

Fort Faith 2018

July 16-21st

This Year we are excited to bring to you

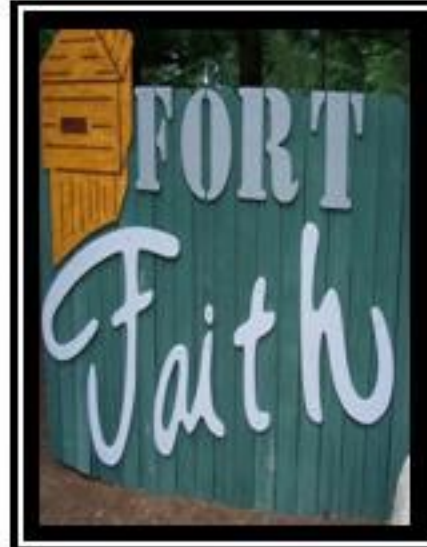
Survivor

In an environment that brings you peer-pressure to its utmost we as Christians need to survive in this world of darkness. God has given the tools to survive in Ephesians chapter 6 He lists our perfect armor:

- The Belt of Truth
- The Breastplate of Righteousness
- The Boots of the Gospel
- The Shield of Faith
- The Helmet of Salvation
- The Sword of the Spirit which is

The Word of God (The King James 1611)

As we look forward to what God has in store for us this year, let us be in prayer for our teens and let God prepare their hearts right now to make decisions that will help them "to have done all to stand" in there faith in Christ.



Registration Form



Camper's full Name: _____

Church: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Birthdate: _____ M/F

Parent/Guardian: _____

I hereby give permission for my child, _____, to attend (July 16-21) Camp at Fort Faith Baptist Camp in Morley, Michigan. In the event that my child is injured or in need of medical attention I, the undersigned, give permission to the camp director, nurse, or leader to secure the appropriate medical attention and care that is necessary for my child, including first aid, hospitalization, anesthesia, emergency medical and/or surgical treatment for his safety and well-being. I agree to take full responsibility for my child's health and behavior. If he becomes unwilling to cooperate (in the opinion of the camp/director) or if deemed necessary for the health and safety of the camp that they be removed, I will come to the camp and get them. A strict "no-prank" policy will be enforced. Fort Faith Baptist Camp reserves the right to deny admission due to health reasons that the camp or the church may not be equipped to handle. I will not hold Fort Faith Baptist Camp or any of the camp leaders/staff responsible for any accident, injury, or illness that should occur. The camp leaders/staff will notify me immediately of any such occurrence.

Name of Insurance: _____

Policy #: _____

Policy Carrier (Parent or Guardian): _____

Contact Person: _____ Phone#: _____

Family Physician: _____ Phone#: _____

I have read, reviewed, and agreed to abide by the above information.

Signature of Parent/Guardian: _____

Date: _____

Registration Cost will be as follows:

- \$15.— Early ROCKATHON 2/23/18
- \$25.— Youth Conference 3/31/18
- \$40.— Late Registration (after 4/1/18)

July 16th-21st
Visit us at kjrteens4christ.com
for more information

