



NETXTREME YOUTH CAMP

240 Camp Circle

Lone Star, TX 75668

For registrations after the deadline or other questions about registration

call: (903) 278-3061

email: info@netxtreme.org

www.netxtreme.org

NETXTREME INTRO SHEET

DEAR YOUTH MINISTER:

Enclosed is the registration packet for NETXTREME YOUTH CAMPS 2024. We are excited about what God has in store for this summer, and we hope that you are already actively promoting youth camp to your students.

THE DATES FOR NETXTREME CAMP ARE:

June 7-11 Friday (2:00 pm) – Tuesday (10:00 am)

Check out our website for info on the camp personalities and activities: www.netxtreme.org



NET XTREME IMPORTANT INFORMATION

CAMP RULES

Lakeview is a Christian camp, and all rules are to help us in our conduct and to reflect Christ in all that we do.

- Please respect all camp properties. We ask you to assist in keeping the grounds clean of trash. Cans are provided camp wide to contain debris.
- If property or equipment is damaged, your group will be held responsible for any cost incurred for repair or replacement.
- Items not permitted: illegal drugs, alcohol, knives, ANY form of tobacco, guns, pets, skateboards, fireworks, radios, CD or mp3 players (unless used by program personnel). Such items will be confiscated and returned at departure.
- If dorm room is excessively filthy during your stay or upon departure, your church will be assessed a fine of \$50.
- The lake is for swimming, blobbing, canoeing, paddle boating, kayaking, or fishing. A lifeguard must be present and life jackets worn while a camper is in any boat or enjoying any lake activity.
- All clothing must meet dress code
- Shoes must be worn at all times (unless camper is in the pool or on sand volleyball courts).

•NO CELL PHONES

- Shaving cream fights, water fights, etc. will not be tolerated. A group doing such in or near enough a building to cause damage will face a charge of \$100.
- No use of the Ropes Course will be allowed unless Lakeview's authorized, trained personnel are present.
- Meals must be eaten in the Dining Hall unless otherwise prearranged with the camp.
- Students are not allowed to leave the campgrounds while attending Youth Camp.
- Students must attend all scheduled sessions and activities throughout the week.
- Students are not allowed to ride in or on any vehicle during the camp session without permission from camp staff.
- Students are not allowed to enter the dorms of campers of the opposite sex for ANY reason.
- PDA (Public Display of Affection) will not be tolerated. (Public or Private)
- Students are not allowed to share ANY medication belonging to them with any other student—all medication (prescription and non-prescription) must be checked in with the camp nurse upon arrival.

Lakeview carries an accident policy on registered guests. This policy is intended to supplement your own insurance, and it will pay only to its limits. There is no deductible. Sickness and pre-existing conditions are not covered. This policy will pay only for accidents immediately reported to Lakeview. This insurance does not cover members of your group who leave the grounds during your stay. Unauthorized activities may not be covered. All claims must be reported on forms provided by Lakeview. FOR EMERGENCIES CALL: 903-656-3871

WHAT TO BRING

- Bible, Pen
- Clothing that meets dress code
- Closed-toe shoes for recreation
- Shoes for around camp
- Towels, washcloths, toiletries
- Sleeping bag or sheets for twin bed
- Pillow
- Flashlight
- Spending money for snacks and merchandise
- Work clothes if helping with a mission project

WHAT NOT TO BRING

- Electronics of any kind
- Cell Phones
- Non-prescription drugs
- Alcohol or tobacco products
- Guns or knives
- Fireworks
- Illegal drugs
- Clothes that do not meet the dress code

DRESS CODE

- Shorts must be modest in length - no short shorts.
- All pants, jeans and shorts must have a waistband.
- Shirts must cover the entire torso and not allow midriffs or bellybuttons to show even when arms are raised.
- Sleeveless shirts are allowed but must cover the entire shoulder.
- No spaghetti straps, tank tops or bikinis.
- Swimsuits must be modest. No low cut swimsuits or swimsuits with a high cut leg.
- Tankinis with shorts are allowed with a dark t-shirt over them
- Undergarments must be worn underneath clothing and must not show through clothing or rise above the waistband of pants.

- All clothing must be appropriate and can not advertise any alcohol or tobacco products. Clothing that represents things contrary to Christianity cannot be worn.
- Sleep wear must be modest and can not be worn out of the cabins.
- All campers are to be fully dressed in accordance with this dress code any time they are outside of their cabins.
- Shirts and shorts are required when en route to and from the pool or waterfront.

ENFORCEMENT OF THE DRESS CODE

Group leaders are asked to review the dress code with all campers and their parents before leaving for camp. We ask that group leaders and adult sponsors lead by example in following the dress code and we ask that group leaders and sponsors enforce the dress code of your students while at camp.

FINAL PAYMENT FORM

CHURCH NAME

CHURCH INFORMATION *all information must be complete*

CONTACT NAME/TITLE	
ADDRESS	CITY/STATE/ZIP
PHONE	E-MAIL ADDRESS

Number of Campers	×	Camp Total \$230	=	Total Amount Due	-	Total Deposit Paid	=	Final Payment Due
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CAMPERS

	Males	Females	Total
Students			
Sponsors			
Total			

TOTAL CAMPERS

GRADES COMPLETED

6	7	8	9	10	11	12

TOTAL

T-SHIRT SIZES

S	M	L	XL	2XL	3XL

TOTAL T-SHIRTS

FINAL PAYMENT

1. Complete the church information above
2. Make a copy and file the master (for each set of campers that you register, you may need another copy of this form).
3. On the copy, complete the three sections: Campers, Grades Completed, and T-Shirt Size
4. Mail this form to:
 NETXTREME Youth Camp
 240 Camp Circle
 Lone Star, TX 75668
5. Each sponsor needs to complete the Criminal and Sexual Misconduct Check Form. This form is required each year for each sponsor. Mail or e-mail (info@netxtreme.org) the completed form by May 6, 2024.
6. Refer to the 1st Day of Camp Checklist Form for further instructions.

All add-ons after May 6 will be registered by phone, only if space is available. After May 7 you can only do same gender substitutions. After May 6, there is no guarantee on camp shirt.

CRIMINAL AND SEXUAL MISCONDUCT CHECK

This form is required each year for each sponsor.

LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH	SOCIAL SECURITY NUMBER	
STREET NUMBER	STREET NAME (NO PO BOXES)	APARTMENT NUMBER
CITY	STATE	ZIP CODE
PHONE NUMBER	NAME OF CHURCH	

SIGNATURE	DATE
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CHILD PROTECTION TRAINING *the training is good for two years*

Each sponsor must show a certificate of completion for the Child Protection Training that is required by the State of Texas to be a sponsor for children or youth camp. You need to provide Lakeview with a copy of your certificate of completion. If no proof of completion can be provided, you must go through the Child Protection Training. This training will be provided at the start of or prior to each camp.

CHECK ONE

- I will provide a copy of the 2023 Certificate of Completion
- No copy of the 2023 Certificate of Completion but took training provided by Lakeview. Please check Lakeview's master list. Camp Attended Last Year: _____
- I will need training

MEDICATION FORM

All campers who need medication during their attendance at camp must do the following:

1. Complete and present the consent below, signed by parent or legal guardian for administration of medication while the individual attends camp at Lakeview.
2. Bring the medication IN THE ORIGINAL BOTTLE (prescription or over-the-counter) properly labeled as prescribed by law.
3. Present this form and the medication indicated on this form to the nurse upon arrival on campus and abide by his/her instructions for administration.
4. If more than more one medication is to be administered, a separate form is to be completed and signed for each medication.

MEDICATION INFORMATION FOR:

NAME: _____ BIRTH DATE: _____ GENDER: M OR F
(MONTH/DAY/YEAR)

CHURCH GROUP STUDENT CAME WITH: _____
(CHURCH NAME) (CHURCH CITY/STATE)

NAME OF MEDICATION: _____

PURPOSE FOR MEDICATION USE (E.G. ALLERGIES, ASTHMA, ANTIBIOTIC) _____

FORM OF MEDICATION: ___ TABLET ___ PILL ___ CAPSULE ___ INHALATION
___ OTHER (SPECIFY) _____

DOSAGE (AMOUNT TO BE GIVEN): _____ HOW OFTEN OR AT WHAT TIME: _____

REMARKS OR SPECIAL INSTRUCTIONS:

As the parent or legal guardian of the above mentioned child, I hereby give permission for the camp nurse or administration to administer this medication to my child.

Parent/Guardian Signature _____ Daytime Phone (include area code) _____ Evening Phone (include area code) _____ Date _____

FOR OFFICE USE ONLY

Day	Date	Time Given/Person Administering			
		Dose 1	Dose 2	Dose 3	Dose 4
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Please indicate at the left, time and your initials each time medication is administered. Each person administering medication should indicate full name and title in space below.

Initial _____ = Name _____

Initial _____ = Name _____

Initial _____ = Name _____

Initial _____ = Name _____

Notes or comments: _____



DUE ASAP

REGISTRATION DEPOSIT FORM

Send this form with a \$50 deposit per camper to reserve your spot.

CHURCH NAME

CHURCH INFORMATION

all information must be complete

CONTACT NAME/TITLE
MAILING ADDRESS
CITY/STATE/ZIP
E-MAIL ADDRESS

PREFERRED MAILING ADDRESS

(E.G. PERSONAL, BUSINESS, HOME)

NAME
MAILING ADDRESS
CITY/STATE/ZIP
CONTACT PHONE NUMBER

Number of Sponsors	+	Number of Students	=	Total Campers	×	Deposit per Camper	=	Total Deposit Due
						\$50.00		

REGISTRATION FEES

- \$230 for students and sponsors
- A \$50 deposit per student and sponsor is due with the registration deposit form to reserve your spots
- Deposits are nonrefundable. They are transferable to the final balance owed on May 6, 2024
- The remaining balance is due by May 6, 2024

Return this from with your deposit to:

NETXTREME YOUTH CAMP
 240 Camp Circle
 Lone Star, TX 75668

Bring one sponsor per 10 students. Sponsors must be at least 19 years old. Bring sponsors for each gender of student you bring. Students who are currently in 6th grade through students completing high school in 2024 are eligible to attend camp.

CONFIRMATION

- Confirmation of deposit and assigned session will be e-mailed within one week of receipt
- Final balance invoice will be e-mailed with a deposit receipt

FOR NETXTREME USE ONLY

DATE RECIEVED
AMOUNT RECEIVED
CHECK NUMBER



BRING FIRST DAY

CAMPER REGISTRATION/MEDICAL FORM

No one may attend camp without this completed form! Bring the original and a copy for each student and sponsor the first day of camp.

PLEASE PRINT CLEARLY

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

GENDER: M OR F CURRENT AGE: _____ DATE OF BIRTH: _____ GRADE COMPLETED: 6 7 8 9 10 11 12 SPONSOR

SPONSORING CHURCH: _____ CHURCH PHONE: (_____) _____

PLEASE CIRCLE T-SHIRT SIZE: S M L XL 2XL 3XL

NAME OF PARENT/GUARDIAN/SPOUSE: _____

DAYTIME PHONE: (_____) _____ EVENING/WEEKEND PHONE: (_____) _____ CELL PHONE: (_____) _____

ADDRESS (IF DIFFERENT FROM CAMPER): _____ CITY: _____ STATE: _____ ZIP: _____

MEDICAL DOCTOR NAME: _____ PHONE: (_____) _____

INSURANCE COMPANY: _____ NAME OF INSURED: _____ POLICY NUMBER: _____

INSURANCE ADDRESS: _____ PHONE: (_____) _____

SPONSOR ALLOWED AUTHORIZING EMERGENCY CARE IN LIEU OF PARENT/GUARDIAN: _____

PERSON PERMITTED TO TAKE PARTICIPANT FROM CAMP: _____

SECONDARY EMERGENCY CONTACT: _____ PHONE: (_____) _____ RELATIONSHIP TO CAMPER: _____

IMMUNIZATIONS CURRENT? YES OR NO IF NO, EXPLAIN: _____ DATE OF LAST TETANUS SHOT: _____

MEDICATIONS CURRENTLY TAKING: _____

- ANY PRESCRIPTION MEDICATIONS LISTED ABOVE MUST BE CHECKED IN AT THE FIRST AID STATION UPON ARRIVAL AT CAMP PER STATE LAW
- MEDICATIONS MUST BE IN THE ORIGINAL PHARMACY BOTTLE WITH PHYSICIAN'S STATED DOSAGE OR THE MEDICATION CANNOT BE LEGALLY DISPENSED
- DO NOT BRING ANY OVER-THE-COUNTER MEDICATION TO CAMP (PER STATE LAW) - OUR FIRST AID STATION IS STOCKED WITH ALL NECESSARY ITEMS
- A COMPLETED AND SIGNED MEDICATION FORM IS NEEDED FOR EACH MEDICATION BROUGHT

ALLERGIES KNOWN (LIST AND EXPLAIN): _____

CURRENT MEDICAL CONDITIONS: _____

PREVIOUS HEALTH PROBLEMS: _____

IF PRESENTLY UNDER A DOCTOR'S CARE, DOCTOR MUST COMPLETE THIS PORTION

RESTRICTIONS OF PHYSICAL ACTIVITY? YES OR NO IF YES, EXPLAIN FULLY: _____

DOCTOR'S SIGNATURE: _____ CLINIC: _____ PHONE: (_____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

AUTHORIZATION

I hereby give my consent for the above named camper to travel with the sponsoring group, to take part in any and all activities occurring within the camp program and for Lakeview Baptist Assembly or camp nurse to treat my child for minor injuries and illnesses with the appropriate non-prescription medication. If in the event of an emergency, I cannot be reached, I hereby give my consent for Lakeview camp administration or church leadership to sign for emergency medical care should it be necessary. I understand that every effort will be made to provide the safest environment possible at camp, but that accidents can and do occur. I agree not to hold liable the sponsoring church, the camp staff, or Lakeview in the case of an unforeseen event. I am aware of the fact that photos and/or videos of my child or of myself may be taken during the week by camp staff, which may appear in future camp publicity. By signing this, I give permission to use these photos and/or videos, thereby give permission to have my/my child's photograph/video taken. If this is unacceptable, I will so state that fact here by writing "NO" in the space provided. _____

PARENT/GUARDIAN IF CAMPER IS NOT A SPONSOR: _____ DATE: _____

I have read and understand the camp rules and dress code and agree to abide by them during my stay at Lakeview Baptist Assembly. If I do not abide by these rules, I understand that I could be sent home at my expense at the discretion of the camp director and camp administration.

SIGNATURE OF CAMPER: _____ DATE: _____

FOR ADULT SPONSORS ONLY

Pastor/Staff Recommendation: I recommend this adult to be a responsible sponsor.

SIGNATURE OF PASTOR/STAFF: _____ DATE: _____



FOR CHURCH USE ONLY

WORKSHEET

DO NOT MAIL//TRANSFER TOTALS TO FINAL PAYMENT FORM

CAMPER'S NAME	GRADE COMPLET-ED	GENDER		T-SHIRT SIZE						STUDENT	SPON-SOR
		M	F	S	M	L	XL	2XL	3XL		
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
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16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
SUB TOTALS											

TOTAL CAMPERS

TOTAL SHIRTS