

SUMMER YOUTH CAMP

Laurel Lake Baptist Camp ○ 578 Singing Hills Rd., Corbin, KY 40401 ○ (606)528-3522

July 4-8, 2022



Rockcastle Camp week is July 4-8 and is accepting students who are entering the 4th grade through 12th grade. Due to a lower number of staff at the camp, it is imperative for churches who are sending/sponsoring students to send at least one female and male chaperone to stay with the students throughout the week.

Laurel Lake Baptist Camp (LLBC) is owned and operated by five Kentucky Baptist Associations: Knox, Laurel River, South Union Mt. Zion, Pulaski, Rockcastle and Bell. All of these associations and their churches are affiliated with the Southern Baptist Convention. LLBC is located south of Corbin on beautiful Laurel Lake, three miles north of Highway 1193 just off the road going to Grove Marina.



Thank you for considering LLBC for your child this summer. We give you our promise to do our best to provide an enjoyable camping experience. We will take care of your child. Committed Christian counselors will be in charge of the campers at all times. We will have first aid available, and a life guard will be on duty when the children are in the water. A medical doctor and hospital are nearby in case of emergency. Our goal is to have an accident-free summer.

Please send modest clothing for your children. This includes long pants, cut-offs, Jamaica type shorts, gauchos and dresses that cover the body. Slacks and knee length shorts may be worn for other camp activities. Please do not bring t-shirts that promote secular music groups, offensive language or products that hinder our message.

We are asking that you do not allow the children to bring radios, cell phones, playing cards, comics, magazines, tobacco, CD or other music players, fireworks and knives. We will provide plenty of activities for the children. They do not need to bring their own entertainment.

To help prevent homesickness, please do not try to visit with your child, or telephone the child during their week of camp. *There will be no parent night this year. Our purpose is to help campers find real joy through knowing Jesus Christ, and experiencing fellowship with Him and others.*

Camper needs to bring the following:



- | | |
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| <input type="checkbox"/> Bible | <input type="checkbox"/> Pen/Paper |
| <input type="checkbox"/> 4 Towels, 2 Wash Cloths | <input type="checkbox"/> 2 Sheets single bed size |
| <input type="checkbox"/> 1 Pillow and Case | <input type="checkbox"/> 1 Blanket/sleeping bag |
| <input type="checkbox"/> 1 Flashlight | <input type="checkbox"/> Modest bathing suit NO BIKINIS |
| <input type="checkbox"/> Shampoo and soap w/case | <input type="checkbox"/> 2 pairs of shoes |
| <input type="checkbox"/> Tooth Brush and paste | <input type="checkbox"/> Fishing Pole |
| <input type="checkbox"/> Other essential personal care items (comb, brush, hair dryer, deodorant, etc.) | <input type="checkbox"/> 2 Pair slacks and Play clothes, socks, sweater, jacket |



Camp cost is ONLY \$125 which includes camping fee, meals, canteen, and camp t-shirt. Youth are allowed to attend the campus without a church sponsor/chaperone. We do ask those who are sponsored by a church to send a male and female sponsor to assist with their students and those who are not associated with a church. This is an opportunity for the church to reach the world with the Good News of Jesus Christ! Check in begins at 9:30 AM Monday morning. Please have transportation arranged in advance to have students picked up no later than 11:00 AM on Friday. Please make checks payable to: **LLBC**



Register NOW

Camper's Name: _____ Age: _____ Sex: _____

Date of Birth: ____/____/____ School Grade: _____ Nickname _____
MM. DD. YYYY As of August 2021 Name Camper Goes By

Parent/Guardian Name: _____ Phone: _____
(###) ###-####

Address: _____ City: _____

State: _____ Zip Code: _____ Emergency Phone #: _____
(Different from above phone number)

Height: _____ Weight: _____ Date of last Tetanus shot: _____

Food Allergies: ____ YES ____ NO If YES, please list: _____

Other Medical Allergies: _____

Any Skin Disease? ____ YES ____ NO If YES, please list: _____

Medical Concerns:

- Heart Lungs Throat Ears Eyes Kidneys Other

Please provide details for above checked medical concerns: _____

Please check the boxes below and sign on the signature line. Please include payment of \$125 via cash or check. If payment by check, please make check payable to "Laurel Lake Baptist Camp".



- I give permission for my child to participate in all activities at the camp with the exception of those noted on the health concerns listed above.
- In case of surgical emergency, I hereby give permission to the Physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named above.

Photo Release: I hereby authorize the use and reproduction by Laurel Lake Baptist Camp of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities, or any other use for the benefit of the program, with the understanding that discretion will be used at all times.

Parent/Guardian Signature: _____ Date: ____/____/____