



Camp Rise and Shine Presents:

CREATION MUSEUM



# Girls Week (ages 7-16) July 2-7, 2023 Boys Week (ages 7-16) July 9-14, 2023

For 2023 Camp Rise and Shine, we're road tripping to Kentucky where we'll examine Biblical and scientific evidence that validate the claims of Scripture at [The Ark Encounter](#) and [Creation Museum](#). The Ark Encounter features a full-size replica of Noah's ark - 510 feet long, 85 feet wide and 51 feet high - roughly the length of three NASA Space Shuttles! Highlights of The Creation Museum include a realistic Garden of Eden, animatronic dinosaurs and an incredible special-effects theater. Both facilities feature numerous exhibits and activities that make for an exciting Bible and science learning experience!

## 2023 Registration Form

Mail along with check for registration fee to:  
Camp Rise And Shine, 656 Crooked Run Road, Nebo, WV 25141

The cost is \$275.00 (\$250.00 + \$25.00 registration fee). \*We must receive your Registration Form and \$25.00 Registration Fee by June 15, 2023. Some Sponsorships may be available. Accommodations are VERY limited, so register now to reserve your place!

REQUIRED: Please fully complete Camper & Health Information below and on next page:

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

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Camper's Birthdate: \_\_\_\_\_

Camper is attending:  Girl's Week: July 2-7     Boy's Week: July 9-14



CREATION MUSEUM

# CAMP RISE AND SHINE

## ARRIVAL & DEPARTURE TIMES:

Plan to arrive at camp Sunday between 3:00-4:00pm and depart Friday between 3:00-4:00pm.

### WHAT TO BRING:

- Bible
- Pen or Pencil
- Notepad
- Flashlight
- Comb
- Pillow
- Camp Clothes
- Blankets
- Sleeping Bag
- Jacket or Sweater
- Rainwear
- Tennis Shoes
- Towel
- Washcloth
- Toothbrush & Toothpaste
- Swimsuit (one-piece for girls)

### OPTIONAL:

- Camera
- Hiking Boots
- Spending Money
- Stationary
- Postage Stamps
- Fishing Pole

### PLEASE DO NOT BRING:

Radio, CD, MP3 or other video or music player, video games, cell or smart phones, firearms of any type, knives, immodest clothing, short shorts, or t-shirts with questionable pictures or sayings.

**Please mark your belongings so that they are easily identifiable.**

*CAMP RISE AND SHINE is an independent faith work and is non-denominational in fellowship. The camp is incorporated in the state of West Virginia as a non-profit organization for religious, charitable, and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code. Rules for acceptance in the camp program are the same for everyone without regard to race, color, or national or ethnic origin. Our purpose is to minister to the physical, social, and spiritual needs of youth; that young people may come to know Jesus Christ as Savior; and that they may be encouraged to serve Him.*

CAMP RISE AND SHINE  
656 CROOKED RUN ROAD, NEBO, WV 25141

Phone: (304)286-5909 Website: [www.campriseandshine.org](http://www.campriseandshine.org)

In case of emergency you can reach the Camp Directors at: (304)286-5909



Please complete and return to Camp Rise and Shine:

## CAMPER'S HEALTH INFORMATION

(MUST BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN)

Camper's name (one form required per Camper): \_\_\_\_\_ Age: \_\_\_\_\_

Is camper allergic to Penicillin? \_\_\_ Bee Sting? \_\_\_ Other Medications? \_\_\_\_\_

When did camper last have a tetanus shot? \_\_\_\_\_ Will the camper be taking any medication while at camp? \_\_\_ If yes, is camper responsible for taking own medicine? \_\_\_ Are we responsible to give it? \_\_\_ Is camper's activity to be restricted in any way for medical or other reasons? \_\_\_ If yes, in what way? \_\_\_\_\_

Is there any additional information you feel is important for the camp director to have? \_\_\_\_\_ Do

you carry medical/hospital insurance? \_\_\_ If so, please indicate: Insurance Carrier:

\_\_\_\_\_ Policy# \_\_\_\_\_

In the event of a medical emergency, I hereby give my permission to the camp authorities to take my child to the doctor and/or hospital chosen by them in order to secure proper treatment for my child. I understand that every effort will be made to notify me as soon as possible if there is sickness or accident of any serious nature. My child has permission to participate in all camp activities except as restricted above. If a Camp Rise And Shine photographer or videographer takes a picture with my child in it, either individually or in a group, I give permission for my child's picture to be used in future brochures, videos, DVDs or other publications of Camp Rise And Shine.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_