If this is unacceptable, I/we will so state that fact here by writing "NO" in the space provided. \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian (if participant under age 18)

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date of Signature

**FOR ADULT SPONSORS ONLY (What is your responsibility while attending camp?) \_\_\_\_\_**

Pastor/Staff Recommendation: I recommend this adult to be a responsible sponsor. (Sponsor, camp director, recreational team)

\_\_\_\_\_  
Pastor/Staff Signature

Lakeview Baptist Assembly  
Camps-Conferences-Retreats

Medication  
Release/Administration Form

Lakeview requires that all sponsors/campers who need medication during their attendance at camp must do the following:

1. Complete and present the consent below, signed by parent or legal guardian for administration of medication while the student attends camp at Lakeview.
2. Bring the medication **IN THE ORIGINAL BOTTLE** (prescription or over-the-counter), properly labeled as prescribed by law.
3. Present this form and the medication indicated on this form to the nurse upon arrival on campus and abide by his/her instructions for administration.
4. If more than one medication is to be administered, a separate form is to be completed and signed for each medication.

Medication Information for:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_M \_\_\_\_F  
(Month/Day/Year)

Church group student came with \_\_\_\_\_  
(Church Name) (Church City & State)

Name of medication \_\_\_\_\_

Purpose for medication use (e.g. allergies, asthma, antibiotic) \_\_\_\_\_

Form of medication: \_\_\_\_Tablet \_\_\_\_Pill \_\_\_\_Capsule \_\_\_\_Liquid \_\_\_\_Inhalation  
\_\_\_\_Other (specify) \_\_\_\_\_

Dosage (amount to be given): \_\_\_\_\_ How often or at what time: \_\_\_\_\_

Remarks or special instructions: \_\_\_\_\_

As the parent or legal guardian of the above child, I hereby give permission for the camp nurse or administration to administer this medication to my child.

\_\_\_\_\_  
Parent/Guardian signature ( ) - ( ) - \_\_\_\_\_  
Daytime Phone # (include area code) Evening Phone # (include area code) Date

**FOR OFFICE USE ONLY**

Day	Date	Time Given/ Person Administering			
		Dose 1	Dose 2	Dose 3	Dose 4
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Please indicate at the left, time and your initials each time medication is administered. Each person administering medication should indicate full name and title in space below.

Initial \_\_\_\_\_ = Name \_\_\_\_\_  
Initial \_\_\_\_\_ = Name \_\_\_\_\_  
Initial \_\_\_\_\_ = Name \_\_\_\_\_  
Initial \_\_\_\_\_ = Name \_\_\_\_\_

Notes or comments: \_\_\_\_\_