



# **REGISTRATION PACKET**

**February 17-19 2024**

**Waymaker Lodge Campground**

**611 Private Road 8345**

**Woodville, TX 75979**

## What is Thrive Camp?

A weekend retreat for all youth groups (13-17 year old students) presented by U.F.O. ministries.

With over 25 years of youth camp/youth ministry experience Pastor Davey and Jenny Gilbert have stepped out by faith in an effort to create an exciting and safe atmosphere for every youth group to come and experience the fullness of God, His power, and His love. At Thrive Camp we stand on the scripture found in John 3:30- Jesus must increase, I must decrease. This camp does not promote any one church but does promote a solid weekend designed to strengthen the relationships within your youth ministry , connect youth pastors to each other, and above all we desire that each teenager would leave this weekend with their lives radically change by the Holy Spirit. Know God, Find Freedom, Discover Purpose, Make a difference is our message.

### **Important Information: Please review!**

#### **Camp Dates: February 17-19**

- ☐ Regular Registration      **\$10 per student (3 days 6 meals  
(noon-night 4 meals)**

### **Frequently Asked Questions (FAQ's)**

**1. What does the cost include?**

- ☐ Amazing Services
- ☐ 2 nights lodging
- ☐ Camp T-Shirt
- ☐ Awesome Food
- ☐ A lot of Fun



**2. Will there be plenty of adult supervision?**

- ☐ Absolutely. We will have an adult-camper ratio of 1:7.  
And we have camp staff to assist with supervision.

#### **EACH CHURCH IS RESPONSIBLE FOR THEIR OWN TEENAGERS.**

Thrive Camp welcomes all pastors/adult youth leaders to join us for the services and day time activities, however we do require a 1/7 ratio: 1 adult male leader for every 7 teenage boys and 1 adult female leader for every 7 teenage girls.

**(If you would like to bring more than 1 adult per 7 teens please contact us at: [ThrivecampTX@gmail.com](mailto:ThrivecampTX@gmail.com))**

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## **WHAT TO BRING:**

1. **A desire for more of Jesus**
2. **Sleeping bag, Air mattress (optional).**
3. **Toiletries (Deodorant, tooth brush, soap, ect.)**
4. **Bible, Notebook, and Pen**
5. **Clothes for Saturday, Sunday and Monday. (cloths for trail hiking and getting wet in)**
6. **Tennis Shoes (for recreational time)**

## **WHAT NOT TO BRING:**

1. **Skateboards**
2. **Revealing Clothing.**
3. **A Bad Attitude**
4. **Video Games**
5. **iPods / iPads**
6. **Firecrackers**
7. **Laptop Computer**

## **TRAVEL TIMES:**

**All Travel is to be provided by each church. check-in will be 9:00-10:00 am on Saturday morning at Waymaker Lodge in Woodville, TX.**

# THRIVE CAMP Guidelines

1. Honor and respect God, the staff, each other, and the facilities
2. Do not be alone with a member of the opposite sex at any time or you will be sent back home.
3. Be on time for all scheduled events.
4. Do not leave your tent/shelter after curfew is called.
5. All medications are to be listed on the Registration/Medical Release form and taken to the health center and registered with the camp medical staff. All medications must be in the original bottle and/or container. Thrive camp is not responsible for you to take your medicine. We leave that responsibility to the camper and your youth leader to.
6. Prank supplies are not allowed (i.e. shaving cream, body paint, water balloons, water guns/blasters). There are no exceptions.
7. Adult supervision is required on the camp trails. At no time is a student to go to on the hiking trails without adult supervision.
8. Drugs, alcohol, any form of tobacco, firearms, knives, or any other kind of weapon, fireworks, roller blades or skateboards are NOT allowed.
9. Clothing should reflect a godly attitude, and not divert the attention of those around you from their focus on God's word and His purpose in their lives.
10. No fighting is allowed.
11. All snack items must be stored in sealable containers to prevent ants and other insects in the dorms and meeting rooms. Texas Department of Health Regulations prohibits cooking in shelter or meeting rooms (no hot plates, electric skillets, etc.)
12. Students and/or church group leadership will be held financially responsible for any property damages that occur during their stay at the state park. Students should refrain from writing on the shelter walls. Please do not use duct tape to affix signs to doors or walls.

# THRIVE CAMP GROUP REGISTRATION FORM

February 17-19 2024

We are excited to announce Thrive Camp 2024 youth retreat at Way Maker Lodge  
611 Private Rd 8345 Woodville, TX.  
The 2024 camp theme will be "BELIEVE IT"

## **Camp topics: What does it mean to have faith in Jesus?**

Saturday

Session 1: Pastor Brandon Burnett  
(Calvary Chapel Pasadena, TX)

Sunday

Session 3: Girls session and Boys session All in VS compromise  
Session 4: Pastor Davey: The Secret Place

Monday

Session 5: Pastor Jenny: The challenge to make a difference.

**In order for us to prepare for a successful retreat we are asking each group to pre-register with a non-refundable deposit that will be a credit towards your group upon arrival. We do have limited space, so pre-registration is a way to know how many campers to expect.**

**Price Includes:** lodging, 1 shirt, 6 meals, and the camp experience.  
\$10 per camper

## **Ways to pay:**

Check- make checks payable to  
UFO Ministries  
5614 Savannah Woods Lane  
Rosharon, TX 77583

Paypal- [ufochurch@gmail.com](mailto:ufochurch@gmail.com)

website- [www.ufoministries.com](http://www.ufoministries.com) (\$5 fee is added)

Zelle- [ThrivecampTX@gmail.com](mailto:ThrivecampTX@gmail.com)



Group/Church Name:\_\_\_\_\_

Leaders Name:\_\_\_\_\_Way maker\_\_\_\_

Leaders Email:\_\_\_\_\_

Leaders Phone Number:\_\_\_\_\_

PLEASE INCLUDE \$10  
NON-REFUNDABLE  
DEPOSIT FOR EACH  
CAMPER. THEY WILL  
EACH HAVE A \$10  
CREDIT AT THE  
SNACK SHACK UPON  
ARRIVAL.

Ways to Pay

**Paypal:** ufochurch@gmail.com

**Zelle:** thrivecamptx@gmail.com

**Website:** www.ufoministries.com

(a \$5 fee is added for processing)

**Check:** made payable to:

UFO ministries

I agree that all Covid/health screening will be the responsibility of the campers parents and our group's adult leadership. I also agree that that as a parent/leader/adult in charge of my group that I take full responsibility for each student in my group.

X\_\_\_\_\_

Group Leader signature

We have sent \$\_\_\_\_\_ with this form to be a non-refundable deposit towards our groups final cost.

# THRIVE CAMP REGISTRATION FORM

(This form must be completed by each person attending camp)

## CAMPER PICK UP

The following person (in addition to the parent/ guardian listed) are authorised to pick up the camper:

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

Phone #: \_\_\_\_\_

Shirt Size

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

Youth Leader: \_\_\_\_\_

Camper Name: \_\_\_\_\_ M / F Age: \_\_\_\_\_

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

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

E-mail address: \_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_

Phone: Home \_\_\_\_\_ other \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Any special requirement or attention needed (Please explain): \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Activities limited by physician: \_\_\_\_\_

Current medication (send with instructions) \_\_\_\_\_

Reason for taking the medication: \_\_\_\_\_

The Proposed activities provided by Thrive Camp require participation in physical exercises which are by their nature, physically demanding. Many of the activities, including , but not limited to, carpet ball, volley ball, football, Archery, Gaga ball, etc., will or may challenge you and could cause surges in blood pressure and pulse rates. It is imperative that you are free from any heart-related or other diseases. Therefore, all participants must be free of medical and physical conditions which might create undue risks to themselves or any others who depend on them. If there is any doubt about your ability to safely participate in this experience, you should receive a physical examination. If you check any of the inquired conditions, it is solely responsibility to receive the necessary approval from the appropriate health care providers for your participation in all physical activity. If more information is needed regarding such activities, please contact U.F.O. Ministries at Thrivecampptx@gmail.com.

## MEDICAL INFORMATION

Please fill in the following information as accurately as possible. Any medication the camper is currently using along with a letter describing dosage, frequency, and instructions concerning the medication or any treatment must be turned in to the camp health center upon arrival.

## ALLERGIES

Check all that apply.

\_\_\_ hay fever \_\_\_ insect stings

\_\_\_ asthma \_\_\_ penicillin

\_\_\_ foods \_\_\_\_\_

\_\_\_ other drugs \_\_\_\_\_

Operations or injuries Date \_\_\_\_\_

Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## INSURANCE INFORMATION

Company: \_\_\_\_\_

Policy or Group# \_\_\_\_\_ HMO \_\_\_ PPO\_\_\_

Insurance Company Phone: \_\_\_\_\_

Insurance Address \_\_\_\_\_

## HEALTH HISTORY

Check all that apply.

\_\_\_ frequent ear infections

\_\_\_ bleeding/clotting disorder

\_\_\_ heart defect/ disease

\_\_\_ dizziness/ fainting

\_\_\_ chest pain

\_\_\_ epilepsy

\_\_\_ mononucleosis

\_\_\_ arthritis/ joint problems

\_\_\_ diabetes

\_\_\_ hypertension

\_\_\_ back problems

\_\_\_ pregnant

## AGREEMENT TO PARTICIPATE ASSUMPTION OF RISK AND RELEASE OF LIABILITY PLEASE READ BEFORE SIGNING

I (we) acknowledge that during the session that the applicant is participating in, certain risks and danger may occur. I (we) recognise that such risks and danger may include loss or damage to personal, physical injury, or fatality due to accident. I am healthy (both physically and mentally) and capable of participating in this session. The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I fully authorise the camp's medical personal or the church in charge of watching my child to order x-rays, routine test, treatments, including hospitalisation, for me / my child's deemed necessary. I, individually and on behalf of the minor, do hereby release, Thrive Camp (a ministry of U.F.O. ministries) and it's staff from any and all liability. I also understand that my participation in this Thrive Camp event is entirely VOLUNTARY. I enter in to this session and take full responsibility for my decision to participate or not to participate and agree to follow all safety instructions. I understand that photographs or video may be taken of me/ my child during this session for promotional use by U.F.O. ministries. I understand that I will not receive compensation, monetary or otherwise in exchange for these images. I agree that being allowed to participate in Thrive Camp is sufficient consideration to support this agreement to participate.

Signature of Parent  
(if participant is under 18, parent or guardian must sign)

\_\_\_\_\_ Date

Signature of Participant

\_\_\_\_\_ Date

Please include a non-refundable  
\$10 deposit with every application.  
(Make checks payable to "U.F.O. ministries")

\$10 deposit paid

Paid in full