**2024 Summer Camps**

|  |  |  |
| --- | --- | --- |
| Children’s Camps | Dates & Rates | Registration Deadline |
|  |  |  |
| **Girls of courage camp**  (For girls (only) 2nd – 6th grade) | **June 6th -8th**  **$185.00** per person | **May 15, 2023** |
|  |  |  |
|  |  |  |
| **Boys of courage camp**  (For boys(only2nd – 6th grade) | **June 3rd -5th**  **$185.00** per person | **May 15, 2023** |
|  |  |  |
| **Kidz Camp #1** (For all children 2nd– 6th grade) | **June 10th -13th**  **$220.00** per person | **May 20, 2024** |
|  |  |  |
| **Last Chance Kidz Camp** (For all children who 2nd – 6th grade) | **July 22nd -25th**  **$220.00** per person | **July 1st, 2024** |
| **Pre-Camp K-1st** | **One night June 17th. $60.00** |  |

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| Youth Camps | Dates & Rates | Registration Deadline |
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| **HarrisXtreme Youth Camp 1** (For youth who have completed 6th – 12th grade) | **July 1st - 4th**  **$225.00** per person | **May 20, 2023** |
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|  |  |  |
| **HarrisXtreme Youth Camp 2** (For youth who have completed 6th – 12th grade) | **July 8th -11th**  **$225.0**0 per person | **June 10, 2023** |
|  |  |  |
| **Low Cost Mission Trips** | **Dates and Rates** | **Registration Deadline** |
|  |  |  |
|  |  |  |
| **Mission Harris (Small Groups)**  (For Adults and Youth, and even Children with Mission Focus) | Any Date that fits your church, all year long.  (Mission Retreat Catered to fit Your Group all it cost your group are food cost. | **When You Register!** |

**A logo of a religious event

Description automatically generated with medium confidence**

**Schedule:** Participants, please **arrive and** **register from** **2:00-3:30** PM on Monday of your camp. Each Camp begins on a Monday at 4:00 PM in the auditorium and ends on a Thursday after lunch and Dorms have been cleared. (Churches will need to Check-Out of their Dorms and have it cleared by Camp Staff before Leaving)

(**Girls of Courage Camp & Boys of Courage Camp are different** \*\*\*)

\*\*\* Courage Camps will **arrive and** **register from** **2:00-3:30** PM on Day 1 of your camp. Each Camp begins on a listed start date at 4:00 PM in the auditorium and ends The Morning of 8th for girls and 5th for boys @10 AM in the auditorium.

**Includes:** Three nights’ dorm lodging, 9 meals, Camp T-shirt, (Due to budget setbacks, some things will be different from previous years, as we try to pour extra resources into several new unfacilitated rec options to make your camp experience fun and engaging.) Your church group leader will receive camp photo, church group photo, and video to share with members in your group.

**Courage Camps** \*\*\* **Includes:** Two nights’ dorm lodging, 4 meals, Camp T-shirt, your church group leader will receive a camp photo, church group photo, and video to share with members in your group or family.

**Pre-Camp** is One night, arrive at 2:00pm on 17th and will End on the 18th after final service post-breakfast. Campers will receive a T-shirt and A Camp Photo. This is a great opportunity to let little ones experience camp.

**How to Register:** Please send a **$20.00 non-refundable deposit** for **each person** that you list on the “Summer Camp Registration Form”. This deposit will be credited to your group’s final bill. Please indicate on the form which camp your group is attending. All registrations must be done through a church group online at [**www.harrisbaptistcamp.com**](http://www.harrisbaptistcamp.com).

(CC Payments are now available at harrisbaptistcamp.com through Square).

***Counselors: Your group must have at least one adult* Female *counselor for every 10 female campers and at least one adult* male *counselor for every 10 male campers! Campers sleep in different dorms and adult counselors are responsible for their campers.***

**Deadlines & Late Charge:** It is ***VERY*** important that this deadline is met for each camper to receive the correct size T-shirt and for our staff to properly prepare for each group and that everyone should get to eat. For those registering after the deadline, an additional $20.00 will be added to each person’s deposit after deadline date.

## Important Information to Parents and Counselors

The camp rules listed below are to help us in creating a safe and secure Christian environment. **Please** assist us in going over these rules with your child/camper prior to camp.

1. Dress at camp should be casual and comfortable. Clothing with any questionable advertising or logos will not be allowed. Also, no tight or revealing clothes.
2. Everyone must follow the schedule of activities. No one may stay in the dorms during worship.
3. Everyone must remain in the dorms after “lights out”.
4. No one may leave camp without permission from the Camp Manager or Administrative Director.
5. The following items are not allowed on campus: tobacco, alcohol, illegal drugs, fireworks, firearms, Knives, Billy-clubs, or anything that could be a weapon.
6. No Cell Phones, radios, or televisions.
7. Girls are not allowed in the boy’s dorms and boys are not allowed in the girl’s dorms.

## What to Bring:

* Bible, pen, and paper
* Good attitude
* Shoes (Closed Toe Shoes should be worn during rec)
* Towel & washcloth for showering.
* Swimsuit and beach towel (one piece bathing suits).
* Money for soft drinks, snacks, and Camp Harris souvenirs
* Offering for Missions
* Toothbrush, toothpaste, soap, comb, brush, shampoo, etc.
* Bedding (sleeping bag, & pillow [or sheets & blanket])
* Flashlight & Insect Repellent.
* Clothes for worship times & Old clothes for outdoor activities.
* Prescription Meds for Camp Nurse.

**What Not to Bring:**

* Electronics of any kind
* Cell Phones
* Non-prescription drugs
* Alcohol or tobacco products
* Guns or knives
* Fireworks
* Illegal drugs
* Clothes that do not meet the dress code.
* Bad Attitudes

## Emergency Contact Information:

Camp Manager Harry Brown 318-455-5012

Administrative Director Brooke Brown 318-455-1115

Camp staff available by calling the camp office at: 318-927-3706.

Camp Harris is in Claiborne parish and is serviced by the Homer 911 dispatch

C**amp Rules**

Camp Harris is a Christian Camp and all rules are to help us in our conduct and to reflect Christ in all that we do.

* Please respect all camp properties. We ask you to assist in keeping the grounds clean of trash. Cans are provided camp wide to contain debris.
* Items not permitted: Illegal drugs, alcohol, knives Any Form of Tobacco, guns, pets, skateboards, fireworks, radios, CD or MP3 players (unless used by program personnel).
* If Dorm room is excessively filthy during your stay or upon departure, your church or group will be assessed a $50.00 cleaning fee.
* All Clothing must meet dress code.
* Shoes must be always worn (Unless in pool or on Sand volleyball court).
* No Cell Phones (For Students)
* Shaving Cream Fights, Water Fights, Food Fights, Silly String Wars will not be tolerated. A group doing such in or near enough a building to cause damage or excessive cleaning will be charged $100.00 Cleaning fee.
* Students are not allowed to leave the campgrounds while attending camp.
* Students must attend all scheduled sessions and. Activities throughout the week.
* Students are not allowed to ride in or on any vehicle during camp without permission from camp staff.
* Students are not allowed to enter the dorms of campers of the opposite sex for ANY reason. (Peeping in Windows of opposite sex will not be tolerated).
* PDA (Public Display of Affection) will not be tolerated (Public or Private)
* Students are not allowed to share ANY medication with another camper -all medication must be checked into the Camp Nurse/Staff

Camp Harris carries accident policy on registered guest. This policy is intended to supplement your own insurance and will pay only to its limits. Sickness and pre-existing conditions are not covered. This policy will pay only for accidents immediately reported to Camp Harris. This policy does not cover members of your group who leave the grounds during your stay. Unauthorized activities may not be covered.

* Undergarments must be worn underneath clothing and must not show through clothing or rise above the waistband of pants/shorts.
* Sleepwear must be modest and cannot be worn outside of cabin/dorm room.
* All Campers are to be fully dressed in accordance with this dress code anytime they are outside of their cabin/dorm room.
* Shirts and Shorts are required when enroute to and from the pool/waterslide.

**Dress Code**

•Shorts must be modest in length - no short shorts.

•All pants, jeans and shorts must have a waistband.

•Shirts must cover the entire torso and not allow

midriffs or bellybuttons to show even when arms are raised.

•Sleeveless shirts are allowed but must cover the entire

shoulder.

•No spaghetti straps, tank tops or bikinis.

•Swimsuits must be modest. No low-cut swimsuits or

swimsuits with a high cut leg.

•Tankinis with shorts are allowed with a dark t-shirt over them

•All clothing must be appropriate and cannot advertise

any alcohol or tobacco products. Clothing that represents things contrary to Christianity cannot be worn.

**Enforcement of Dress Code**

We ask that Group Leaders review this dress code with all campers and parents prior to leaving for camp. We ask that all leaders/sponsors lead by example in following the dress code and ask that Group Leaders please enforce the dress code for your students while at camp.

2024 Summer Camps

**Theme Days:**

**This is Survivor Camp & the Schedule will be different than years prior.**

**Day Themes.**

**Day One: Church Pride!! Deck out in Your church Gear!**

**(Homemade Gear is as good as any)**

Day Two: Color War Kick Off, who will Survive?

Day Three: Crazy Sock, T-Shirt, and Hat Day.

**Day Four: Camp Shirt!!!**

**More info to Come as we get closer to Camp including Schedule and color assignments.**

**Final Payment Due: Three Weeks Prior to Your Camp.**

**Deposits for Camp Due Now.**

**Signup Deadline is 5 weeks out from the camp you plan to attend.**

**Special Days and Dates**

2024 Medical Permission and Release Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | | | | | | | | | Date of Birth: | |  |
| Address: |  | | | | | | City: |  | | State: | |  | | | | Zip: |  | |
| Church Name camper is attending with: | | | | | | | | |  | | | | City: | |  | | | |
| Camp Attending: | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Girls’ C Camp | Boys’ C Camp | Last Chance KidZ Camp | KidZ Camp | HarrisXtreme #1 | HarrisXtreme #2 | Pre-Camp | | **June 6-8** | **June 3-5** | **July 22-25** | **June 10-13** | **July 1-4** | **July 8-11** | **June 17, 2024** | | | | | | | | | | | | | | | | |
| Home Phone: | |  | | | | | | | | |  | |  | | | | | |
| In Case of Emergency notify: | | | | | |  | | | | | Phone: | |  | | | | | |
| 2nd Emergency Contact: | | | | |  | | | | | | Phone: | |  | | | | | |
| Family Physician: | | | |  | | | | | | | Phone: | |  | | | | | |
| Family Insurance Company: | | | | | |  | | | | | Policy #: | | |  | | | | |

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| IMMUNIZATIONS: | | | | | | | | | | Tetanus | | | |  | | | Polio booster | | | | | |  | | | | Measles | | | | |  | | | Mumps | | |  |
| Past Medical History (Check box to give appropriate information.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | Asthma | | | | | | | |  | | | Sinusitis | | | | | |  | | Bronchitis | | | | | |  | | | | Kidney trouble | | | | | |  | Diabetes | |
|  | Heart trouble | | | | | | | |  | | | Dizziness | | | | | |  | | Stomach upset | | | | | |  | | | | Hay fever | | | | | |  | Other | |
| (List other) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALLERGIES: | | | | Food: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Penicillin or other drug (name): | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insect stings/bites: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Poison sumac, oak, or ivy: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous operations or serious illness: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Childhood Diseases: | | | | | | | | |  | | | | Chickenpox | | | | | |  | | Measles | | |  | | | | | Mumps | | |  | | Whooping cough | | | | | |
| Other (list): | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any Activity Restrictions (list): | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Medications (include prescription and over the counter medications): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Drug | | | | | | | Dosage | | | | | | | | | Time(s) Taken | | | | | | | | | Is the actual dose time different from the prescription bottle directions? | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |
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|  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |
| What medication or treatment do you provide at home for the following?: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stomach upset: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Constipation: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Headache: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Allergies: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any exposure to communicable disease during the preceding 21 days?: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| If yes, explain: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*On back of this sheet, please list 4 people who are authorized by the parent/guardian to check out a camper from Camp Harris.**  **PERMISSION and RELEASE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My permission is granted for the Camp Manager, Administrative Director, or other staff person in charge to obtain necessary medical attention in case of sickness or injury to my child. Also, my signature authorizes Camp Harris to use photographs, films, audio/video or other images of my child (participant) for the purpose of and use in promotional material, website, audio and video publications. Parents/Guardians understand that they will not receive any payment or other remuneration for this authorization. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | | | | | | | | | | | | | **Relationship to Child:** | | | | | | | | |  | | | | | | | |
| **Signature:** | |  | | | | | | | | | | | | | | | | | | | | **Date:** | | | |  | | | | | | | | | | | | |

Medication Form

All 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 individual 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 more one medication is to be administered, a separate form is to be completed and signed for each

medication.

Medication Information for:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_ Gender: M or 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 \_\_\_\_ 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-mentioned 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 |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Dose 1 | Dose 2 | Dose 3 | Dose 4 |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wedensday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |
| Saturday |  |  |  |  |  |

2024 Summer Camp Registration Form

|  |  |
| --- | --- |
| **Church Name:** |  |
| **Church Address:** |  |
| **Church Phone #:** |  |

**Please Check the camp you are planning to attend:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Girls’ C Camp | Boys’ C Camp | Last Chance KidZ Camp | KidZ Camp | HarrisXtreme #1 | HarrisXtreme #2 | Pre-Camp | | **June 6-8** | **June 3-5** | **July 22-25** | **June 10-13** | **July 1-4** | **July 8-11** | **June 17, 2024** | |

**Instructions:** List every person who is attending ***starting with adults***. Use more than one sheet if needed. This sheet must be completed before any other part of registration is allowed. If a counselor is only part-time, list the arrival and departure schedule on another sheet. ***One counselor must be assigned for every 10 campers of same sex.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name (please list adults first)** | **Grade Completed** | **T-shirt Size**  **(indicate adult or child size)** | **M** | **F** | **Stud-ent** | **Spon-sor** |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |  |

**Camper AGREEMENT (to Be Signed by Each Camper and Legal Guardian)**

This agreement is entered into by and between Harris Baptist Assemblyand (Camper’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_subject to the terms and conditions outlined below and becomes effective when fully executed by both parties.

Harris Baptist Assembly is a Christian facility. In keeping with our mission, the following standards help to assure the comfort of our guests:

1. Alcoholic beverages, illegal drugs, firearms, and fireworks are not permitted. Also, please assist us in making this a tobacco-free environment.
2. Immodest clothing, distasteful monograms, or any extreme style of dress is prohibited.
3. Pets are not permitted.

While Harris Baptist Assembly will try to maintain its facilities in good repair, every user thereof has the obligation to exercise care and caution ensuring all facilities, grounds, and equipment are used solely for their intended purposes. By signing this agreement, you acknowledge and agree that each participant of Harris Baptist Assembly’s facilities:(i) assumes the risks inherent in the facilities, grounds, equipment, and activities; (ii) will pay for any damage to the facilities, grounds, or equipment that they cause or to which they contribute; and (iii) expressly waives and releases Harris Baptist Assembly from liability for any injury or loss occasioned by any use of the facilities, grounds, or equipment that is inconsistent with their intended use of purpose, inconsistent with due care and caution, or inconsistent with the terms of this agreement.

**Authority to Execute this Agreement:** I understand that Harris Baptist Assembly (HBA) does not allow its facilities to be used in ways that contradict its faith. To the best of my knowledge the purpose for which I am requesting use of HBA facilities will not contradict HBA faith, and I commit to promptly disclose any potential conflict of which I am aware or become aware of to HBA staff. I understand that HBA does not allow its facilities to be generally available to the public, and that my use of these facilities is subject to the director’s approval, which is conditioned in part on my agreement to the requirements in the “Facility Use Policy”, a copy of which I have read and understood. HBA believes disputes are to be worked out between parties without recourse to the courts. See, generally, Matthew Chapter 18 and 1 Corinthians Chapter 6. Accordingly, users of HBA facilities agree to resolution of any disputes through Christian mediation. The individuals signing below represent and warrant that they have full authority to execute this agreement and to fully bind their respective organizations or groups, including all members and participants, to the provisions hereof.

ACCEPTANCE OF AGREEMENT AND AUTHORIZED SIGNATURES:

Harris Baptist Assembly: Harry Brown from Harris\_\_ Date: \_\_\_\_2024\_\_\_\_\_\_

Name: Harry Brown

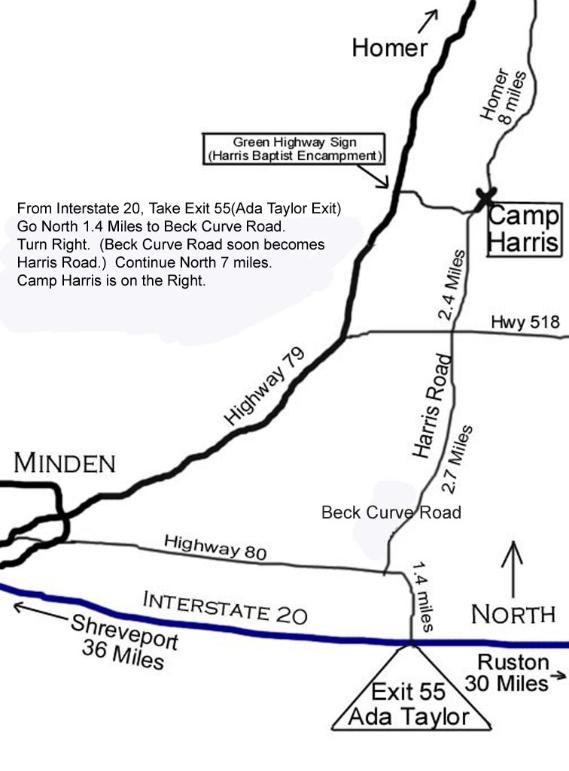
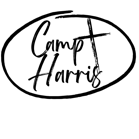
Title: Camp Manager

Camper Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Printed Name:

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:

Map to Camp Harris: 2800 Harris Rd., Minden, LA 71055

If following GPS from Athens on Hwy 518, DO NOT turn onto Backwoods Road.

Instead, continue on Hwy 518 until you reach Harris Rd., turn right, drive 2 miles and look for Camp Harris on your right.

|  |  |  |  |
| --- | --- | --- | --- |
| **This Form is Required of Each sponsor** | |  |  |
| Last Name | First Name | | Middle Name |
| Date of Birth | Social Security Number | |  |
| Street Number | Street Name (No PO Boxes) | | Apartment Number |
| City | State | | Zip Code |
| Phone Number | Name of Church | |  |

|  |  |
| --- | --- |
| Signature | Date |

Criminal and Sexual Misconduct Check

We recommend that each Church and Group has in place Child Protection Procedures to Protect your Ministry. If you would like to get your ministry protected there are several agencies, you can go through. Protect My Ministry is one I have used, and it does the whole thing for you, including the Background Check & Child Protection Training. [https://www.protectmyministry.com](https://www.protectmyministry.com/)

Child Protection Training the training will be good for two years

Each sponsor must show a certificate of completion for the Child Protection Training that is required to be a sponsor for children or youth camp. You need to provide Camp Harris 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.

Check One

|  |  |
| --- | --- |
|  | I will provide a Certificate of Completion through My Churches Program |
|  |  |
|  | I will need training |