# LWOFF JR CAMP CHECKLIST

## *Camp Dates*

- **Monday, June 8th – Wednesday, June 10th**

## CAMPERS CHECKLIST AGES 6-12

- ☐ CAMPER FORM
- ☐ AUTHORIZATION FOR MEDICAL TREATMENT (NOTARY REQUIRED)
- ☐ AUTHORIZATION TO ADMINISTER MEDICATION
- ☐ CAMP SONRISE WAIVER AND RELEASE (NOTARY REQUIRED)
- ☐ CAMP FEE $150.00
- ☐ WHAT TO BRING CHECKLIST
- ☐ ALL CAMPERS SHOULD ARRIVE ON MONDAY IN CAMP APPROVED SWIM ATTIRE 🙂

## COUNSELOR IN TRAINING (CIT) CHECKLIST AGES 13-17

- ☐ CIT FORM
- ☐ AUTHORIZATION FOR MEDICAL TREATMENT (NOTARY REQUIRED)
- ☐ AUTHORIZATION TO ADMINISTER MEDICATION
- ☐ CAMP SONRISE WAIVER AND RELEASE (NOTARY REQUIRED)
- ☐ CIT APPLICATION JOB DESCRIPTION
- ☐ CIT FEE $150.00
- ☐ WHAT TO BRING CHECKLIST

## COUNSELOR CHECKLIST AGES 18 & UP

- ☐ COUNSELOR / CIT APPLICATION ( PASTOR'S SIGNATURE REQUIRED)
- ☐ COUNSELOR / CIT APPLICATION JOB DESCRIPTION
- ☐ CAMP SONRISE WAIVER AND RELEASE (NOTARY REQUIRED)
- ☐ COUNSELOR FEE $100.00

***Camp fee***
The cost for Junior Camp will be $150.00 for campers and CIT. Counselor's 18 and above $100.00. This fee includes all meals, three snacks a day, camp shirt, activity supplies, and so much more! Space is limited; a **$50.00 deposit is due by May 1st** to reserve a spot. Applications must be completed with the medical forms filled out and notarized, with full payment. **Camp fees are nonrefundable after May 20th**.

***Snacks***
A concession will open 3 times daily and each child will be allowed one drink and snack per visit. This will be included in the camp fees. A list with each child's name will be kept in the concession. This list will eliminate the need to carry around a snack card or money and risk losing it.

***Camp Rules***
1. Treat everyone with respect, just as you like to be treated.
2. Listen to and obey all counselors and/or those in authority.
3. Good sportsmanship is expected from all campers and counselors.
4. **NO** boys in the girl's dorm and **NO** girls in the boy's dorm, at any time.
5. All campers are to follow the schedule and be on time to all events.
6. All campers are expected to participate in camp activities.
7. All campers will follow the dress code listed below, no exceptions.

***Dress Code***
**Girl's** daytime attire: capris, shorts (3" to 5" above the knee), T-shirts, and sleeveless shirts (spaghetti straps and midriff shirts are not allowed), and shoes. A one-piece bathing suit, covered with a pair of shorts, and possibly a T-shirt for water play only.
Evening attire: dress shorts or capris, dresses, nice casual shirts, and shoes.

**Boy's** daytime attire: shorts, pants, T-shirts, and shoes. A pair of swimming trunks and a T-shirt for water play only.
Evening attire: dress shorts, nice casual shirts, pants, and shoes.

***What to Bring***
Clothes and shoes for daily activities and for evening programs, and an extra outfit for any emergency that may occur, remember shoes may and do get wet, plan accordingly. Toothbrush, toothpaste, deodorant, soap, shampoo, brush/comb, **sunscreen**, hair accessories, hats, sunglasses, washcloths, towels, twin sheets/sleeping bag, pillow with pillowcase, blanket, any medication with instructions (to be turned over to an adult upon check-in on Monday with necessary forms), **Bible**, and a good attitude ready to have fun. Please do not bring anything that is valuable, such as jewelry or electronic games, as these can get damaged or lost. The camp will not be responsible for any lost or damaged items; campers are responsible for their personal property, not counselors or leaders. **PLEASE WRITE YOUR CHILD'S NAME ON ALL ITEMS.**

***Camp Dates***
**Monday, June 8th – Wednesday, June 10th Registration and check-in will be Monday, June 8th beginning at 2:00 in the chapel of Camp Sonrise(PLEASE NO EARLY ARRIVALS)**

Campers should check-in, set up bunk area, and be ready to participate. Campers are required to be accompanied by a counselor from their church. If special arrangements are needed please contact camp directors before May 1st. Activities and programs will continue until Wednesday night following service; at which time, all campers will go home immediately after the service. Please speak with the leaders prior to Wednesday if alternative arrangements need to be made for departure on Thursday, June 12th, no later than 10:00 A.M. for those with valid reasons. No camper is to stay the extra night without adult supervision and without prior notice.

***Camp Location-***
Camp Sonrise
2729 Cook rd Vernon, FL 32462

***Contact Information***
Bro. Dewayne (850) 348-1353
Sis Alesha Worley (850)348-1363
Email: aworley.worley5@gmail.com
**Mail Camp Forms to:**
Living Word of Faith Fellowship Attn Youth Department
3515 T Street Panama City, FL 32404

# Camper Form For AGES 6-12

Name: _____ DOB: _____ Age: _____ Sex: M / F Shirt Size:_____

Address: _____
*STREET* *CITY* *STATE* *ZIP*

Phone: (____)_____ E-mail: _____

Legal Parent / Guardian Name: _____Parent Drivers license#_____

**Is there any current or past legal custody arrangement or DCF paperwork in place for [above child's name]? If yes, please attach a copy of paperwork Yes____ NO___.**

Home Phone (if different): (____)_____ Work #: (____)_____ Cell #: (____)_____

Church Name: _____

*Water Play Authorization* (**Please read carefully and mark appropriately below and sign**)

I do____do not___ give my child permission to participate in water play activities.
My child's ability to swim ____ very good 😀 ____ Fair 🙂 ____ Poor 😣

Parent Signature:_____ Date:_____

*Picture/Video Authorization* (**Please read carefully and mark appropriately below and sign**)

I hereby do/do not authorize this facility to publish photographs of my child taken during summer camp activities on the LWOFF website and social media. All photographs are sole copyright of Living Word Of Faith Fellowship.

Parent Signature:_____ Date:_____

***Camper Agreement:***

*I _____ have read the camp rules and will follow them. I will obey all counselors and treat all campers with respect.*

_____
*Camper's Signature*

***Parent Agreement:***

*I have read the camp rules and reviewed them with my child and expect my child to follow them. I expect my child to obey all counselors and treat all campers with respect.*

_____
*Parent's Signature*

| | |
|---|---|
| **Camp Cost**:<br><br>$150.00 | Camp deposit $50.00 to reserve a spot by May 1, 2025<br>Camp fees are nonrefundable after May 20th. |
| ***Total Amount Enclosed***: | |
| **Total Balance Due:** | |

**MAKE CHECKS PAYABLE TO: LWOFF Youth**

## Counselor In Training
**(CIT Ages 13-17)**

Name: _____ DOB: _____ Age: _____Sex: M / F **Shirt Size**:_____

Address: _____
*STREET* *CITY* *STATE* *Zip*

Phone: (____)_____ E-mail: _____

Parent / Guardian Name: _____ Parent DL #_____

Home Phone (if different): (____)_____ Work #: (____)_____ Cell #: (____)_____

**Is there any current or past legal custody arrangement or DCF paperwork in place for [above child's name]? If yes, please attach a copy of paperwork Yes____ NO___.**

Church Name: _____

*Water Play Authorization* (**Please read carefully and mark appropriately below and sign**)

I do____do not___ give my child permission to participate in water play activities.
My child's ability to swim ____ very good 😀 ____ Fair 🙂 ____ Poor 😣

Parent Signature:_____ Date:_____

*Picture/Video Authorization* (**Please read carefully and mark appropriately below and sign**)

I hereby do/do not authorize this facility to publish photographs of my child taken during summer camp activities on the LWOFF website and social media.
Signature:_____ Date:_____

***CIT Agreement:***

*I _____ have read the camp rules and will follow them. I will obey all counselors and treat all campers with respect.* _____
*CIT's Signature*

Pastor's Signature: _____
*(Each CIT must have their Pastor's approval)*

**MAKE CHECKS PAYABLE TO LWOFF YOUTH**

| | |
|---|---|
| Camp Cost $150.00 | AGES 13 & 17 |
| Deposit $50.00 Due by May 1st to reserve your spot | $ |
| Total amount Enclosed | $ |
| Total Balance due | $ |

This form, when complete, will cover all activities for the year 2026. Updates of information will be the responsibility of the parent/guardian.

**AUTHORIZATION FOR MEDICAL TREATMENT**
**FOR**
**LIVING WORD OF FAITH FELLOWSHIP, INC.**

We, the undersigned, as the parent(s) and/or guardian(s) of _____, date of birth _____, hereby consent to any and all emergency medical and surgical treatments, including anesthesia and surgical procedures, which may be deemed advisable by qualified physicians selected by agents or officials of the Living Word Of Faith Fellowship, Inc. The intention thereof is to grant authority to administer and to perform examinations, treatments, anesthesia, surgical procedures, and diagnostic procedures which may now, or during the course of the patient's care, be deemed advisable or necessary by qualified physicians.

Medical Insurance Company _____

Policy #: _____ Group #: _____

Youth Address: _____
Street City State Zip

Phone: _____ DOB: _____ Age: _____

Parent / Guardian Name: _____ Home Phone: _____

Address (if different): _____
Street City State Zip

Place of Employment: _____ Work Phone: _____

***Emergency contact person if parent/guardian cannot be reached*:**

Name: _____ Relationship: _____

Phone: _____ Cell: _____

Is your child allergic to any form of food or drinking product? Yes_____ No_____
If yes, describe:

Is your child allergic to any form of sunblock lotions or sprays? Yes_____ No_____
If yes, describe:

Is your child allergic to any form of medication or anesthesia? Yes_____ No_____
If yes, describe:

Is your child presently under medical treatment / taking medication? Yes_____ No_____
If yes, describe, including name of medication, dosage, and frequency:

Does your child's religion prohibit any specified medical procedures? Yes_____ No_____
If yes, describe:

IN WITNESS OF OUR CONSENT AND AGREEMENT TO THE MATTERS STATED ABOVE, WE HAVE SUBSCRIBED OUR SIGNATURE BELOW.

DATE: _____ _____
*Signature of Parent / Guardian*

_____ personally known to me _____ or ID_____

STATE OF: _____
COUNTY OF: _____

SUBSCRIBED AND sworn to before me, a Notary Public,
this _____ day of _____, 20____.
My commission expires: _____

_____
*Signature* of Notary Public

**AUTHORIZATION TO ADMINISTER MEDICATION**

Date_____ Child's Name _____

_____(camp counselor/nurse name) has my permission to administer the following **prescription medications** to my child.

_____ _____ _____

Dosage instructions _____

_____(camp counselor/nurse name) has my permission to administer the following **over the counter medications** to my child.

_____ _____ _____

Dosage instructions _____

_____(camp counselor/nurse name) has my permission to apply the following **creams, lotions, or ointments** on my child.

_____ _____ _____

Application instructions _____

_____(camp counselor/nurse name) has my permission to apply the following **sunscreen or sunblock** on my child.

_____ _____ _____

Application instructions _____

_____

_____

Signature of Parent or Guardian Date

_____

Signature of Parent or Guardian Date

**Counselor Job Description**
**(Please number in the order in which job you are interested in and return with application)**

____ **Teacher** Every day the campers will go to a Sunday school type class. Lessons will be provided prior to camp, to enable you to prepare.

____ **Team Leader** The campers are divided into 4 groups for the entire camp. Responsibilities of a leader include motivating the group, organizing and overseeing their group participation in activities. The daily games and competitions are all played in these groups. Teams compete for points that accumulate throughout the camp days. The team with the most points at the end of camp has bragging rights for the whole year! The teams will also be responsible for a part of the service during camp. This position requires a lot of energy.

____ **Kitchen Workers**: Responsibilities include assisting with the preparation and serving meals, and cleaning the kitchen and dining areas after each meal.

____ **Table Monitors :** Responsibilities supervising students during meal time, encouraging students to wait in meal line orderly, eat, and pick up trash helping students with lunch needs, resolving conflicts between students, keep students seated until dismissal from the table.

____ **Dorm Monitors**: Responsibilities include periodic monitoring of dorms, making sure all campers are at designated places at designated times for all activities, services, and meals. Check dorms and bathrooms for lights and /or water have been turned off.

____ **Concessions**: The concession stand will be open during activity times throughout the day and after the evening church service. Responsibilities include displaying and stocking snack choices, selling concession items, and marking snack cards or taking money.

____ **Gift Shop**: Responsibilities will be to stock and sell camp related items and taking money or camp coins.

____ **Activities**: Responsibilities include assisting with setting up of all games and activities and cleaning up areas following activities and games. **High energy area**

_____ **Lifeguard** Monitoring swimmers to prevent accidents, Enforcing pool rules and regulations, Providing medical assistance when needed, Performing rescues and CPR ( **Must be Certified**) Please attach a copy of your Ecard , Maintaining order and cleanliness of the pool area

_____ **Sunblock Applicator:** Responsibilities include assisting with applying sunblock to children during outside play. Setting the alarm for 60 mins and sounding the alarm when it's time to reapply.

____ **Maintenance** Responsibilities include the daily upkeep of the grounds, including but not limited to garbage detail, handyman-type activities, and bathroom needs.

Some jobs may overlap and/or rotate according to the needs of the camp. **Anyone under the age of 18 must have the LWOFF Authorization Medical Release Form as well as Counselor /CIT Application.** Everyone must also have your Pastor approval signed on the application prior to camp.

*****Counselor Fee*****

The cost for Junior Camp Counselors will be $100.00. CIT Under 18 $150.00. This fee includes all meals, shirt, camp sonrise fees, and activity supplies. For every 10 campers from a church, one male and one female sr counselor fee is waived. CIT staff are limited to 2 per church with 10 campers per church according to space availability.

**Counselor Application**
**Age 18 & Up**

Name: _____ DOB: _____ Shirt Size:_____
*Last* *First*

Address: _____
Street City State Zip

Phone: _____ Email Address:_____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____

Church: _____

Pastor's Signature: _____
*(Each counselor must have their Pastor's approval)*

**Permission to Vet My Name Through State and National Registry**

I hereby consent to and give permission for the search of my name, for the purpose to investigate, on both state and national registry to determine my eligibility to participate as a counselor or helper at JR and SR. Youth Camp 2025.

Signature:_____ Date:_____

The cost for Junior Camp
Counselors (Above 21 ) will be $100.00
***For every 10 campers from a church, one male and one female sr counselor fee is waived.***
CIT Under 18 $150.00.
***CIT are limited to 2 per church with 10 campers per church according to space availability.***

**MAKE CHECKS PAYABLE TO LWOFF YOUTH**

| | |
|---|---|
| Camp Cost $150.00 | |
| Deposit $50.00 Due by May 1st to reserve your spot | $ |
| Total amount Enclosed | $ |
| Total Balance due | $ |

**MAKE CHECKS PAYABLE TO: LWOFF YOUTH**
**MAIL FORMS TO: Living Word Of Faith Fellowship**
Attn Youth Department
3515 T Street
Panama City, FL 32404

CAMP SONRISE WAIVER AND RELEASE

(**All campers and staff must have this form signed and notarized)**

*Name:_____

I understand and agree that my child is assuming for himself/herself all risk of injury from participating in any and all activities at the real property and facilities owned by Camp Sonrise, Inc. (hereafter referred to as "the Campground"). I understand that injuries may occur, and while supervision and personal discipline will minimize the risk, the risk of injury does exist. I hereby waive, release, and agree not to sue Camp Sonrise, Inc., its affiliates, directors, employees, agents, students, successors, or assigns for any damages, injuries, costs, or cause of action arising out of any participation of my child in any and all activities at the Campground.

I understand that Camp Sonrise, Inc. is a Christian organization and that my child will be participating in religious activities in accordance with the Christian faith at the Campground.

I voluntarily signed this waiver, release, and agreement not to sue with full knowledge of the natures and extent of participation in the activities at the Campground. I further indemnify and save Camp Sonrise, Inc. and Liberty Church and its affiliates, employees, and agents harmless from any liability for payments resulting from my participation in activities during my stay at the Campground. I further understand that Camp Sonrise, Inc., or Liberty Church, does not provide any medical insurance coverage for my child, and any medical expense incurred will be paid by me or my insurance. I give permission for my picture to be used in further publications.I understand the registration fee is nonrefundable and non transferable.

I understand that if my child uses tobacco, alcohol, or any form of illegal drugs at the Campground, he/she will be dismissed. If he/she is determined by the affiliates, employees, and/or agents of Camp Sonrise, Inc., or Liberty Church to be non-cooperative or non-compliant, I understand that he/she will be subject to dismissal.

I understand that Camp Sonrise, Inc., Liberty Church, its affiliates, employees, and agents are not responsible for damage to any personal property my child brings to the Campground or for lost or stolen items

I further understand that if my child causes any damage to property (real or personal) while at the Campground, I may be required to repair or replace said property, as the situation requires - to be determined by Camp Sonrise, Inc., and I agree to do so.

If litigation arises out of any of the above occurrences, initiated (1) by me, or (2) against me (for non-compliance), I understand that I will be responsible for Camp Sonrise, Inc.'s attorney's fees and cost (and for those of Liberty Church, its affiliates, employees and agents, as the case may occur).

I have read and understand this Waiver and Release and have willingly placed my signature below as evidence of my acceptance of all conditions contained herein.

*Parent/Guardian Signature_____ Date_____

*Witness Signature_____ Date_____

STATE OF _____

COUNTY OF _____

*SWORN TO AND SUBSCRIBED BEFORE ME on this,***day of**_____, 20____ by_____

*who is personally known to me or who produced,_____in identification.

*Notary Public_____

# ***What to Bring Checklist***

- ☐ Application Packet (If not previously submitted)
- ☐ Balance Due
- ☐ Medication with Instructions
- ☐ All campers should arrive on Monday in camp approved swim attire 🙂
- ☐ Bible
- ☐ Clothes and shoes for daily activities
- ☐ Clothes evening programs
- ☐ 2 swimsuits
- ☐ An extra outfit for any emergency that may occur
- ☐ Toothbrush/ toothpaste
- ☐ Deodorant
- ☐ Soap, shampoo
- ☐ Brush/comb
- ☐ **Sunscreen**, hats, sunglasses,
- ☐ Washcloths, towels
- ☐ Twin sheets/sleeping bag, pillow with pillowcase, blanket

| MEDICATION ADMINISTRATION RECORD | Camper Name: _____ First Middle Last |
|---|---|

**Instructions to Parents/Guardians**

On the next pages of the Medication Administration Record form must be completed and signed by you, the parent/guardian, for EVERY medication – whether over-the-counter (e.g., Zyrtec) or prescription (e.g., Albuterol) – and each medication must have its own section. ALL over-the-counter and prescription medications must be **IN ORIGINAL CONTAINERS/PACKAGING.** There are non-prescription medications available for administration should it be needed while at camp.

Medication shall only be administered by the Health Officer, Camp Assistants/Counselors (18 or older), or by a licensed health care professional authorized to administer prescription medications. Medication prescribed for campers brought from home shall only be administered if it is from the original container and there is written permission from the parent/guardian.

*Health Officer* – A person who is at least 18 years of age, specifically trained and at least current in Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

Information about Medication Distribution:

- Medications must be in the original container and labeled with child's name, name of medication, direction for medication's administration, and date of the prescription.
- Medications must be placed in a sealable plastic bag that is clearly labeled with camper's name, date of birth, and allergies written in permanent marker on the outside of the bag.
- Campers are not allowed to have any medications (prescription or non) in their cabin.
- Counselor will carry any emergency medications (Epi-pen or inhaler) and will be with that camper at all times. All other medications will be carried by the Health Officer or other approved camp staff and stored in a locked cabinet.
- Medication requiring refrigeration will be kept in the refrigerator.
- The Health Officer will not be available 24/7 for routine medication distribution. There will be normal dosing times that are just prior to meals and before bed.
- If dosing requirements mandate something other than the routine frequency, please contact the Camp Directors to find out if that schedule can be accommodated.
- All medicated creams, lotions, and ointments will be applied as prescribed or indicated on packaging by Health Officer.

- Sunscreen or sunblock will be applied by designated staff/counselors before going outdoors and every 30 minutes – 1 hour while outdoors.
- ***Over-the-Counter medications available***: Tylenol, Motrin/Ibuprofen, Benadryl, Pepto-Bismol, Imodium, Antacids

I have read the above and agree to abide by the requirements.

**Signature of Parent/Guardian** _____ **Date**: _____

| MEDICATION ADMINISTRATION RECORD | Camper Name:_____ First Middle Last<br>Birth Date:_____ |
|---|---|

**Parents/Guardians:** Please fill in medication information in blocks on left *ONLY*. Please place medications **IN ORIGINAL CONTAINERS** into a sealable plastic bag that is clearly labeled with your campers name, date of birth, and allergies written in permanent marker on the outside of the bag. Medications must be in original container with doctors directions if it is prescription (please no pills in bags or daily dispensers). Please send inhaler if your child has asthma. Please send Epi-Pen if your child has a history of

**Parents/Guardians:** The medication, dosage, and frequency to the left is for you to fill out.
**Health Officer:** The date and time blocks to the right are for you to chart when medication **WAS** given.
(Missing Dose Legend: R = refused medication, S = skipped dose for medical reasons, N = No show)

| **Camp Dates:** | **Dose** | **Monday** | **Tuesday** | **Wednesda** | **Thursda** | **Friday** |
|---|---|---|---|---|---|---|
| Medication: _____ _____ ___ Dosage: _____ _____ ___ | Before Breakfast | | | | | |
| | Breakfast | | | | | |
| | Lunch | | | | | |
| | Dinner | | | | | |
| | Bed | | | | | |
| | | | | | | |
| **Comments:** | | | | | | |
| Medication: _____ _____ ___ Dosage: _____ _____ ___ Frequency: | Before Breakfast | | | | | |
| | Breakfast | | | | | |
| | Lunch | | | | | |
| | Dinner | | | | | |
| | Bed | | | | | |
| | | | | | | |
| **Comments:** | | | | | | |
| Medication: _____ _____ ___ Dosage: _____ _____ ___ Frequency: | Before Breakfast | | | | | |
| | Breakfast | | | | | |
| | Lunch | | | | | |
| | Dinner | | | | | |
| | Bed | | | | | |
| | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Comments:** | | | | | | |
| Medication: _____<br>_____<br>Dosage: _____<br>_____<br>Frequency: | Before Breakfast | | | | | |
| | Breakfast | | | | | |
| | Lunch | | | | | |
| | Dinner | | | | | |
| | Bed | | | | | |
| | | | | | | |
| **Comments:** | | | | | | |
| Medication: _____<br>_____<br>Dosage: _____<br>_____<br>Frequency: | Before Breakfast | | | | | |
| | Breakfast | | | | | |
| | Lunch | | | | | |
| | Dinner | | | | | |
| | Bed | | | | | |
| | | | | | | |
| **Comments:** | | | | | | |

**Signature of Parent/Guardian** _____

| MEDICATION ADMINISTRATION RECORD | Camper Name: _____<br>First Middle Last |
|---|---|

**Allergies:** _____

_____

_____

_____

_____

_____

I give Living Word of Faith Fellowship, and its staff permission to administer medications as prescribed for my camper as named and listed on the Medication Administration Record.

**Parent/Guardian Signature**: _____ **Date**: _____

**Medications Checked into camp by**: _____ / _____

Parent/Guardian/Counselor Signature and Date  Health Officer Signature and Date

**Medications Checked out by**: _____/_____

Parent/Guardian/Counselor Signature and Date  Health Officer Signature and Date

---

**Only For Staff Members Dispensing Medications Below**

| Name *(readable)* | Signature | Initials |
|---|---|---|
| | | |
| | | |
| | | |

**Notes:** _____