

2026 Youth Camp Information

Camp FUEGO in Eunice, LA 4.5 hrs

Dates: June 29th – July 3rd

Cost:

CAMP FUEGO June 29 th – July 3 rd	Youth Fundraisers
Camp Cost \$305.00	Dinner Theater 4/19 – 4/21
Travel Expense \$55.00	Dessert Auction 5/10
Total Camp Cost \$360.00 Due 6/14/26	Drive Through Dinner (TBA)



Camp Fuego Camp Registration Form

June 29th – July 3rd



First & Last Name: _____

Birth Date (mm/dd/yyyy): ____/____/____

Address: _____

Phone Contact: ____-____-____

Email Contact: _____

Grade: _____

Shirt Size: _____

(PLEASE RETURN)

Camp FUEGO Packing List

CLOTHING

- comfy/causal day-to-day attire
- activewear for Fuego Fun/Late Night Rec (if you think you'll need them)
- Paint War attire (anything you're okay with getting covered in paint + maybe some goggles, shower cap, etc.)
- shoes (comfy/casual + shower shoes if you want)
- swimsuit, shirt for over swimsuit (required for both guys & gals), & beach towel
- pajamas
- Theme Night Attire
 - This summer, we're having 3 different theme nights: Tailgate (Monday Night), Rodeo [Roh-dee-oh] on Rodeo [Roh-day-oh] (Tuesday Night), & FueGLO (Wednesday night).
 - Tailgate: Come in your fav sports team attire - think jerseys, hats, eye black, foam fingers, etc.
 - Christmas in Hawaii: Mele Kalikimaka! Come dressed in your best Christmas/Hawaiian attire!
 - FueGLO: Wear anything that will show up under backlights - neon, white, glow sticks, etc.

TOILETRIES + BEDDING

- anything you'd usually bring for a week away from home (toothbrush, toothpaste, shower items, deodorant, etc.)
- pillow
- twin sized sheets + blanket and/or sleeping bag

MISC.

- Bible, notebook, pen
- wristwatch
- sunscreen, bug spray
- reusable water bottle
- snacks/snack money (All main meals are provided, but you're welcome to bring your own snacks and/or money to buy snacks from the facilities where we host camp!)

UNIQUE CONCERNS:

Camp Fuego is not responsible for planning/preparing the camp menu. If you have a special diet that you may need accommodations for, please reach out to the facilities we host camp at. Their info is below:

- Acadian Baptist Center (Sessions 4-9a): 337-457-9047

THERE IS NO NEED TO BRING...

- firearms, weapons, etc.
- alcohol, tobacco, etc.
- any clothing that goes against our dress code
 - Please ask your students and adult sponsors not to pack anything that:
 - Advertises alcohol, tobacco, illegal drugs
 - Explicitly or implicitly promotes racism, sexism, or hatred of any group or person
 - Explicitly or implicitly refers to sexual actions or situations
 - Is excessively short or tight fitting (Avoid "Cheer" Shorts, crop tops, etc.).
 - While at camp, we ask that students and adults:
 - Wear closed-toed shoes to rec.
 - Wear a t-shirt over swimwear at the pool (both guys & girls).
 - Wear modest shorts, skirts, leggings or jeans.
 - Do not dress in a way that calls attention to their underwear (sagging your pants, rolling down your waistbands, etc)
 - Wear a dark t-shirt if you plan to take part in the messy games or water games (We use a lot of water...It's Louisiana and it's summer).



Youth Permission Slip



For Activities with First Baptist Church of Bellville
4099 HWY 36 N
Bellville, TX 77418-2725

Office-(979) 865-3644—Student Minister-(903) 780-1099

I give permission for my child _____ to participate in the planned activities with the First Baptist Church of Bellville Youth Group designated below. I understand that reasonable plans have been made to ensure the safety and welfare of all participants. I also understand that volunteer adults and staff will be chaperoning youth activities and will take reasonable actions as they deem necessary to protect the best interests of all participants. In signing this document, my child agrees to conduct himself/herself in a safe and orderly manner and will cooperate with decisions made by the adult chaperones.

Activities: 2026 Youth Trip to Camp Fuego

Dates: June 29th – July 3rd

Times: 06/29 @ 8:30 a.m. to 07/3 @ 4:00 p.m.

Location: ACADIAN BAPTIST CENTER, EUNICE, LA

I have read and understood the conditions described above and give permission for my child to participate in this youth group activity.

(If riding the First Baptist Church of Bellville Church Bus)

I give my son/daughter _____ my permission to ride the Church provided vehicles for youth related activities: and release First Baptist Church of Bellville from any damages which may result due to accident or injury. I, the undersigned, hereby authorize a representative of First Baptist Church of Bellville to consent to and authorize emergency medical treatment, surgery or dental care to be given to my son/daughter as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

Signature of Youth (If over 18)

Date

Signature of Parent/Guardian (print)

Date

Primary Phone _____ Secondary Phone _____

Medication Form:

I the parent/guardian consent to allowing a First Baptist Church of Bellville volunteer/staff to hold any medication of my child, and understand that this medicine is not being withheld, but being protected. I, hereby, give permission for any volunteer to distribute my child's medicine, to my child, as necessary.

Name of Youth _____ Age _____

The volunteers are carrying the following prescription and over-the-counter medicines with them and have my permission to self-administer these medicines.

Medication	Dose	Frequency

Note: Please send all medications in original containers when possible. If this is unavailable, all medications should be in a container labeled with administration information and the youth's name.

Other medical concerns and/or allergies that the First Baptist Church of Bellville volunteers should be aware of during this trip: (please include any allergies to medicine as well)

Parent/Guardian

Date

Please Do Not Staple

Camp Fuego Waiver & Release



All participants in Camp Fuego Events MUST have a signed Waiver & Release Form, including adults 19 years and older. Participants under 19 must have the authorized signature of a Parent/Guardian. Substitute Forms will not be accepted.

Name of Church (include city): _____

Name: _____ Birthdate: ____/____/____ Age: _____ Gender: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Home Phone: (____) _____

Work/Cell Phone: (____) _____ Email: _____

Camp Session _____ Current Grade or Grade Completed in May of this Year _____

T-Shirt Size XX XL L M S (please note: This is NOT the grade they are about to start)

Please check which one best describes the attendee:

Student Group Leader Adult Leader Fuego Staff

Consideration. I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

Release /Indemnification. I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Camp Fuego, Camp Bethany, and/or Acadian Baptist Center, its directors, employees, agents, volunteers, and affiliates (Camp Fuego, Camp Bethany, and/or Acadian Baptist Center) from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify Camp Fuego, Camp Bethany, and/or Acadian Baptist Center for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

Assumptions of Risk. I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Medical Emergency. In the event of injury or a medical emergency, I understand that the church's group leader, not Camp Fuego, Camp Bethany, and/or Acadian Baptist Center, will be responsible for the medical care of all attendees. It will be the church group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release Camp Fuego and Camp Bethany from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all Camp Fuego, Camp Bethany, and/or Acadian Baptist Center events.

Facility Recreation Addendum -The recreation programs at Camp Bethany and Acadian Baptist Center strive to offer fun, safe, and challenging activities that engage the whole person--body, mind and soul. Facility staffs are trained and, as a team, committed to your rewarding experience with safety as their highest priority. They have done everything possible to mitigate any risks involved in their recreation programs, however there are inherent risks to participation in recreation activities, including but not limited to, initiative games, high and low challenge course, outdoor education, paintball and aquatics. You could experience any of the following -elevated heart and respiratory rates, uncomfortable group dynamics ,climbing or descending unpredictable and possibly slick or uneven terrain, crossing narrow wires and logs ,jumping, running, climbing/descending steep rock faces, traveling long distances in remote settings, carrying weight on your backs and shoulders, unforeseen forces of nature or weather, any of which could result in injury/illness that could result in loss of life, limb, and/or property. You are also agreeing that you or your child will NOT ENTER any pool, pond or lake, if they have not received certified swim training, prior to attending camp. This training is not available at the facility. For more detailed information about the recreation programs offered at Camp Bethany, see www.campbethany.com, for Acadian Baptist Center, go to www.abccamp.com

Understanding I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

Media Consent I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to Camp Fuego, Camp Bethany, and/or Acadian Baptist Center. Camp Fuego, Camp Bethany, and/or Acadian Baptist Center, as the sole owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

Copy to Camp Facility It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of same shall be provided to the camp facility that is hosting each event.

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.

Please check, which applies: Parent/Guardian Attendee 18 years of age or older

Signature: _____ Date _____

If you are a Parent/Guardian of an attendee who is under 19 years of age, please include the following.

Parent/Guardian Name: _____

Relationship to Attendee: _____

Contact Number: _____

Insurance Policy Number: _____ Group Policy Number: _____

Insurance Company Name: _____ Coverage Verification Phone: _____

List any medical, physical, or other limitations: _____

Allergies: _____

Current Medications: _____

Most Recent (NONE is an acceptable answer): Tetanus Shot Date: _____ • Meningitis Vaccine Date: _____ • Covid Vaccine Date: _____

Doctor's Name: _____ Phone: _____