

JOURNEY AT TOCCOA FALLS

The Lamb's Chapel Student Ministry Travel Details



Toccoa Falls College
107 N. Chapel Dr.
Toccoa Falls, GA 30598
706.886.6831
1.888.785.5624



Monday, July 9th

8:00 am	Meet at Church/Check In/Load Up
8:30 am	Leave Church for Toccoa, Georgia
11:30 pm	Stop for Lunch at Food Court (Need \$)
2:00 pm	Arrive at Camp
3:30 pm	Unpack
5:00 pm	Camp Instructions By Staff
6:00 pm	Dinner
7:30 pm	Evening Worship
9:30 pm	Group Time
10:30 pm	Late Night
11:30 pm	Lights Out

Tuesday, July 10th – Thursday, July 12th

8:30 am	Breakfast
10:00 am	Morning Service
11:00 am	Breakout Sessions
12:30 pm	Lunch
1:45 pm	Afternoon Activities
5:00 pm	Clean Up for Dinner
6:00 pm	Dinner
7:30 pm	Evening Worship
9:30 pm	Group Time
10:15 pm	Late Night
11:30 pm	Lights Out

Friday, July 13th

7:00 am	Wake Up/Breakfast/Load Up
9:00 am	Morning Service
10:00 am	Leave Camp for The Lamb's Chapel
12:00 pm	Lunch at Food Court (Need \$)
4:00 pm	Arrive at The Lamb's Chapel

Forms Needed:

- The Lamb's Chapel Medical Release Form with Code of Conduct
(**signed by parent and student**)
- Journey Camp Medical Release Form
- Toccoa Falls Release Form

Departure/Pick up:

We will leave on Monday, July 8th at 8:30 am (**please arrive by 8:00 to check in and load up the buses**). We will stop for lunch on the way down to camp. Your student will need extra money for food on the way down and on the way back. We will return on Friday, July 13th by 4:00pm to the church for parents to pick up.

Leader Information:

Students are not allowed to bring cell phones. Please contact a leader below if you need to speak with your child.

Billy Gillispie	336.684.6782	Collyn Gillispie	336.693.9255
Tommy Bradshaw	336.380.1793	Sherel Bradshaw	336.567.8297
Payton Doss	336.213.4286	Claudia Hahle	336.264.6749
Sarah Hahle	336.266.6590	Trebor Hamilton	336.675.7766
Daniel Howell	336.214.1128	Courtney Jenkins	336.253.5918
Nick McCulloch	336.380.9524	Ryan Mead	336.340.8860
Saxton Nicholson	336.266.7148	Jen Patton	336.214.3266
McKinley Rainey	336.534.0234	Alex Vos	336.264.3558
Billy Vos	336.266.9226		

Parents Please Pray:

- Pray for safety as we travel.
- Pray that God will use our Camp speaker – Nathan Smith and the Holy Spirit will work in every student's heart to call them into a deeper relationship with Him.
- Pray for the safety of every student and adult while at camp.
- Pray for good weather!
- Pray that God will bless each leader as they take their vacation time to serve and love our students.
- Pray and believe God to do mighty things in the hearts of every person that attends.
- Pray with us that your child will experience God in a new and fresh way.

2018 Journey Camp

Packing List and Dress Code for Campers:

Clothes

- Underwear
- Shorts
- Shirts/tops
- Tennis shoes
- Bathing suit (No Bikini's)
- Flip flops for shower
- Hat
- Pair of Jeans
- PJ's
- Sweatshirt – nights & mornings are cool.
- Water Shoes (lake/tubing)

Bedding

- Twin Sheets
- Pillow
- Sleeping bag and/or blanket

Other Items

- Towels/Washcloth
- Soap/shampoo
- Deodorant
- Hair brush
- Toothpaste/toothbrush
- Dirty Clothes Bag
- Flashlight/Batteries
- Insect repellent
- Sunscreen
- Wrist Watch
- Snacks
- **Water Bottle** (important)
- Bible/pen
- Money for Journey T-shirts or Merchandise

Suggested Items

- Camera
- Fan/drop cord
- Rain Jacket
- Shower Caddy
- Alarm Clock
- Watch

Please DON'T Bring

- Cell Phones/Watches
- iPods/MP3
- Electronic Games
- Weapons/Knives
- Alcohol/Tobacco (smoke or smokeless)
- Vaporizers

Theme Nights - Each night for dinner and evening worship, our Journey Camp staff traditionally dresses up for theme nights. Feel free to join in!

- Journey Throwback (Monday) - Wear your favorite classic Journey Merchandise!
- Tropical (Tuesday) - Aloha! Wear all your tropical gear on this night!
- All-Star (Wednesday) - Football, Basketball, Baseball! Wear your team gear and REPRESENT!
- America Night (Thursday) - Imagine the most patriotic getup known to mankind... Be that person!

Toccoa Falls College Dress Code:

- Pants should not have rips or tears above mid-thigh including patches.
- Messages or images on apparel should be consistent with the culture of the college.
- Footwear is required in public buildings
- Pajama pants are inappropriate for public areas at any time.
- Shorts need to be mid-thigh when in public areas.
- No visible undergarments in public areas.
- All bathing suits should also be chosen based on modesty. Tankinis are permitted.
- Men are to wear shirts in public at all times, with the exception of the pond or lower athletic field.
- Women's Midriffs should not be seen in public.
- Woman: Any tank style tops worn on campus must be modest and have a strap of at least 2" in width. Spaghetti strap shirts must be paired with other garments that meet dress code.

Camper Name: _____

Code of Conduct for Campers

Violation of these guidelines will result in a call to the student's parents and they will be requested to come and pick up their child.

- Under no circumstance should a male participant be found at the girls' lodging. Neither should any female enter into a male participant's lodging. This includes counselors (even if it is your son or daughter in the room) for your protection as well as the churches.
 - Though participants could interact with members of other rooms, no participant can change his/her assigned room. Each camper is to stay in the room assigned for the entire trip.
 - No student should display a dating relationship with another student on the trip at any time.
- Under no circumstance should a camper share a bed/shower with another camper. This includes siblings.
 - Each person must sleep/shower in his/her bed/bathroom for the entire trip.
- All participants must follow the camp meeting program.
 - No one should excuse himself/herself from any of the scheduled activities.
- All participants must obey the instructions of the adult leaders.
- A room/hall/dorm will be supervised by an adult leader whose duties are:
 - To maintain order and discipline among their group by reporting misbehavior
 - To make sure their rooms are not abused
 - To make sure team members follow the camp meeting program
- Please respect the property. Students will be held personally liable for any damage caused to the property environment. A bill will be sent to the home to cover damages.
- For safety reasons, no participant is to venture from the property grounds unless given permission or with an adult leader.
 - No participant should walk alone. Groups of less than three campers are discouraged.
- Please respect other people's property and privacy - e.g. ask before using, knock before entering, etc.
 - Bringing of valuable items that could easily be lost/stolen is discouraged. Please label all your belongings.
- The use of tobacco or drugs (smokeless, vapes, cigarettes, etc.) will not be tolerated.
- We have a no tolerance policy on pranks and or bullying students. You will be sent home.
- No CELL PHONES or any electronic devices on this trip. (Leaders can be contacted by Final Packet List)

Parent's Signature: _____ Student's Signature: _____

Medical Form for Campers

This form gives licensed physician consent to give treatment in the case of an emergency while the Minor (under 18 years of age) listed here is involved with any event or trip associated with The Lamb's Chapel. If an emergency arises, every effort will be made to notify the parent or guardian. This form also gives permission for an authorized adult chaperone to administer any needed medications as listed below. This form releases the church, church officials, members and adult chaperones of any liability in the event a student is injured or has a medical emergency that occurs while on a church-related trip.

As the parent/legal guardian of the minor listed here, I have read all the literature about the event/trip and give permission for my child to attend and participate in all the events. I furthermore authorize the Pastors, Associate Pastors, and/or other adult chaperones to seek medical treatment for my child if necessary.

PARENT/CAMPER INFORMATION: (Please fill out all requested information below)

Signature of Parent/Guardian: _____

Please print above name: _____ Date: ____/____/____

Minor's Full Name: _____ Date of Birth ____/____/____ Grade _____

Emergency Telephone Numbers: 1. _____ 2. _____

Physician: _____ Insurance Company: _____ Policy #: _____

CONDITIONS/ALLERGIES: (Please check below IF your child has any conditions or allergies)

Bee Sting Nuts Dairy Latex Asthma Diabetes Kidney Injuries Seizure Disorder

Heart Condition Other/Explain _____

Required medications: _____

Notes: _____

Camper Name: _____

Over 18 Code of Conduct for Campers

Violation of these guidelines will result in a call to the student's parents and they will be requested to come and pick up their over 18 child.

- Under no circumstance should a male participant be found at the girls' lodging. Neither should any female enter into a male participant's lodging. This includes counselors (even if it is your son or daughter in the room) for your protection as well as the churches.
 - Though participants could interact with members of other rooms, no participant can change his/her assigned room. Each camper is to stay in the room assigned for the entire trip.
 - No student should display a dating relationship with another student on the trip at any time.
- Under no circumstance should a camper share a bed/shower with another camper. This includes siblings.
 - Each person must sleep/shower in his/her bed/bathroom for the entire trip.
- All participants must follow the camp meeting program.
 - No one should excuse himself/herself from any of the scheduled activities.
- All participants must obey the instructions of the adult leaders.
- A room/hall/dorm will be supervised by an adult leader whose duties are:
 - To maintain order and discipline among their group by reporting misbehavior
 - To make sure their rooms are not abused
 - To make sure team members follow the camp meeting program
- Please respect the property. Students will be held personally liable for any damage caused to the property environment. A bill will be sent to the home to cover damages.
- For safety reasons, no participant is to venture from the property grounds unless given permission or with an adult leader.
 - No participant should walk alone. Groups of less than three campers are discouraged.
- Please respect other people's property and privacy - e.g. ask before using, knock before entering, etc.
 - Bringing of valuable items that could easily be lost/stolen is discouraged. Please label all your belongings.
- The use of tobacco or drugs (smokeless, vapes, cigarettes, etc.) will not be tolerated.
- We have a no tolerance policy on pranks and or bullying students. You will be sent home.
- No CELL PHONES or any electronic devices on this trip. (Leaders can be contacted by Final Packet List)

Parent's Signature: _____ Student's Signature: _____

Over 18 Medical Form for Campers

This form gives licensed physician consent to give treatment in the case of an emergency while the Person listed here is involved with any event or trip associated with The Lamb's Chapel. If an emergency arises, every effort will be made to notify the emergency contact listed below. This form releases the church, church officials, members and adult chaperones of any liability in the event a student is injured or has a medical emergency that occurs while on a church-related trip.

I have read all the literature about the event/trip. I furthermore authorize the Pastors, Associate Pastors, and/or other adult chaperones to seek medical treatment on my behalf if necessary.

CAMPER INFORMATION: (Please fill out all requested information below)

Signature: _____ Date: ____/____/____

Print Full Name: _____ Date of Birth ____/____/____

Emergency Telephone Numbers: 1. _____ 2. _____

Physician: _____ Insurance Company: _____ Policy #: _____

CONDITIONS/ALLERGIES:

Bee Sting Nuts Dairy Latex Asthma Diabetes Kidney Injuries Seizure Disorder

Heart Condition Other/Explain _____

Required medications: _____

Notes: _____

NATHAN SMITH MINISTRIES, INC.
PO BOX 507, BELMONT, NC 28012

PARENTAL CONSENT FORM, MEDICAL RELEASE AND TEMPORARY GUARDIANSHIP

Name _____ Age _____ DOB _____ M or F

Address _____

Name(s) of Parents or Guardians _____

Home Phone _____ Work Phone _____

The undersigned does hereby give permission for our (my) child _____ to attend and participate in activities sponsored by _____ (*your church*), Nathan Smith Ministries, and the Journey Camp, and appoints the adult Youth Advisors of said church - along with the advisors, staff, employees, or contractors of Nathan Smith Ministries and the Journey Camp - as the legal guardian(s) of our child.

This guardianship shall begin on and shall remain in effect until _____ or until it is terminated by either of the undersigned parent(s) or guardian(s).

The above named guardians shall have the following powers:

- The power to seek appropriate medical treatment or attention on behalf of our child as may be required by the circumstances, including but not limited to: any x-ray examination, anesthetic, medical, surgical, or dental diagnosis; medical treatment and hospital care, to be rendered to the minor under the general or special supervision or advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such a diagnosis or treatment is rendered at the office of said physician or dentist or at said hospital.
- The power to authorize said medical or dental treatment or procedure in an emergency situation.
- The power to make appropriate decisions regarding discipline, clothing, bodily nourishment, shelter, and safety procedures.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical or dental services rendered to the aforementioned child pursuant to this authorization.

Should it become necessary for the child to return home due to medical reasons or a violation of any rules, policies or standards, the undersigned shall assume all transportation costs.

Permission is granted and rights waived to all pictures and other media that may be taken of my child during camp for purposes of promoting Nathan Smith Ministries, or church related exhibitions and display and related uses.

The undersigned also does give permission for my (our) child to ride in vehicles designated by the adults in whose care the minor has been entrusted.

The undersigned also does give permission for my (our) child to participate in the events and activities related to the Journey Camp, and recognize that there may be some risks related to such activities and events. In consideration of my child being permitted to participate in the activities, I acknowledge that I am aware of the possible risks, dangers, and hazards associated with participation in the activities, including the possible **risk of severe or fatal injury**. By signing this document, I hereby agree to assume and accept all risks arising out of, associated with, or relating to participating in the activities, and waive and release, for myself and my heirs, executors and assigns, any and all claims and rights for claims for damages or litigation that I may have against Nathan Smith Ministries, its advisors, staff, employees, contractors, officers or directors for any and all injuries or accidents, loss or damage that may befall my child even though such injury, accident, loss, or damage may have been caused by the negligence of one of the aforementioned advisors, staff, employees, contractors, officers or directors of Nathan Smith Ministries.

Parent's or Guardian's Signature(s) _____ Date _____

Camp Location (Circle One): Toccoa Falls College, GA Panama City, FL Dates of Camp _____