

# Indian Cave Youth Camp 2025

# 2025 Camp Dates and Prices

Kids Camp: June 15-20
Kindergarten – 5<sup>th</sup> grade \$215 – Adults and Youth Workers \$100

Youth Camp: June 22-27

6<sup>th</sup> – 12<sup>th</sup> grade \$200 – Adults \$100

#### Is there a deadline?

Yes! The deadline to register for all camps June 1. You can register after June 1, but the price increases \$20 and you will not be guaranteed a spot.

# Where do I get my forms?

- 1) You can download forms and/or register online at www.indiancave.camp
- 2) Email bgordon@riversideemc.org

# The Registration Process

# There are 2 ways you can register for camp

- 1) Register your group and/or pay online at www.indiancave.camp. Bring registration forms with you when you come to camp.
- 2) Mail registration list with deposit by the deadline. Bring your individual forms with you when you come to camp.
- 3) Registration fees may be paid online or by check written to "Indian Cave Youth Camp."

Where do I mail my forms for all camps?

Brian Gordon (bgordon@riversideemc.org)

1920 Lucas Street

Salem, VA 24153

You can register and pay online at www.indiancave.camp.

# **Good Things to Know**

#### Things to Know About Registration

- 1) 6<sup>th</sup> graders may choose to attend either Kids Camp or Youth Camp.
- 2) Your deposit (\$30 per camper and adult) is non-refundable, but you may substitute one camper for another if you need to make changes to your camp roster.
- 3) The deposit amount is included in the camp fee. So, when you come to camp your amount due will be your total original registration cost minus your deposit paid.
- 4) If you register after June 1 you may not be guaranteed space and your registration fee will increase by \$20 per person.
- 5) When you arrive at camp come to the chapel first to finish registration and to receive your cabin assignments.

# **Things to Share With Your Campers**

- 1) If you have special food restrictions/allergies be sure to communicate that clearly before you arrive at camp so we can make arrangements for you.
- 2) Be sure to go over the camp rules so everyone will know what is expected when they arrive on campus.
- 3) Prescription medications are the responsibility of the leader of each group. If a leader is not attending with your group, meds must be kept in the dining hall. Please give those instructions to Brian Gordon when arriving at camp.
- 4) We know camp is a fun and safe place to meet the opposite sex, but we limit PDA (public displays of affection) to hand holding only. And when you are in the chapel, hands off.

#### Paintball

- 1) If anyone in your group wants to play paintball they <u>cannot</u> play unless their registration form is marked and signed by a parent.
- 2) We provide paintball guns, paintballs, goggles and CO2 canisters. Your teens will need to bring clothes to play paintball in. <u>Teens are **not** allowed to bring their own guns.</u>

Church Name: C		Contact Email:			
Primary Contact:		Contact Cell:			
*Place a star in front of names of adult leaders		AMP	YOUTH CAMP		
Name	M  F	Age	T-Shirt Size		
			YS YM YL S M L XL XXL XXXL		
			YS YM YL S M L XL XXL XXXL		
			YS YM YL S M L XL XXL XXXL		
			YS YM YL S M L XL XXL XXXL		
			YS YM YL S M L XL XXL XXXL		
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			YS YM YL S M L XL XXL XXXL		
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#### **CAMP RULES**

- 1. Every camper must follow the schedule.
- 2. No camper may leave the grounds without permission of the Camp Director. Adult Leaders must inform the Camp Director if they are leaving the grounds for any reason.
- 3. No tobacco products, alcohol, or illegal substances are allowed on the camp grounds.
- 4. No camper is allowed outside of the cabins after lights out except to use the bath house.

#### 5. DRESS CODE:

- A. Both boys & girls will be fully dressed at **all times**.
- B. Shorts must be at least as long as the end of the finger tips when your hands are at your sides.
- B. Shoes or flip flops are required to be worn at all times.
- C. All tops, shirts, blouses, etc. should have sleeves or thick straps. No string straps.
- D. Shirts must cover the midriff.

#### 7. CELL PHONES

- A. Cell phones may be used during free times.
- B. Cell phones must be put away during small group, devotional time, and chapel services unless being used to access a Bible app or other study help.
- C. Cell phones may not be used after lights out.

**ANY & ALL** questions/concerns with a camper, leader, or staff member are to be taken to the Camp Director. Adult Leaders must set the example by following the same rules as the campers.

**EXAMPLES OF THINGS TO BRING TO CAMP:** toothbrush, toothpaste, soap, deodorant, towels & washcloths, pillow & linens/sleeping bag, flashlight, Bible, notebook & pencil/pen

# PAINTBALL / RELEASE OF LIABILITY FORM FOR

# MINORS (players age 10-17)

Note: This form must be read and signed before the participant is allowed to take part in any paint ball event.

Participant's Name	Date of Birth//				
IN CONSIDERATION of being permitted to paintball, I acknowledge, appreciate, and ag	o participate in any way in the sport and activities of				
	eaponry involved in paintball is significant, including the				
	and while particular protective equipment and personal				
discipline will minimize risk, the risk of seri					
<b>-</b>					
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full					
responsibility for my participation, and;	nose persons released from hability below, and assume full				
	l are physically and mentally intense. I understand the rules				
	gulations. If I observe any unusual or unnecessary hazard				
	the attention of the nearest official as soon as practical; and,				
	ssigns, personal representative and next of kin, HEREBY				
-	AN CAVE YOUTH CAMP, their officers, officials, agents				
	PECT TO ANY AND ALL INJURY, DISABILTY,				
7	perty, WHETHER CAUSED BY THE NEGLIGENCE OF				
	t that which is the result of gross negligence and/or wonton				
misconduct.					
5. I understand and agree that this Release o	f Liability Agreement covers each and every paintball				
activity and event in which I participate here	eafter.				
	ILITY AND ASSUMPTION OF RISK AGREEMENT,				
	DERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL				
	FREELY AND VOLUNTARIALY WITHOUT ANY				
INDUCEMENT.					
	Date Signed//				
Participant's Signature					
Address	City, State, Zip Code				
Tiddless	ony, state, 21p code				
PARENT OR GUARDIAN MUST READ	THIS FORM AND SIGN BELOW				
This is to certify that I, as a parent/guardian	with legal responsibility for this participant, do consent and				
agree not only to his/her release of Indian Cave Youth Camp and all other Releasees but also to release					
and indemnify the Releasees from any and a	ll liabilities incident to his/her involvement in these				
programs for myself, my heirs, assigns and i	next of kin.				
X	Date Signed/				

#### KC

# Indian Cave Youth Camp 2025 KIDS CAMP REGISTRATION FORM (K – 5<sup>th</sup> grade)

Early Bird Rate is \$215, which includes a t-shirt. \$235 if registered after June 1

#### MAKE CHECKS PAYABLE TO: Indian Cave Youth Camp

KIDS Camp – Kindergarten – 5<sup>th</sup> grade (6<sup>th</sup> graders may choose to go to Kids Camp or Youth Camp)

JUNE 15 - 20, 2025

#### DEADLINE FOR EARLY REGISTRATION RATE IS JUNE 1, 2025

If not registering online mail forms with deposit to. If you register online bring this form with you:

ATT. KIDS CAMP 1920 LUCAS ST. SALEM, VA 24153

#### PHONE NUMBER (540) 387-0326

#### bgordon@riversideemc.org

Please fill this form out completely. Pay \$30.00 deposit or total cost by the cut-off date for early registration.

Make all checks payable to: *Indian Cave Youth Camp* 

Underline the name you	answer to or in	nclude your nickname:	1	
			Male	Female
Address		_State		
City		State	Zip	
Grade Next Year		T-shirt size YS YM YL S with?		
Birthdate	Age	T-shirt size YS YM YL S	M L XL	
What church are you co	oming to camp	with?		
Parent or Guardian				
Home Phone ( )		Work Phone ( ) e other than above to notify?		
In case of emergency, i	s there someone	e other than above to notify?		
Name		Phone No		
and I give him/her pern ICYC from all liability an emergency, medical understand that every e  The following informat **Food Allergies Medication Is camper able to partic	nission to partic while my child or surgical care ffort will be ma ion is needed for	ned am the legal parent and/or guardicipate fully in Indian Cave Youth Can is participating in Camp Activities. It for him/her in the event I cannot be added to contact me in case of such an error the Camp Nurse:  p programs? (swimming, field games)	np (ICYC) activities I give ICYC permis reached and such is mergency.	s. I also release sion to obtain, in necessary. I
☐ My child is 12, an	d is allowed to	play paintball ( <i>paintball costs an add</i>	litional \$10 per rou	•
to allow our child(ren)'	s picture to be t	used in Camp publications and for oth	ner promotional pur	poses.
Parent's (or Guardian's	) Signature		Date	

#### KCW

# INDIAN CAVE YOUTH CAMP 2025 KIDS CAMP VOLUNTEER REGISTRATION & MEDICAL RELEASE

**JUNE 15 - 20, 2025** 

# \$100 if payment & registration is postmarked by June 1st , \$120 after June 1st PLEASE CHECK OPTION THAT APPLIES TO YOU - \_\_\_ Adult Volunteer (21+) \_\_\_ Junior Volunteer (16-19) MAKE ALL CHECKS PAYABLE TO: INDIAN CAVE YOUTH CAMP

If not using online registration form

#### PLEASE MAIL REGISTRATION FORMS WITH PAYMENT TO:

ATTN: KIDS CAMP 1920 LUCAS STREET SALEM, VA 24153

#### Questions? Email bgordon@riversideemc.org

P	Nease print or type et	ach line of this for a	and mail wit	th full payment by L	June I <sup>st</sup> . If regi	istering anline bring 1	<sup>c</sup> orm with you
Workers Name:			Male	F	emale		
Mailing Address:	P	hysical Address if o					
City:							
Age:							
Cell #: Hom	e #: \	Vork #:					
Email Address to receive In	formation updates:		a		·		
T-Shirt Size (shirts are adu	llt sizes) S M I	. XL 2XL 3XL					
Which Church are you atter Do you have any kids who a	re Junior campers?	Yes No	If yes, p	olease list below:			
(We Need To Have Registration Fo			п	D. I			
		e:		_ Girl			
Name:		e:		_ Girl			
	Ag			_ Girl			
		e:		_ Girl			
		e:	Воу:	_ Girl			
In case of an emergency, is		•					
Name:	Phone #: _		Relatio	nship to you:		_	
MEDICAL RELEASE: /: the	undersianed. aive t	he EMC Conferenc	e oermiss.	ion to obtain, in ti	he case of an	emeraency. medica	ol or surgical care in the event such
is necessary.	<b></b>		- <b>,</b>	,		<b>g</b> ,,	<del>g</del>
**Allergies:							
Medications:						_	
Any limitations?:						- -	
Insurance Company Name:		Insurance	Policy Num	ıber:			
I the undersioned have re-	ad & completed the e	ntire registration fo	nrm affirm	that I have heen h	nnest & accura	ate with the informati	ion provided and agree to the <b>Camp</b>
-	•	-					the Indian Cave Youth Camp Board.
Worker's Signature:	_	•		<i>. soie visei etion vi</i> ite:	1116 0001 0 01 1	ו טונו אבנויונונט טונט נו	ne maian bave Touth bamp board.
Worker a digilatore				11.6.			
Mark which of the following	ng activities you arı	=	an, lead, or	-	=	iamp:	
Games		Pool Monitor		Paddle Bo			
Cabin Leader	_	Canteen Work	er	Team Lea			
Crafts		Drama/Skits		Gym Lead	er		
Bible Monologue		Campfire		Teacher			

Service Projects

Willing to be with kids from another church if needed

#### YC

# Indian Cave Youth Camp 2025 YOUTH CAMP REGISTRATION FORM (Middle and High School)

Early Bird Rate is \$200.00, which includes a t-shirt. \$220 if registered after June 1

#### MAKE CHECKS PAYABLE TO: Indian Cave Youth Camp

YOUTH CAMP – Middle and High Schoolers (6<sup>th</sup> graders may choose to go to Kids Camp or Youth Camp)

**JUNE 22 – 27, 2025** 

#### DEADLINE FOR EARLY REGISTRATION RATE IS JUNE 1, 2025

If not registering online mail forms with deposit to. If you register online bring this form with you:

ATT. YOUTH CAMP 1920 LUCAS ST. SALEM, VA 24153 PHONE NUMBER (540) 387-0326

bgordon@riversideemc.org

Please fill this form out completely. Pay \$30.00 deposit or total cost by the cut-off date for early registration.

Make all checks payable to: *Indian Cave Youth Camp* 

Underline the name you answer to or	include your nickname:		
Camper's Name		Male	Female
Address City Grade Next Year			
City	State	Zip	<u>.</u>
Grade Next Year			
Grade Next Year Age Age What church are you coming to camp	T-shirt size (adult sizes only)	S M L XL XXL	XXXL
What church are you coming to camp	o with?		
Parent or Guardian			
Parent or Guardian Home Phone () In case of emergency, is there someoned	Work Phone ()		
in case of emergency, is there someon	ne other than above to nothly:		
Name	Phone No		
ofCamp (ICYC) activities. I also release Activities. I give ICYC permission to I cannot be reached and such is necessuch an emergency.  The following information is needed **Food Allergies	e ICYC from all liability while my coobtain, in an emergency, medical cooperate. I understand that every effort we for the Camp Nurse:  mp programs? (swimming, field gan	hild is participating in surgical care for him will be made to contact	n Camp n/her in the event t me in case of
Yes No			
Yes No If no, which activities are eliminated?	?		
Your insurance companyInsurance policy number			
Is camper allowed to participate in	paintball (optional and costs extra	a)? Yes No	
We, the undersigned, have completed to allow our child(ren)'s picture to be			
Camper's Signature		Date	
Parent's (or Guardian's) Signature		Date	

#### Indian Cave Youth Camp

YCW

#### YOUTH CAMP VOLUNTEER REGISTRATION FORM

Early Registration Rate is \$100.00, \$120.00 after June 1

#### MAKE CHECKS PAYABLE TO: Indian Cave Youth Camp

JUNE 22 - 27, 2025

#### DEADLINE EARLY REGISTRATION RATE IS JUNE 1, 2024

Mail Registration with Deposit unless registering online. If you register online bring this form with you BRIAN GORDON
1920 LUCAS ST.
SALEM, VA 24153

PHONE NUMBER (540) 387-0326 Email: bgordon@riversideemc.org

Please complete each line of this form and return with \$30 deposit or full amount by June 1.

If possible, please pay with one church check.

Underline the name you answer to			
Worker's Name		Male	Female
Address			• • • • • • • • • • • • • • • • • • • •
City	State	Zıp	
Age			
What church are you with?	<del></del>		204 2004
Home Phone ( )	I -shirt size (adult sizes	only) S M L XL	XXL XXXL
Age	eone other than above to notify?	<b>?</b>	
Name	Phone No		
MEDICAL RELEASE: I, the under an emergency, medical or surgio			to obtain, in
The following information is needed **Allergies			
Medication			· · · · · · · · · · · · · · · · · · ·
Any			
limitations?			
Your insurance company			
Insurance policy number			
. ,			
I, the undersigned, have read and o			
Rules. I also consent to a Backgr	<b>ound Check</b> , which may be con-	ducted at the sole disc	cretion of the
Indian Cave Youth Camp Board.			
Worker's Signature		Date	
Worker's Signature		Date	
Check which of the following activit Camp:	ies you are willing to help plan, l	ead, or participate in c	during Senior
Games/Activities _	Help in the kitchen	Crafts	
Worship/Praise Band	Morning Devotions	Stay in a cabi	n with kid
Teach a seminar	Cabin Leader	from another of	church
Sing a special	Participate in drama	Oversee Paint	ball
Platform manager	Campfire		
Pool Monitor	Team Leader		