

Indiana FWB Youth Camp

CAMPER APPLICATION

A \$50 nonrefundable security deposit is required with this application.

***** *EARLY BIRD SPECIAL* *****

*Have your application fully completed and returned by **June 1st** to receive a **\$25 discount** and a **Camp T-Shirt!***

STUDENT INFORMATION

Name (Please Print) _____ Age _____
First **Last**

Date of Birth / / Grade (As of Fall 2025) BOY or GIRL

Address _____ Phone () _____ - _____

Street Address

Address	Church
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City

State

Zip

Church

WEEK(S) ATTENDING* (Circle all that apply): **TEEN** (June 29 - July 5, 2025) / **JUNIOR** (July 6 - 11, 2025)
7th-12th Grade 2nd-6th Grade

Sibling Pricing - Families with multiple children will receive a discount for each subsequent child, as represented below. This does not reflect the Early Bird \$25 discount

1st Child - \$285 2nd Child - \$260 3rd Child (And each subsequent child) - \$235

Please write checks to FWB Summer Camp.

**Students going into the 7th Grade have the option of going both weeks of camp. They must pay for both weeks.*

SHIRT SIZE

ADULT

OR

CHILD

S - M - L - XL - 2XL - 3XL

S - M - L - XL

FAMILY INFORMATION

PARENT NAME(S): _____ Phone (____) _____ - _____

SIBLINGS ALSO ATTENDING CAMP

HEALTH HISTORY STATEMENT *(To be completed by Parent/Guardian)*

- My child is physically healthy and able to participate in the camp program except for:

- Please note any special health or behavioral needs:

- Current prescription medications and allergies: _____
(Please complete the Med Form on the last page, including all medications.)

- Should your student need it, do we have your permission to give your child the recommended dosage of Ibuprofen or Tylenol, as needed? (Please initial). **YES** **NO**

Medical Insurance Company Policy # _____ **Phone ()** _____ - _____

****NOTICE****

For the protection of everyone at camp, we are unable to retain campers and/or staff with contagious conditions such as, but not limited to: COVID-19, fever, chickenpox, or lice. The camp has a “nit-free” policy. All attendees must be checked for lice prior to arrival at camp. Only those who are “nit-free” may stay.

The Brethren Retreat at Shishewana Lake

9095 West 275 North Shipshewana, IN 46565 ~ 260-768-4519 ~ www.brethrenretreat.org
Teen Camp June 29 - July 5 w/ Shawn Beauchamp **JR Camp July 6 - 11 w/ Dr. Danny Baer**

On-site Participant Individual Release Form

Thank you for attending the Indiana Free Will Baptist Youth Camp (INFWBC), we are glad to have you here. You ("You" herein includes your minor child) have the opportunity to grow spiritually while attending the Indiana Free Will Baptist Youth Camp and participating in its offered activities. The offered activities may include, but are not limited to, swimming, slip-n-slide, challenge course, recreational games, and lake activities. You acknowledge that participation in these activities involves risk to the participant (including their parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. As you understand, these activities have inherent and unpredictable dangers that no amount of care, caution, instruction, or expertise can eliminate.

Upon recognition of the nature of the activities involved, their inherent risk, and for the opportunity to voluntarily participate in these activities, by signature below, you waive, release and discharge INFWBC, and its directors, board members, employees, volunteers, representatives, and agents from liability. You covenant with them that you will never institute any action at law or in equity for any personal injuries, or injuries to property, real or personal, caused by, or arising out of your participation. You further agree to indemnify and hold INFWBC harmless against any and all cost, damages, and expenses which may be incurred by them as a result of any lawsuit you (or your agents) or any other might file against them or arising from your participation in activities at INFWBC.

We may provide you with written guidelines and verbal instructions for participation in activities. While participating, you agree to follow such guidelines and instructions designed to minimize the risk.

You grant permission to medical personnel to order X-rays, routine tests, and treatment for your health, and in the event you are unable to assent during an emergency, you hereby give permission to the attending medical personnel to hospitalize, secure proper treatment and to order medical procedures and treatment as deemed necessary.

Photographs and/or video and sound recordings of you may be taken during your time at the Indiana Free Will Baptist Youth Camp. You authorize the use of such material by the Indiana Free Will Baptist Youth Camp for its purposes.

You also agree to abide by the rules and regulations promulgated by the Indiana Free Will Baptist Youth Camp throughout your visit.

We trust you will safely enjoy your time at the Indiana Free Will Baptist Youth Camp and the activities in which you participate. Please attest to your agreement to the terms of the Release and Participation Agreement by signature below.

_____	Date ____/____/____
Print Name	
_____	Date ____/____/____
Signature	
_____	Date ____/____/____
Parent Signature if participant is under 18	

The IFWBYC admits campers of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the camp. The IFWBYC does not discriminate on the basis of race, color, national or ethnic origin as long as they are willing to abide by our Biblical Convictions and rules, as taught according to our beliefs.

GENERAL INFORMATION

ARRIVAL/DEPARTURE

Registration begins at 2:30pm on Sunday with supper around 7:30pm. Camp ends at 9:00am on Saturday (Friday Jr. Week). Parents/visitors are not allowed at camp from 6pm Sunday until 9am Saturday (9am Friday, Jr. Week) without permission. In case of emergencies, we will call you.

PLEASE BRING

Bible, pencil/pen, paper, bedding and pillow, personal toiletries, towels and wash cloths, swimsuit (t-shirt must be worn with two-piece swimsuits), beach robes for girls, PJ's/sleepwear, clothes sturdy enough for camp, raincoat/poncho, canteen money (\$20-\$30 suggested), two sets of clothes you would not mind getting muddy, fishing equipment, and a heavy duty garbage bag for dirty laundry. *All possessions/clothing should be clearly marked with camper's name.*

PLEASE DO NOT BRING

Alcoholic beverages, drugs, tobacco, e-cigarettes, fireworks, ammunition, guns, weapons, scooters, skateboards, rollerblades, magazines, apparel with inappropriate graphics or lettering, or any type of electronic device, including, but not limited to cell phones, CD, DVD, MP3 or other music/media players, computers, TVs, and video games. *Devices brought to camp will be safely collected for the duration of the week and returned on the last day.*

CHRISTIAN CONDUCT

FWB maintains high standards of conduct and separation. Separate swim times are scheduled for boys and girls. The camp reserves the right to set standards of conduct such as boy/girl relations, "no touch policy", dress standards, response to authority, etc. Campers who violate the standards are subject to dismissal at the parent's expense.

DRESS STANDARD

Dresses, Skirts, pants and shorts must be to the knee cap when sitting and loose fitting. Sleeveless shirts and tank tops may only be worn during recreation and swim times. (No low cut or spaghetti strap tank tops.) Pajamas and sleepwear should only be worn during sleep time. Anyone's dress/jewelry which hinders the Spirit of camp will be asked to change. Boys will be asked to remove jewelry.

Please mail your completed application
with payment back to:
Indiana Free Will Baptist Youth Camp
c/o Dylan Persinger
129 Southwood Drive Wabash, IN 46992

And don't forget...



*Have your application fully completed and returned by **June 1st** to
receive a **\$25 discount** and a complimentary **Camp T-Shirt!***

>>> Please write checks out to "*FWB Summer Camp*" <<<

From the Director:

*If you have any questions, please do not hesitate to get in contact with me.
This is going to be the best Church Camp yet!*

Indiana FWB State Youth Director
Dylan Persinger
260-563-3009 (ext. 103)
infwbcamp@gmail.com

 *Indiana Free Will Baptist
State Youth Ministry*
 *infwb youth*

Student Name _____
Last Name, First

PARENT / PHYSICIAN PLEASE COMPLETE THIS SECTION		FOR CAMP USE ONLY Date & Initials of Nurse Administering Medication						
Name of Medication and Dosage	Times to Administer	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
Rx: Dosage:	Breakfast							
	Lunch							
	Dinner							
	Bedtime							
	As needed							
Rx: Dosage:	Breakfast							
	Lunch							
	Dinner							
	Bedtime							
	As needed							
Rx: Dosage:	Breakfast							
	Lunch							
	Dinner							
	Bedtime							
Rx: Dosage:	Breakfast							
	Lunch							
	Dinner							
	Bedtime							
Rx: Dosage:	Breakfast							
	Lunch							
	Dinner							
	Bedtime							

Camp Nurse Signature: _____ Date: _____

Camp Nurse Printed: _____ Date: _____