



# Camp Cherokee

Operated by  
**McMinn-Meigs Association of Baptists**

**Austin Davis**, Camp Director  
**Rev. Mike Farmer**, Director of Missions

**Cost:** (Including Insurance)  
Pre-registered \$95.00 ♦ Not Pre-registered \$125.00  
Deadline for pre-registration is **Friday, May 30th**

**It is very important that you pre-register.**

*Any registration received after June 19th will be considered late and the cost will be \$115.00.*

Send all registration forms to: **Camp Cherokee Registration**  
Baptist Center  
350 North Congress Parkway  
Athens, Tennessee 37303

**All registrations must be notarized. We have a notary at the Baptist Center.**  
**Please note: There are two forms requiring a notary signature. (page 2 and 4)**

## **Camp Schedule:**

**Check in:** between 8:00am and 8:30am. Camp begins promptly at 8:30 am and ends promptly at 5:00 pm. This year we will serve a late breakfast and a late lunch. Breakfast will be at 8:30 am and lunch will be at 1:00 pm. There will be an opportunity for snacks to be purchased at the Canteen in the afternoon.

**Check out:** 5:00 pm

**Pickup Time:** 5:00 pm

**We must know who will be picking up each child. The child will need to be signed out by this person.** Please take notice of this entry on the application form.

## **What do I need to pack:**

**Bedding:** Cabins are furnished with bunks and mattress; you may bring a sleeping bag or blankets, linens and pillow (this is for rest time).

**Clothes:** Gym clothes or jeans for recreation; a sweater/jacket, swim suit, shoes for hiking and **playing on concrete. Please for your safety, no shower shoes, flip flops or clogs are to be used for everyday wear. Tennis shoes are required. Please note: Sometimes it gets muddy at camp!**

## **BIBLE**

**First Aid & Safety:** A nurse will provide First Aid. **A LIFEGUARD WILL BE ON DUTY AT ALL TIMES while pool is open.** Campers will be assigned to a cabin with one Counselor per 7-8 campers.

**Camp Program:** Bible Study, Crafts, Music, Camp Fires, Swimming, Sports, Nature Study, Canoeing, Ping-pong, Christian Fellowship, plenty of FRESH AIR, GOOD FOOD and much more!!

*Note: You must report any physical problem your child has and if your child is currently on any medicine or being treated for lice or any communicable disease.*

All registration fees should be paid before camp week. **No money will be taken at camp.** We've included Canteen money in the registration fees (unless there are dietary restrictions) so everything will be paid before Camp begins. ***We do not accept debit/credit cards. Checks or cash is accepted for payment. Checks should be made out to "Camp Cherokee". Full payment is expected by May 30th. Please indicate the child's name on the memo line of the check. Camp Registrations should be taken/sent to the Baptist Center at 350 Congress Parkway, Athens. Registrations/payments can be mailed.***

### **Please note:**

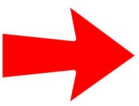
The registration fee for camp is now \$95.00 and includes \$10 for Canteen (for soft drinks & snacks—maximum of \$10 for week; 1 snack, 1 soft drink per day). If your child has dietary restrictions and cannot participate, please indicate this on the registration form and you may deduct \$10 from the registration fee.

### **Most Common Errors for 2024:**

1) ***Failing to have page 2 & 4 notarized.***

*This applies to all registrations. Any registrations not notarized will be returned to you.*

2) ***Failing to circle the correct date that your child is attending!***

 *Food, crafts, workers—everything is planned based on how many children have registered for that week. Please make sure you have circled the correct week for your child!*

3) ***If for some reason your child is unable to attend camp, please call and let us know—we usually have a waiting list!***

### **Frequently asked questions:**

***Children may attend either or both weeks of Boys and Girls Day Camp.***



# Camp Cherokee

## CAMPER MEDICAL INFORMATION FORM

### Camper Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle)

### Health Information:

Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

If Allergic to anything, how is it treated? \_\_\_\_\_

Medication Child is taking: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Special Diet: \_\_\_\_ Yes \_\_\_\_ No If yes, please explain \_\_\_\_\_

**Are any medications being sent with camper?** \_\_\_\_ Any medications sent to camp should be placed in original packaging in a zip lock bag with the camper's name and specific directions for use securely attached. Medications will be held and administered by the camp staff.

### Physician Information:

Physician's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Physician's Address: \_\_\_\_\_

### Parent/Guardian Signature:

### Notary Public Signature:

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Resident of \_\_\_\_\_ County,

State of \_\_\_\_\_.

**Sign in front of Notary.  
ID of the person signing is required.**

My Commission expires: \_\_\_\_\_

# Camp Cherokee

## Parental/Guardian Authorization, Consent and Release

I, \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_ who was born on \_\_\_\_\_.

I warrant that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

As the parent or legal guardian of \_\_\_\_\_, I certify and affirm that I have been completely and thoroughly informed that as a camper attending Camp Cherokee, my child will participate in certain activities that carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to:

- ◆ Physical activities, both indoors and outdoors.
- ◆ Sports, both informal and organized.
- ◆ Use of recreational equipment.
- ◆ Activities around water, including swimming and boating
- ◆ Hiking
- ◆ Camping

I acknowledge and understand that Camp Cherokee may offer other activities not listed above that present similar risks or dangers to my child.

I consent to my child's participation in these activities, I acknowledge and understand that this **Parental/Guardian Authorization, Consent and Release** has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

In consideration of my child being allowed to participate in these activities and to use Camp Cherokee's equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Camp Cherokee from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of Camp Cherokee's equipment and facilities.

I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

I agree to pay for any and all medical expenses incurred as a result of the use of this consent, not covered by camp insurance.

I understand that it is my obligation to inform the management of Camp Cherokee of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while at Camp Cherokee.

Should the need for medical attention arise, Camp Cherokee will attempt to contact me as soon as possible as practicable under the circumstances.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Camp Cherokee on the basis of any claim from which I have released them herein.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

I have fully informed myself of the contents of this **Parental/Guardian Authorization, Consent and Release** by reading it before I signed it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print Full Name

Resident of \_\_\_\_\_

County, State of \_\_\_\_\_

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

My Commission expires: \_\_\_\_\_

Date of Notarization: \_\_\_\_\_

**To be signed in front of notary.  
ID of person signing is required.**