2016 APTSDF Southwest
Leadership Camp
June 10th, 11th, & 12th

Date / Time:	Friday, June 10th, check-in 4-5 pm Sunday, June 12th, check-out 12 noon
Where:	Plains Baptist Assembly DBA Plains Baptist Camp & Retreat Center
Participant Fees:	$150 for Leadership Camp Parents: You can stay the weekend and enjoy the amenities and surroundings for as little as $100.00 as long as you are willing to act as a chaperone.
Equipment:	Traditional White Uniform & Belt, Sparring Gear, Staff, Practice Knife, Practice Sword, Short Sticks & Nunchuks if you own them. Shorts, T-Shirts, Jeans, Sneakers, Sleeping Bag or Bed Linen, Pillow, Towel, etc.
Registration:	PRE-REGISTER ONLY, must be received no later than **May 20, 2016**
Information:	Mr. Chad Hinkle – Southwest Regional Director and Camp Manager For Info Call (806) 252-1082 Camp Director/Grandmaster John St. James Atlantic-Pacific Tang Soo Do Federation

To register, complete entry form and camp packet and turn in with payment to your head school owner. Make checks payable to:

Atlantic Pacific Tang Soo Do Federation

Online Registration available at _____

Registration forms for each participant must be completed and turned in to your school by May 20, 2016.

NAME: _____ AGE: _____ M/F: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP:_____

BELT RANK:_____ SHIRT SIZE: _____

INSTRUCTOR: _____ SCHOOL NAME/ADDRESS: _____

Payment Amount: Camp Fee (Must be received by May 20, 2016) $150.00 (Made payable to the APTSDF)

Please make sure there is a complete camp registration packet for each participant.

Absolutely No Refunds Whatsoever!

LIABILITY WAIVER

I heareby submit my application for registration in the 2016 APTSDF SW Leadership Camp. I agree to waive all claims against any and all persons, The Atlantic Pacific Tang Soo Do Federation, Plains Baptist Assembly (PBA), and their officers and agents, for any injuries I may sustain related to said camp. I also assume full responsibility for all my actions in connection with said camp. I understand that the Atlantic Pacific Tang Soo Do Federation may use any pictures of me participating in said camp.

Entrant Signature _____ Date_____

Guardian Signature _____ Date_____

(Must be signed by guardian if entrant is under 18)

*****Note: All participants MUST attach a completed camp packet and emergency information sheet*****

APTSDF

2016 SW Leadership Camp

Emergency Information Form

PARTICIPANT NAME: _____

EMERGENCY CONTACT NAME: _____

RELATION TO PARTICIPANT: _____

ADDRESS:_____ CITY: _____ STATE: _____ ZIP:_____

EMERGENCY PHONE: _____

INSURANCE COMPANY NAME:_____

INSURANCE PHONE NUMBER: _____

GROUP NUMBER: _____ ID NUMBER:_____

I hereby give my permission for the Atlantic Pacific TSD Federation Leadership Camp staff to seek emergency medical attention for the above named person.

I, the undersigned, for myself, my heirs, executors and administrators, do hereby waive, release and forever discharge any and all rights and claims for damages which I may have for officers of the Atlantic Pacific Tang Soo Do Federation, representatives of APTSD Federation, Plains Baptist Assembly (PBA) DBA Plains Baptist Camp & Retreat Center, successors, Camp Staff, my own studio, my own instructor, or anyone affiliated with the camp for any and all damages which may be sustained by me.

Entrant Signature _____ Date_____

Guardian Signature _____ Date_____

(Must be signed by guardian if entrant is under 18)

2016 Southwest Regional Leadership Camp

SPONSOR A CHILD CAMPER

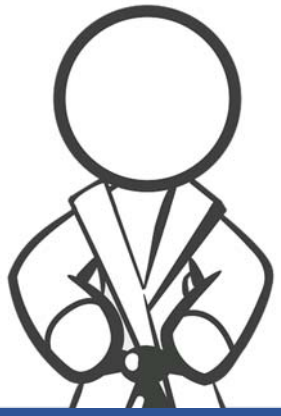
Would you like to sponsor a child that cannot afford the full price of camp? Leadership camp offers specialized training for all gup, advanced, and black belt levels in a relaxing outdoor environment. Give a child an experience they will remember for a lifetime.

If you would like to sponsor a child, please fill out the following information and hand in this form to Bu Sabom Hinkle or Kyo Sa Alicia.

My Name or Company: _____

I would like to sponsor

- ❑ **¼ the cost of camp** **$ 37.50**
- ❑ **½ the cost of camp** **$ 75.00**
- ❑ **1 full slot for camp** **$150.00**
- ❑ **Other amount** **$_____**



How will you pay (circle one): CASH – CHECK – CREDIT/DEBIT

CARD TYPE (circle one): VISA MASTERCARD DISCOVER OTHER

CARD #_____

EXPIRATION DATE: _____ CCD#(3-digits on back)_____

Name on Card: _____

BILLING ADDRESS (if different): _____

Thank you and Tang Soo!!

Plains Baptist Camp
Camper Registration

Must be completed by parent or leagal Guardian

Please print Clearly in black or blue ink and complete all information on both pages.

Camp Attending:_____ Camp Dates:_____

Camper Information

Last Name:_____ First Name:_____
Address:_____ Date of Birth:_____
_____ Age:_____
Last Grade Completed:_____ Church Attending Camp With: _____
Shirt Size: Adult - S ☐ M ☐ L ☐ XL ☐ XXL ☐ Child - S ☐ M ☐ L ☐

Please list anyone other than your church's sponsors that may pick up your child.

_____

Please let your church sponsours know about any Court order, Restraining order, CPS case, etc.

Parent Information

Person to notify in the event of an emergency_____
Relationship to Camper_____ Home Phone_____
Cell Phone _____ Alternate Phone_____
Alternate Contact _____ Relationship to Camper_____
Phone _____ Alternate Phone _____
email_____

Camper Medical History

1) Known Allergies (Drug/ Environmental/ Food)_____
2) Chronic Illnesses _____
3) Medications (presently being taken, dosage, and time) _____
4) Dates for the required immunizations following (REQUIRED).
Polio_____ DPT_____ Measles_____Rubella_____Tetanus_____ Date of last physical __/__/__
5) Medical conditions and restrictions_____
Family Physician_____ Phone _____
Insurance Carrier _____ Phone _____
Policy Number _____ Address_____
8) Check all that apply: I have or have had: ☐ Heart Problems ☐ Chest Pains ☐ Epilepsy ☐ Diabetes, ☐ Fainting Spells/ Blackouts ☐ High Blood Pressure ☐ Arthritis/ Back Problems ☐ Operations/ Serious Illness ☐ Disabilities/ Chronic Recurring Illness ☐ Allergies to Meds
9) Additional comments/ Restrictions_____
10) General Health Statement_____

Special diets due to medical reasons, please contact the camp office in advance for alternate arrangements

Medical Release

I give permission for medical personnel to administer the following non-prescription, over the counter medications as indicated by checking below:

☐ Acetaminophen ☐ Ibuprofen ☐ Decongestant ☐ Antacid
☐ Antihistamine ☐ Antihistamine Cream ☐ Antibacterial Ointment ☐ Cough Medicine

All medications must be given to the Camp Nurse at registration. Place them in a large zip lock bag with your child's name and church name. Prescriptions must be in the original container with the camper's name and current dosage. I give permission for Camp medical personnel to administer prescriptions and other medications deemed necessary for routine health care. **In the event of an emergency,** I give Plains Baptist Assembly Staff or my church representative permission to seek medical aid for my child.

Camper's Name _____
Parent's Name _____
Parent's Signature _____ Date _____

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Plains Baptist Camp

Student Release

Parent or Legal Guardian Statement of Participation, Assumption of Risk and Liability Release

Camper Name: _____ Church: _____

Acknowledgement of Inherent Risks

I give the above child permission to attend Plains Baptist Camp and to participate in scheduled and unscheduled activities. I have read and understand the risks, responsibilities, and liabilities as listed below. I certify that I am aware of the inherent risks associated with outdoor camp activities as well as the inherent risks of being on camp property. Notwithstanding, I hereby give my child/ward permission to participate in all camp activities. Camp activities may include but are not limited to: hiking, climbing, running, swimming, ropes courses, field sports, waterfront recreation, and shooting sports. Further, in consideration for Plains Baptist Camp agreeing to accept the afore mentioned child as a camper, I personally assume all risks in connection with my child's attendance and participation in the events at Plains Baptist Camp.

Acknowledgement of Financial Responsibility

In the event my child is injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay all costs and associated expenses incurred in connection with medical and/or dental services rendered to my child in response to said injury.

Limitations on Insurance Coverage

I understand that my personal insurance coverage will be the primary coverage. Only limited secondary accident and illness coverage is provided by Plains Baptist Camp for health care needs, such as doctor office visit, hospital emergency room visit or ambulance services. I acknowledge that claims to be submitted under such coverage are time sensitive and must be filed within 30 days of the date of injury. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

Release and Hold Harmless Agreement

I agree to release and hold harmless Plains Baptist Camp, its trustees, employees, agents and representatives for any and all injury, harm, or other damage by any occurrence in connection with my child's participation in camp activities in any form or fashion. I further agree to release and hold harmless Plains Baptist Camp, its trustees, employees, agents and representatives from any claim by my family, estate, heirs, or assigns out of my participation in activities at Plains Baptist Camp.

Medical Release & Authorization for Medical Treatment

I give permission for camp medical personnel and/or the contracted camp nurse to administer prescriptions as well as non-prescription, over the counter medications as indicated. I understand all medication my child takes must be in its original container, with my child's name on it, from the pharmacy. No blank pill bottles or daily medication boxes. All medications must be placed in a large zip lock bag with my child's name and church on it. The medication bag will be given to the Camp Nurse at registration. I further give permission for camp personnel to administer first aid as deemed necessary for routine health care for my child. In the event of an emergency, I give Plains Baptist Camp Staff or my church representative permission to seek medical care for my child. I authorize any medical and/or surgical treatment, including but not limited to hospital care/admission, to be rendered to my child, as needed in the judgment of the treating physician, who is chosen by the Camp Director or a designated representative working under his direction as circumstances require. Plains Baptist Camp has permission to put a colored wrist band on my child to identify allergies or a medical condition such as diabetes or asthma etc. This will help alert camp staff of medical conditions in the event of a medical emergency.

Acknowledgement of Responsibility for Damages

I agree that I am financially responsibility for any and all damage to camp property caused by my child, including but not limited to graffiti.

Consent to Address Disciplinary Problems

The above mentioned camper agrees to obey all camp rules, and to fully cooperate with the adult leadership, camp staff, campers and other sponsors. I agree that if, in the judgment of the adult leadership or camp staff, my child becomes a discipline problem he/she may be sent home, at my expense, and that I will forfeit all camp fees paid.

Use of Child's Photograph for Promotional Purposes

I agree and consent that my child's photograph may be used for promotional purposes or publicity material by Plains Baptist Camp.

I acknowledge that I am the parent or legal guardian of the above named child. By my signature below, I acknowledge that I have read, I understand and I agree to the information set forth above, including the release and hold harmless agreement.

_____ _____

Parent/Guardian Signature Date

Plains Baptist Camp Rules

Vehicles/ATV/Four wheelers/Golf Carts

Vehicle use should be kept to a minimum. Riding in the back of pickups or on trailers is strictly forbidden. No Four Wheelers are allowed. Golf Carts and utility vehicles, such as Mules or Gators are allowed with approval by the PBA office. To receive approvals please complete the Golf Cart/ATV request form at the PBA camp office. All moving vehicles must remain on roadways. PBA strictly enforces a policy of "everyone in a seat" no overloading or hanging on is allowed.

Meals: Please be at the dining hall within 15 minutes of the serving time. The serving line will be open for 30 minutes. Campers arriving late will not be guaranteed the availability of food. PBA will try to meet special dietary needs when they are for medical purposes, i.e. food allergies. Medical forms for people with food allergies must be received at the PBA office 10 days prior to arrival.

Pets: Pets are not permitted on PBA property, except certified assistance animals. Animals used for program purposes must be approved by the PBA camp office.

Conduct/Supervision/Dress code:

1. All Adults must meet the requirements of both PBA and the Texas Department of Health. Contact the PBA office for further information and policies. Adults arriving at camp without the correct background checks, and child protection certification as required by the State of Texas, will be required to leave.
2. All visitors must check in at the camp office and may be required to provide a criminal background check and child protection certification.
3. No alcohol or illegal drugs are allowed on camp property and may result in notification to the Floyd County Sheriff.
4. Firearms are not permitted.
5. Tobacco in any form, including electronic cigarettes are not allowed in any building.
6. Campers and adults are required to dress modestly. Boys/men must wear shirts at all times except while swimming; no speedos. Girls/women wear a dark cover up if they are wearing a two piece swim suit, or a one piece that is revealing. Shoes must be worn at all time.
7. Conduct Policies:
    a. Use of inappropriate language is not permitted. I.E. cussing, jokes of sexual or racial nature, verbal harassment, etc.
    b. Tattoos of naked people or vulgar language, or other inappropriate matter must be covered up at all times.
    c. Discretion should be used when taking pictures. PBA will not tolerate the taking of inappropriate pictures and/or posting inappropriate pictures or comments online.
    d. No adult is allowed to be alone with a minor at any time.
    e. Respect other groups in attendance
    f. All music played on the rec field or other public areas must be Christian music.

Dormitories:

Dorm Bedrooms are gender specific. Boys will not be in the girls' quarters, and girls will not be in the boys' quarters. Porches and common areas are open to both genders during scheduled breakout sessions and scheduled classes.

_____ Date_____

Student Signature

_____ Date_____

Parent/Guardian Signature

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Medication Form

For the safety of each camper, all medication, prescription or non-prescription drugs will be held at the camp nurse's station and administered by camp-approved, certified medical personnel, who are on duty 24 hours a day.

If you need to send medication to camp, please put it along with the completed form below in a zip-lock bag. Please DO NOT send any medication that is not absolutely necessary.

All medication must be in its original containers from the pharmacy. No blank pill bottles or daily medication boxes. Be sure to make the form visible in the bag.

PUT THIS FORM IN THE ZIP-LOCK BAG ALONG WITH THE MEDICINE

THIS MEDICATION BELONGS TO _____

CAMPER'S CHURCH _____

DOSAGE _____

_____

PARENT'S NAME _____

DAY PHONE _____ NIGHT PHONE _____

DOCTOR'S NAME _____

DOCTOR'S PHONE _____

Parents/Legal Guardians:

Plains Baptist Camp has permission to put a colored wrist band on my child to identify allergies or a medical condition such as diabetes or asthma etc. This will help alert camp staff of medical conditions in the event of a medical emergency.

Parent /Legal Guardian_____ Date_____
Print Name

Signatue_____ Date_____

Camper_____

Condition/Allergies_____

Thank you for allowing Plains Baptist Camp the opportunity to serve you.