

ANCHORED

Preteen Camp

July 24-27, 2026

COST: \$220

**EARLY REGISTRATION:
\$200 (BY MAY 31)**

**DEPOSIT: \$50
DUE AT SIGN UP
AND BALANCE DUE
JUNE 14.**

CAMP MEETING

**Camp Meeting for
parents and kids on
Sunday, July 19 at
12:30 p.m. in The
Summit.**

**REGISTRATION
DEADLINE IS
JUNE 14**

**Return forms to Children's
Ministry Office or
Darcie Palmer. For more
information,
contact Christina Warren
at 903.237.9764**

**KIDS ENTERING 5th-6th GRADES (Fall 2026)
Lakeview Baptist Encampment**

THEME NIGHTS AT CAMP

DURING NIGHTLY WORSHIP TIME

FRIDAY: *Anchored and United: Color Wars*
(Our church will be assigned a color)

SATURDAY: *Anchored to the Rock,*
Ready to Rock! (80's Night)

SUNDAY: *Anchored Kids, Outrageous Lids!*
(Crazy Hat Night & Camp Shirt)

CHECKLIST:



Register online or use the QR code.



Complete "Lakeview Baptist Assembly Medical Information & Agreement to Participate" form.



Complete "Medication Release" form (if needed).



See information sheet on Student Information, Camp Schedule, and Lakeview Camp Rules.



Turn in forms to Children's Ministry Office or email darciep@mobblerly.org.

SCHOLARSHIPS AVAILABLE

STUDENT INFORMATION

What students should bring:

Personal Hygiene items (soap/shampoo)
Sheets/sleeping bag/pillow
Towels/washcloths
Clothes for 4 days (@ 2 changes a day)
Bathing suit
Tennis shoes
Water shoes (required to swim in lake)

Bible/notepad/pen
Snack money (labeled in Ziploc bags)
Trash bag for dirty clothes
Flashlight
Bug spray
Sunscreen
A Christ-like Attitude

Please mark your child's clothing (label) and familiarize your child with what you sent them.

What NOT to bring:

NO ELECTRONIC EQUIPMENT (iPods, iPads, Cell phones, game systems, etc)

Water balloons/water toys
Shaving cream
Tobacco/drugs
Knives

Inappropriate t-shirts (see below)
Fireworks
Matches/lighters
Flip flops

Dress Code

- Tees should be Christian in orientation or positive in word or emblem.
- No bare midriffs (no exposed stomachs).
- **When spaghetti strap shirts or dresses are worn, a cover will be required** at all times.
- One-piece bathing suits are required. If one is not owned - a dark shirt over bikinis must be worn.
- Shoes and a t-shirt are to be worn to and from pool and blob.
- **Shorts must reach the tip of your fingers with hands down to side.** If you are in doubt about your dress or shorts being too short, take it as the Holy Spirit leading and don't wear it!
- We ask that you please take your cap/hat off during prayer and worship time.

Safety Rules

- No one may drive their vehicle around camp. Vehicles should stay parked.
- NO snacks in cabins. ANTS love to visit cabins!
- Eat in the cafeteria.
- Rec Time is not an option. You CANNOT stay in your room or RUN around camp.
- No one outside of cabins after lights out.
- No one may leave campus without permission.
- Medication given by nurse only.
- Prayer Mountain (with sponsor only).
- Lake is off limits without lifeguard supervision)

Lost and Found

Articles that are lost and found will be on a table in the front of the sanctuary or on a window ledge in the cafeteria. After camp is over, all lost and found will be taken home with a director or security. If unclaimed (after 7 days) they will be donated locally or discarded.

There will be a Registered Nurse on duty to handle emergencies and administer all medications.

2026 FAITH EXPLOSION KIDS CAMP SCHEDULE

Friday, July 24

ARRIVE at church at 11:30 a.m.

- 1:00 p.m.: Group Registration & Swim Test
- 2:30 p.m.: Orientation in Worship Center
- 3:10 p.m.: Yellow Bible Study / Green Game Time
- 4:00 p.m.: Yellow Game Time / Green Bible Study
- 5:00 p.m.: Dinner
- 6:00 p.m.: Fun Feature / Training Program for Adults
- 6:45 p.m.: Break
- 7:00 p.m.: Worship
- 8:30 p.m.: Church Time
- 10:30 p.m.: In Cabins / Lights Out

Saturday, July 25 & Sunday, July 26

- 6:45 a.m.: Rise & Shine
- 7:00 a.m.: Church Sponsor Meeting in Cafeteria
Student Devotion in Cabins
- 7:30 a.m.: Breakfast
- 8:15 a.m.: Camp Video
- 8:30 a.m.: Praise Time
- 9:15 a.m.: Yellow Bible Study / Green Game Time
- 10:05 a.m.: Yellow Game Time / Green Missions
- 10:55 a.m.: Yellow Missions / Green Bible Study
- 12:00 p.m.: Lunch
- 1:00 - 2:30 p.m.: Yellow Rec Time / Green Free Time
- 2:45 - 4:15 p.m.: Yellow Free Time / Green Rec Time
- 5:00 p.m.: Dinner
- 6:00 p.m.: Fun Feature
- 6:45 p.m.: Break on Saturday / Camp Video on Sunday
- 7:00 p.m.: Worship
- 8:30 p.m.: Church Time
- 10:30 p.m.: In Cabins / Lights Out
- **10:00 - 11:00 p.m.: 6th Grade BLAST OFF

Monday, July 27

- 7:00 - 8:00 a.m.: Rise & Shine / Student Devotion
- 8:00 a.m.: Breakfast
- 9:00 - 10:30 a.m.: Praise Time & Closing Challenge
- 10:45 a.m.: Leave for Home!!

Lakeview Baptist Assembly
P. O. Box 0130 – Lone Star, Texas – Phone 903-656-3871

Medical Information/Consent/Agreement to Participate

Church/Organization: _____

Participant's Last Name: _____ First Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Address: _____ Social Security Number: _____
(Number & Street) (City & Zip Code)

Parent/Guardian: _____ Address: _____
(If different than participant's – Number, Street, City & Zip Code)

Daytime Phone: _____ Cell Phone: _____ Relationship: _____

Emergency Notification

Name: _____ Relationship: _____ Daytime Phone: _____

Evening Phone: _____ Cell Phone: _____

Medical Dr. Name: _____ Phone: _____ Dentist Name: _____ Phone: _____

Insurance Company: _____ Name of Insured: _____ Policy # _____

Insurance Address: _____ Phone Number: _____

Sponsor allowed authorizing emergency care in lieu of Parent/Guardian: _____

Person permitted to take Participant from camp: _____ Grade Completed: _____
Please include any other information you think we need to know on an extra sheet of paper.

Medical Information

Allergies (List and Explain Reaction): _____

Check any conditions: Diabetes __ Epilepsy __ Asthma __ Heart __ Chest Pain __ Thyroid __ Kidney __ Dizziness __ Back pain __

Broken Bones __ Bleeding Disorders __ Operations __ High Blood Pressure __ Any Other Conditions _____

Explanation of the above: _____ List Any dietary or Physical Restrictions on back:

Are all immunizations current: Yes __ No __ Date of Last Tetanus Shot: _____

List Medications currently being taken: _____

I/we hereby authorize the camp nurse or camp director to administer all medication brought by participant. If a medical emergency should arise while the above listed camper is in attendance at Lakeview Baptist Assembly, I/we hereby authorize the camp nurse or camp director to provide care to the camper and/or transport the camper to a medical facility. I/we further authorize the health care provider of the medical facility to administer necessary medical and/or surgical care upon arrival at the medical facility. I/we understand that camp officials will make a conscientious effort to locate the parent/guardian or the emergency contact listed on this document before any action will be taken. If it is not possible to locate the emergency contact listed, I/we will accept the expense of emergency medical and/or surgical treatment.

I/we give my authority and consent for Lakeview Baptist Assembly or camp nurse to treat my child for minor injuries and illnesses with the appropriate non-prescription medication.

AGREEMENT TO PARTICIPATE: ASSUMPTION OF RISK AND RELEASE OF LIABILITY

WHEREAS, THE UNDERSIGNED ("the PARTICIPANT") wishes to be accepted for participation in all activities conducted by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC.

In consideration of, and for the right to participate in such an activity by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors, Officers, Trustees, Employees, Agents, and/or Associates, I/we have and do hereby assume all of the risks and any other ordinary risk incidental to the nature of the activity. Further, I/we will hold them harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss, medical bills, hospital bills, and doctor bills, or other wise, which the participant now has or which may arise from or in connection with participation in any other activities arranged for me by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors, Officers, Trustees, Employees, Agents, and/or Associates, and their heirs, executors, and administrators, successors and assigns and for all members of my family, including any minors accompanying me. I/we fully understand that my physical activity involves risk of injury. I/we also understand that my participation in any activity is entirely VOLUNTARY. I/we enter into this activity and take full responsibility for the decision to participate or not to participate and agree to follow all safety instructions.

AGREEMENT TO RULES:

I/we have read the rules for LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC. and I/we agree to abide by these rules. By signing this, I/we understand that if I/we do not abide by these rules, I/we will be held liable for any damage and/or consequences that may arise by my/our negligence to follow the rules.

AGREEMENT TO HAVE PHOTOGRAPH TAKEN:

I/we are aware of the fact that photos 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/we give permission to use these photos, aware of the fact that my child or myself WILL NOT be identified by name in any such photos. I/we hereby give permission to have my photograph taken. If this is unacceptable, I/we will so state that fact here by writing "NO" in the space provided. _____

Signature of parent/guardian (if participant under age 18)

Date of Signature

Signature of participant

Date of Signature

FOR ADULT SPONSORS ONLY (What is your responsibility while attending camp?) _____

Pastor/Staff Recommendation: I recommend this adult to be a responsible sponsor. (Sponsor, camp director, recreational team)

Pastor/Staff Signature

Lakeview Baptist Assembly
Camps-Conferences-Retreats

Medication
Release/Administration Form

Lakeview requires that all sponsors/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 student 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 one medication is to be administered, a separate form is to be completed and signed for each medication.

Medication Information for:

Name: _____ Birth date: _____ Sex: ___M___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 ___ Liquid ___ 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 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: _____