A CROSS AT THE ROAD

WHICH PATH WILL YOU TAKE?

Enter ye in at the strait gate: for wide *is* the gate, and broad *is* the way, that leadeth to destruction, and many there be which go in thereat:

Because strait *is* the gate, and narrow *is* the way, which leadeth unto life, and few there be that find it.

Matthew 7:13-14

CALVARY COMMUNITY CHURCH HOSTS 2017 CHRISTIAN YOUTH RANCH SUMMIT

JULY 10TH – JULY 14TH

On the campus of
Bowens Mill Christian Center
105 Gathering Place Road
Fitzgerald Ga. 31750

We're headed to the hills of Georgia! Join us for fun and games; basketball, volleyball, big ball and of course a killer game of ultimate Frisbee. Get wet on the giant slip and slide, try your skills on the low ropes course, and learn the Bible so you can know with confidence the promises God has for YOU! Great food and a friendly staff that wants the very best for you.

COST IS $100; INCLUDES A $25 REGISTRATION FEE.

For questions, call Calvary Community Church at 813-884-4328 or email Peter Amato dean@floridabiblecollege.us. To register, simply fill out the form on the reverse and mail to the attention of Peter Amato 4811 George Rd. Tampa Fl. 33634 and include your $25 registration fee. Register now to secure your spot!

GOD HAS ANSWERS FOR YOU!

COME TO CAMP AND SEE HOW HE CAN TRANSFORM YOUR LIFE!

CHRISTIAN YOUTH RANCH SUMMER CAMP

7/10 – 7/14

REGISTER NOW!

Calvary Community Church
4811 George Rd
Tampa Fl. 33634
813-884-4328
www.calvaryoftampa.org

2017 CHRISTIAN YOUTH RANCH SUMMIT

JULY 10TH – JULY 14TH

Dr. Ralph "Yankee" Arnold
www.calvaryoftampa.org

WHAT TO BRING
(PLEASE LABEL ALL ITEMS WITH YOUR CHILD'S NAME)

BIBLE, PENCILS OR PENS, NOTEBOOK, TOILETRIES, TOWELS FOR BATHING AND SWIMMING, FLASHLIGHT, SLEEPING BAG OR BEDROLL (PILLOW, SINGLE BEDSHEET, BLANKET), BATHING SUIT (NO TWO-PIECE, HALTER-TOP, OR BIKINI-STYLE SUITS!), AT LEAST ONE SET OF "GETTING DOWN AND DIRTY" CLOTHING, MONEY FOR THE "SNACK SHACK," AND MOST IMPORTANT BRING YOUR FRIENDS!!! PLEASE DO NOT BRING EXPENSIVE JEWELERY – CAMP STAFF CANNOT BE RESPONSIBLE FOR LOSS OR DAMAGES.

Adults must also bring bedding

WHAT NOT TO BRING

MP3 PLAYERS, VIDEO GAMES OF ANY KIND, INAPPORPRIATE MAGAZINES OR BOOKS OF ANY KIND. CAMP STAFF MEMBERS ARE NOT RESPONSIBLE FOR ANY ITEMS STOLEN, LOST, OR CONFISCATED.

CAMP BEGINS AT 4:00PM MONDAY AND ENDS PROMPTLY AT 11:00AM FRIDAY. CELLULAR PHONE SERVICE IS INTERMITTENT AND UNRELIABLE AT THE SITE. FOR EMERGENCIES, CALL THE CAMP PHONE NUMBER 229-423-3853.

CAMP ADDRESS: Bowen's Mill Christian Center 105 Gathering Place Rd Fitzgerald GA 31750 229-423-3853

BUS RIDERS WILL BE CONTACTED FOR DROP OFF AND PICK UP TIMES AT CALVARY COMM. CHURCH.

Teens and Young Adults may certainly have cell phones, but are expected to have them silenced during all meetings.

For questions or concerns you can email Peter Amato dean@floridabiblecollege.us or call the church office 813-884-4328

Calvary Community Church of Tampa
4811 George Rd Tampa FL 33634

Tear off and keep for your reference

CHRISTIAN YOUTH RANCH SUMMER CAMP – JUly 10h – July 14th 2017

REGISTRATION AND HEALTH FORM
COST $100.00

Calvary Community Church 4811 George Road, Tampa, Florida 33634 PH. 813-884-4328
($25.00 must accompany registration form)

NAME (LAST)_____ (FIRST)_____SEX____AGE_____ BIRTHDATE_____

ADDRESS _____CITY_____ZIP_____

PARENTS OR GUARDIANS_____

HOME PHONE #_____WORK PHONE #_____

HEALTH HISTORY (PLEASE ANSWER YES OR NO TO THE FOLLOWING)

ALLERGIES_____ ASTHMA_____ HEART PROBLEMS_____EPILEPSY _____DIABETES_____

PLEASE EXPLAIN ANY OTHER CONDITIONS THAT WE NEED TO BE AWARE OF: _____

LIST ALL MEDICATIONS THAT WILL BE TAKEN TO CAMP (PRESCRIPTION AND NON-PRESCRIPTION):

_____

FAMILY DOCTOR _____DR.'S PHONE #_____

- **ALL MEDICINE** MUST BE IN IT'S ORIGINAL CONTAINER – CLEARLY MARKED WITH THE CHILD'S NAME AND DOSAGE TO BE GIVEN – AND TURNED IN TO THE CAMP NURSE AT ORIENTATION (THIS INCLUDES OVER THE COUNTER NON – PRESCRIPTION MEDICATION.)

GIVE PERMISSION FOR THE CAMP NURSE TO GIVE MY CHILD OVER THE COUNTER MEDICINE (S) FOR MINOR AILMENTS (I.E.: HEADACHE, STOMACH ACHE, INSECT BITES, SORE THROAT, ETC.). I ALSO GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED TO, AND TREATED AT, THE NEAREST MEDICAL FACILITY IN THE EVENT OF AN EMERGENCY. **NOTICE:** CAMPERS WHO DO NOT WISH TO FOLLOW THE LISTED CAMP RULES (COPIES AVAILABLE UPON REQUEST) WILL BE SENT HOME AT THE PARENTS' EXPENSE. I HAVE BEEN NOTIFIED OF & AGREE TO, CALVARY COMMUNITY CHURCH'S POLICY REGARDING CAMPER EXPULSION.* Sign signature below.

IS CHILD COVERED BY ANY TYPE OF MEDICAL INSURANCE?_____IF YES, POLICY #_____

NAME OF INSURANCE AGENCY_____PHONE #_____

Our camp fee does not include the cost of medical treatment. The health coverage provided by the camp is secondary coverage. Your insurance must be billed first, and you must be ready to pay for any medical expenses in full when you pick up your child. Your insurance, and then our insurance, will make payment to you. We will not seek medical services without prior consultation except in the case of an emergency.

In case of Emergency: I give permission for the Camp Nurse (selected by the camp director) to give my child over the counter medicine(s) for minor ailments (headaches, stomachache, insect bites, sore throat, etc.). I also give permission for my child (as named above) to be transported to, and treated at, the nearest medical facility in the event of an emergency.

Consent and release form

I, the undersigned parent or guardian, hereby consents to my child participating in Christian Youth Ranch Summer Camp at **BOWEN MILLS CHRISTIAN CENTER, FITZGERALD GA** July 10th –July 14th, 2017. **This includes the transportation of my child to and from camp.**

I certify that my child is able to participate in all activities except _____.
If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them on the health form. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize (an adult sponsor) to make emergency medical decisions for my child. I understand and hereby agree to assume all of the risks, which may be encountered on said activity, including activities preliminary and subsequent thereto. I do hereby agree to hold **Calvary Community Church 4811 George Rd. Tampa, Fl. 33634**, and its agents harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

_____ _____ _____
Parent, guardian, or applicant Date Phone