

# HEROES OF FAITH

## Peace Valley 2025

1 Corinthians 2:5 - “That your faith should not stand in the wisdom of men, but in the power of God.”

**Junior Week (ages 9 – 12): June 8<sup>th</sup> PM – June 12<sup>th</sup> PM**

**Preaching by: Samuel Lore**

**Teen Week (ages 13 – 18): June 15<sup>th</sup> PM – June 21<sup>st</sup> AM**

**Preaching by: Caleb Brown**



Summer Camp 2025  
GENERAL INFORMATION

Parents/Guardians and Campers should read this information – PLEASE KEEP THIS PAGE  
CAMP REGISTRATION DATES & FEES

Pre-Registration between April 1<sup>st</sup> – June 1<sup>st</sup>, 2025

Pre-Registration Fee - \$80 Registration Fee - \$95

Day Camp - \$50 (\$10 per day) + \$15 Camp Shirt

**\*Camp shirt included in registration!\***

Campers who can't stay all week can pay for Day Camp and they can attend during the day and participate in all activities and meals. Campers who can't stay during the day but wish to stay the night only can also pay for Day Camp Prices - All teens who stay the night and leave during the day must turn in their keys to the staff in the cafeteria

WHAT TO BRING WHAT NOT TO BRING - Pillow and sheets for twin size beds or sleeping bag - Alcohol, tobacco, drugs

- Towels, wash cloths, bath shoes (flip flops) - No electronics

- Toiletries (toothbrush/paste, shampoo, deodorant, etc.) - Vape Pens, Jules, etc.

- A Bible, Notepad, Pen/Pencil - Clothing Iron

- Play clothes + outdoor play shoes - Weapons of ANY kind (Knives, Firearms, etc) - Sunscreen + Insect Repellant - Bad Attitude!!!

- A set of clothes that is 'Water Day' Appropriate (Non-white) - **Please limit hair dryers, flat irons, curling irons, as** - Sweatshirt/Light Jacket **too many will trip breaker** - Flashlight

- Spending money for Snack Shack (\$10-\$30)

- Positive Attitude!!!

Dinner Theater Night

Campers will have a special dinner with a movie where campers can dress up and take pictures with staff, friends, etc. We encourage the campers to dress up for the experience! Girls: A nice dress (dress code approved) Boys: Jeans/Dress pants and a button up or polo

Water/Mud Day

Campers who wish to participate in the water day activity must bring old clothes and shoes that is acceptable to get dirty. NO WHITE SHIRTS OR PANTS!

CAMP RULES

- We have a ZERO tolerance bullying policy. If you are bullying other campers or staff, you will be sent home - Vandalizing or destroying of camp property or another camper's property is not allowed

- Foul or inappropriate language should not be used. Nor clothing with this language on it

- Phones are permitted; however, all campers must keep their phones in the cabins during the day. Phones will be allowed during Flat on Back time.

- Pictures are not to be taken in the bathrooms. If a picture is taken in the cabin, all parties involved must be clothed and have your permission. Photos are not to be posted unless permission from all parties is given.

**SOME CAMPERS ARE NOT ALLOWED TO BE ON SOCIAL MEDIA FOR SAFETY REASONS**

- Pranks, Horse playing, fighting, etc. are not permitted

- **Dress Code (Boys): Daytime** – Shorts, T-Shirts (no tanks, cutoffs, or sweatpants) **Church** – Long Pants, Dress Shirts - **Dress Code (Girls): Daytime** – Shorts (no short shorts, tight shorts, biker shorts), Pants (no yoga pants, tight pants, or pants with holes), capris, t-shirts (no tank tops) **Church** – Dresses, Skirts (all clothing must be modest in appearance and length), t-shirts, or shirts (if you have tank tops, a cardigan must be worn with it. All shirts must not show cleavage)

- Keys will be turned into staff and will be kept until you must leave for permitted reason

**CAMPER INFORMATION PAYMENT INFORMATION**

**Please mail the remaining pages to Kahler Rockwell – 1280 SR 522, Wheelersburg OH, 45694 – OR bring to check in on the 1st day of camp.**

**Attach check to this sheet when mailing. Make all checks payable to: Peace Valley Or pay with PayPal @CBYouth**

**ALL INFORMATION MUST BE FILLED OUT**

Camper's Full Name \_\_\_\_\_ Gender (Circle) M F

**CAMP SESSIONS** \_\_\_\_ Junior Camp (age 9-12) June 8 – 12 \_\_\_\_ Teen Camp (age 13-18) June 15-21

Address \_\_\_\_\_

Email (If different from Parent/Guardian) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Contact's Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Text? YES NO

**PARENTS OR LEGAL GUARDIAN INFORMATION PAYMENT INFORMATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Payment Method: CASH \_\_\_\_ PAYPAL \_\_\_\_ CHECK NUMBER \_\_\_\_\_

**COVID-19 & CAMP**

The Christian Baptist Youth Board asks that if your child has any of the following symptoms two (2) weeks prior to camp, please do not send them unless a negative test within 72 hours can be produced. Symptoms include: headache, persistent cough, vomiting/diarrhea, loss of taste/smell, fever >= 100.4

**CONSENT – Please initial under YES or NO beside each option**

**YES NO REASON FOR CONSENT**

\_\_\_\_\_ In the case of emergency, I consent for treatment of my child (named above) and to be transported by Peace Valley Staff or by Ambulance to the listed preferred hospital

\_\_\_\_\_ I give Peace Valley Staff and the Christian Baptist Youth Board permission to photograph my child and use the photos for publicity, future camp presentations, and advertisements

**MEDICAL CONDITIONS - PLEASE LIST ALL MEDICAL CONDITIONS THAT OUR STAFF SHOULD BE AWARE OF. PLEASE NOTE THAT LEAVING THESE UNSELECTED INDICATES THAT THE CAMPER HAS NO MEDICAL CONDITIONS AND CAN PARTICIPATE IN ALL ACTIVITIES.**

- Heart Defect/Condition 
  Diabetes 
  Ear Infection 
  Seizures 
  Epilepsy 
  Asthma 
  ADD/ADHD 
  Nosebleeds  
 Bedwetting 
  Seasonal Allergies 
  Bleeding/Clotting Disorders 
  Sleepwalking 
  Nightmares/Night Terrors  
 Anxiety 
  Depression 
  Ear/Hearing Problems 
  Eye/Vision Problems 
  Autism Spectrum 
  Other

Over the Counter Medication – Please mark ALL OTC medications you allow camp staff to give to your child if needed

- Tylenol 
  Ibuprofen/Advil 
  Motrin/Aleve 
  Aspirin 
  Aloe 
  Cough Syrup 
  Throat Spray 
  Calamine Lotion  
 Benadryl 
  Anti Diarrheal 
  Hydrocortisone Cream 
  Tums 
  Pepto-Bismol 
  Sunscreen

Allergies – Please list any allergies and reaction

- Poison Ivy  No  Yes Reaction: \_\_\_\_\_ Bee  
 Stings  No  Yes Reaction: \_\_\_\_\_ Penicillin  
 No  Yes Reaction: \_\_\_\_\_ Food  No  
 Yes Food/Reaction: \_\_\_\_\_

Medications – Please list ALL medications your child will need **\*\*Please note that it is important that we give your child the proper dose at the proper time. No medications will be given unless we have the below information\*\***

MEDICATION Dosage Frequency/Time of Day

_____		AM	PM	BOTH	OTHER	_____
_____		AM	PM	BOTH	OTHER	_____
_____		AM	PM	BOTH	OTHER	_____
_____		AM	PM	BOTH	OTHER	_____
_____		AM	PM	BOTH	OTHER	_____
_____		AM	PM	BOTH	OTHER	_____
_____		AM	PM	BOTH	OTHER	_____ Treatment

Information (\* - required)

- Pediatrician/Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
 \*Hospital \_\_\_\_\_ Phone \_\_\_\_\_  
 Insurance Carrier/Plan \_\_\_\_\_ Phone \_\_\_\_\_

**WAIVER OF LIABILITY - PARENTS/GUARDIANS, PLEASE INITIAL AFTER READING EACH SECTION AND SIGN AT THE BOTTOM**

\_\_\_\_\_ 100% Refund will be provided if camper leaves on Sunday, 50% if camper leaves on Monday, 0% if camper leaves or if camper is asked to leave due to disciplinary reasons Tuesday or beyond.

\_\_\_\_\_ Camper will only be able to leave PVYC with a parent/guardian or person(s) authorized by the parent/guardian provided on this form on the last day of camp. Please locate your child and bring them to Brafford Hall to check out. PLEASE NOTE: All JUNIORS must be picked up THURSDAY night after service (~8:00pm). All TEENS must be picked up SATURDAY morning (9:00am-10:00am)

\_\_\_\_\_ Please check your child's head before sending them to camp. Once they arrive they will be rechecked. If your child has knits and/or lice, they will be sent home and not allowed to return until the following year. We ask that you ensure your child does not have any knits/lice to avoid heartbreak. We ask that a parent or guardian stay until the child has been checked.

\_\_\_\_\_ Parents & Family members, we kindly ask that you refrain from bringing your camper(s) outside foods (fast food, ice cream, milkshakes, etc.)

\_\_\_\_\_ I will not hold Peace Valley or Camp Staff responsible for any lost, stolen, broken, or misplaced items.

\_\_\_\_\_ I acknowledge that participation in camp activities at PVYC, include but are not limited to recreation, hiking, sports, water games, involve risk to the camper and may result in various types of injuries including, but not limited to, sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the activities, the camper (and parent/guardian) acknowledges and accepts the risk of injury associated with participation in activities. The camper (and parent/guardian) accepts financial responsibility for any injury, as well as for any medical treatment rendered to the camper that is authorized. Further, the camper (and parent/guardian) releases and promises to indemnify, defend and hold harmless Peace Valley Youth Camp including its staff and board and The Christian Baptist Association for any injury arising directly or indirectly out of the described activity, the participant, or otherwise.

\_\_\_\_\_ In the event of an emergency or non-emergency situation requiring medical treatment, I (see signature), hereby grant permission for any and all medical and/or dental treatment to be administered to my child/children, in the event of an accidental injury, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of a qualified medical personnel.

**LEGAL RESTRICTIONS** – Are there any restrictions and/or court orders in place restricting access to your child during the week? No Yes If Yes, please explain the restriction and if you have copies of documents please attach or bring the day of camp:

\_\_\_\_\_

My signature affirms that I have read and agree to the above statements & permissions

Signature \_\_\_\_\_  
Date \_\_\_\_\_

**Camper Covenant**

Campers – Please acknowledge that you have read the camp rules and that you agree to abide by the rules set forth for Peace Valley Youth Camp. By signing below, you acknowledge

Signature \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_