



2023 Mission Camp for Mother/Daughter

Theme: All Day, Every Day

"I am sure that your goodness and love will follow me all the days of my life." Psalm 23:6a NIV

Date: July 13 (registration 10am) through July 14 (closing at 12:00pm)
Where: Camp Wo-Me-To, 1200 Knopp Rd, Jarrettsville, MD 21084
Who: Girls who have completed grades 1-3 and parent/guardian
Cost: **\$75.00 per person**,
Registration/payment deadline **June 10, 2023**

Please mail complete form with full payment to: Camp Wo-Me-To, PO Box 160, Jarrettsville, MD 21084.
Make checks payable to: *Camp Wo-Me-To* For additional information please contact: Spring Lee, 443-691-1642,
springer71704@gmail.com

PLEASE PRINT CLEARLY

Camper's Name _____ Age _____ DOB _____

Address _____ City _____ State _____ Zip _____

Preferred Phone Number _____ (Circle one) (home, cell) Last grade completed _____

Parent/Guardian Name _____ Email _____

Child's T-shirt size (choose one) **YS YM YL YXL** Parent/Guardian T-shirt size (choose one) **AS AM AL AXL A2XL A3XL**

Is the camper a Christian? ____ Church member? ____ Church's name? _____

Is there anything that would prohibit full participation in the camping program? _____ If yes, please list specifics:

Please list any other special information we need including sleepwalking, bedwetting, and food allergies.



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Any dietary restrictions? Please check all that apply: (\$10 up charge/person)

- Vegetarian
- Dairy free
- Gluten Free
- Nut free

Snacks & Gift Shop: The snack shack and gift shop will be open at scheduled break times. Campers will want to bring extra money for purchasing snacks as well as gifts.

Refunds and Cancellations: Refunds will be granted if the cancellation is received before the registration deadline. ***No exceptions will be made except for medical necessity accompanied by a doctor's note.***

Background Checks: If you are registering as an overnight parent/guardian and you are over 18 years old, you must complete a background check. Please use the following link for the background check. <https://ministryopportunities.org/BaptistCM>. You must be rescreened every year. **Background checks from other organizations will not be accepted. There are no exceptions.** *Background check requests must be submitted at least two weeks prior to your overnight stay. If there is a problem with the screen that requires research, you may be disqualified for the overnight stay.*

Room assignments: Cabins will be assigned to campers according to their age. Each daughter will room with their parent/guardian.



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Camper's Personal Medical Information

Please attach a copy of the FRONT and BACK of your insurance card. Insurance information required for Camp admission.

Camper's Name _____

List any medical difficulties for which camper is currently being treated: _____

Check and give dates for conditions which the camper has experienced. asthma _____ seizures _____

ear infections _____ heart disease _____ diabetes _____ dizziness _____ hay fever _____

Current medications: Fill out **attached** Camper's medication form and send with registration. If no medication is needed, please sign the authorization to swim at the bottom of the form and return with registration.

Emergency contacts:

Name _____ Phone _____

Name _____ Phone _____

Primary Care Physician _____ Phone _____



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Authorization for medical treatment, sunscreen use and application, and media release.

IN CASE OF EMERGENCY, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, which may include hospitalization, anesthesia, surgery, or injection of medications for my child.

Sunscreen containers must be clearly labeled with the camper’s name and must be provided to camp staff at check-in. We highly recommend SPF 30 spray sunscreen. Campers should apply the sunscreen on their own. If assistance is needed it will be provided by camp staff ONLY if specifically, authorized.

I hereby give WMU of MD/DE and Camp Wo-Me-To permission to use any photographs or video recordings, statements and testimonial notes of my child or myself for any media, advertising, publicity, commercial, Facebook posting, or any other business purposes conducted by the WMU of MD/DE and Camp Wo-Me-To. I agree to allow them to use any images or declarations and waive all right to compensation or ownership of the materials.

I hereby give WMU of MD/DE and Camp Wo-Me-To permission to use my email as a contact for upcoming events.

Name (print): _____ Date: _____

Signature: _____



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Authorization for Swimming

The Camp Wo-Me-To pool has a shallow water section and a deep-water section. Campers who want to swim in the deep water **must** pass a swimming test by our lifeguards. There are lifeguards on duty at all times. No camper will be allowed in the pool area without a signature below.

Check one: Advanced Swimmer Average Swimmer Non—Swimmer

_____ is granted my permission to go swimming while attending camp.

**Signature of parent/guardian _____



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What to Bring - Checklist

- Bible
- Sleeping bag or twin sheets/blanket/pillow
- Toiletries/personal hygiene items
- Towels (one for bathing, one for swimming) and wash cloth
- Swimsuit (one piece or T-shirt over two piece)
- Changes of clothes/rain jacket/one dressier outfit for candlelight service. No high heels, please.
- Tennis shoes and creek shoes (to be worn in shallow water)
- Sunscreen (preferably SPF 30 spray)/insect repellent
- Pencil/pen/marker
- Flashlight
- Spending money
- Hand sanitizer

What not to bring

- Electronic devices of any kind (games, music, cell phones).