



Camp Date  
June 23-27, 2025

## What in the world do I bring to camp?

- **Bedding:** Twin sized sheets/bedding, Pillows
- **Toiletries:** Shampoo/conditioner, soap/body wash, deodorant, makeup, perfume/cologne, toothbrush/paste, razor/shaving cream, sunscreen, etc. Hair dryer, straightener, curling iron, brush, hairspray, ponytail holders, towels, wash cloths, etc.
- **Clothes:** One set per day of something you can get dirty (i.e.: shorts/t-shirts), nicer clothes for services (2 services per day), a nice outfit to wear to banquet, swimwear (girls: one piece or tankini only! You will be required to wear a t-shirt if your swimwear is too revealing) plus shorts/t-shirt to use as a cover-up, shoes, and plenty of underwear! All outfits must have enough coverage to be presentable. You will be asked to cover up or change if needed.
- **Money:** We will take 2 trips to the canteen per day. The minimum suggested amount sent with a camper for the canteen is \$25. Any remaining money will be returned.
- **Electronics:** If you choose to bring phones, iPads, etc then please note that there will only be specific times that you are allowed to use these. No phones will be allowed in services. But bring your chargers!!
- **For service:** Of course, bring your BIBLES! Bring a pen/highlighter and note pad to take notes. If you sing, bring your accompaniment tracks.

### **MOST IMPORTANTLY:**

Bring a good attitude! Remember we are going to camp to have a great time and to have fellowship with one another, but most importantly to dig deeper and grow in the Lord! Come expecting great things and the Lord will bless you!!



# Twin States Youth Camp Registration Form

Location: Camp Dixon: 12500 Rd 127, Union, MS, United States, Mississippi  
T-Shirt Size: \_\_\_\_\_ Price per camper: \$175

Visit [msdistpcg.org](http://msdistpcg.org) to prepay online! Please make sure to include the following: camper's name, t-shirt size, and the church they are affiliated with.

Name: \_\_\_\_\_ Pastor: \_\_\_\_\_

### Parental/Legal Guardian Consent:

The undersigned participant and his/her parent/legal guardian agree to hold Twin States PCG its employees, officers, and volunteers, from any claims, damages, losses, and/or expenses arising out of participation in camp activities and to assume all liability for any and all personal injury, bodily injury, illness, or property damage that occurs as a result of participation in such activities. Signature of this agreement also warrants that participation in this camp is voluntary and that the participant and undersigned understand the inherent risks involved in the camp's activities. The participant understands that these risks exist despite the camp's safety precautions and procedures and the participant agrees to obey all rules and policies mandated by camp personnel. The undersigned participant and his/her parent/legal guardian warrant that he participant is physically fit and able to participate in all camp activities and that there is and will be adequate health insurance coverage in force for the term of the camper's attendance. The undersigned further verifies that the health insurance covers any and all accidents, injuries or illnesses that may result from participation in the camp activities and that the camp's medical form has been completed, signed, and dated. The undersigned participant and his/her parent/legal guardian give the Twin States PCG and its representatives permission to provide emergency medical response and/or treatment as needed for any injury or illness that may occur while the participant is involved in camp activities and agree to release the Twin States PCG and its representatives from all liability arising out of such treatment. In addition, as the participant's parent/legal guardian, I hereby give the undersigned participant permission to participate in any and all district approved camp activities either on or off the campgrounds.

Parent/Legal Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Relation: \_\_\_\_\_ Date: \_\_\_\_\_

**CAMPER AGREEMENT: I AGREE TO OBEY ALL CAMP RULES AND REGULATIONS WHILE ENROLLED AT CAMP.**

Participant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_



## Summer Camp Medication Dispensation Form

This form must be completed by the parent/guardian of any camper with medication.

Name of camper: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Church Name: \_\_\_\_\_

Medication must be in the original pharmacy container.

Please list the medication you are bringing with written instructions of how & when medication is to be given.

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There will be a head check for lice, etc. for all campers upon arrival. We recommend a head check at your local church before departure. In the event of discovering any transferrable disease on our campus, we will have to ask the group leader to take the camper home. We have no flexibility on this matter and we apologize for any inconvenience.

Parent/Guardian Name: \_\_\_\_\_

Phone numbers you can be reached at if the nurse has any questions:

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### FOR OFFICE USE:

Dorm Number: \_\_\_\_\_

Counselor: \_\_\_\_\_

This form must be mailed in with the camper's application.



### Camper Information:

Camper's Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Guardian's Work Phone: \_\_\_\_\_

Does this camper have any allergies, illnesses, or other disease? **Y N** If Yes, Please List:

Is this camper currently under a doctor's care? **Y N** If yes, for what treatment?

Is this camper taking any medication at this time? **Y N** If yes, please list:

Is there any other medical treatment the camper needs? **Y N** If yes, please list:

Is the camper a diabetic? **Y N** If yes, what is the daily insulin intake?

Has this camper had a tetanus shot in the last 12 months? **Y N**

Has this camper has a COVID vaccine? **Y N** Which and when?

Does this camper have any of the following: (Circle) Glasses, Contact Lenses, Hearing Aid, Other:

Please list any other health issues and how to handle them:

Hospitalization Insurance Coverage: **Y N** If yes, Please list company/policy number:

Is this camper affirmed to be free of head lice? **Y N (NOTE: Active case of head lice will be subject to dismissal)**

Emergency Contact & Phone Number (in addition to those listed above):

### Pastor's Recommendation

As pastor of the above mentioned individual, I recommend that this person be enrolled in camp.

Pastor's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Church: \_\_\_\_\_

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

For teen workers: In order to stay over as a worker, you must be 15 years or older, mature, responsible, and have a Pastor's approval alongside a worker's application.

Pastor's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

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



### Worker Information:

Camper's Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Guardian's Work Phone: \_\_\_\_\_

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Is this camper currently under a doctor's care? **Y N** If yes, for what treatment?

Is this camper taking any medication at this time? **Y N** If yes, please list:

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