

Housed at Bass Lake Camp Winnebago, MN

Grateful for our past and excited
for God's work this year!

Mailing Address During Camp Weeks

Camp Shiloh
C/O MN Regular Baptist Camp
39725 225th St.
Winnebago, MN 56098
(Mail delivery may be slow so
please plan to send mail early.)

Phone During Camp Weeks

Camp Dean
715.768.5136

Camp Caretaker
507.893.3249

Leave message for Camp Shiloh

More Info

Office Phone in Milltown, WI
715.825.3186

www.campshilohmn.com

Facebook—search
“Camp Shiloh Minnesota”

Highlights of Camp Shiloh:

- Fantastic Food
- Captivating Chapel Services
- Enthusiastic Activities
- Waterfront
- Family-like Atmosphere
- Uplifting Music
- Making New Friends



“The Lord revealed Himself ...
in Shiloh by the Word of the Lord.”
I Samuel 3:21

Camp Shiloh

Theme:
“The Lord God Made
It All”



June 17-22, 2024

Grades 4-9

Tracks for both Junior and
Junior High Campers
Camp Dean: Mr. Jared Mielke

Please Keep This Section

Camp Shiloh Monday-Saturday, June 17-22

Grades 4-9 (Junior and Junior High Tracks available)

\$10.00 preregistration fee sent in with form plus

\$140.00 camp fee—payable first day of camp

Total: \$150.00 (preregistration + camp fee)

Pre-order a new camp T-shirt for \$10 and mark your size below.

Camp Begins Monday
3:00-4:00 PM—Registration
4:30—Organizational Meeting
Camp Ends Saturday
9:30 AM

- What to bring:** Bible, notebook, and pen
Sleeping bag and pillow, towels, washcloths, and soap
Toothbrush and toothpaste
One-piece swimsuit (modest) and Colored T-shirt (for swimming)
Sports clothes (all clothes must be modest—all garments must be loose fitting, no tank tops, and shorts must be within a hand-width of knee)
Optional: Canteen and offering money, musical instruments, fishing pole, ball gloves, cameras
What to leave home: Personal electronics including phones; T-shirts with music groups, beer, or inappropriate content; ear rings or neck jewelry for boys; knives or other weapons; fireworks

Registration Form

Name _____ Male () Female ()

Street _____ Phone _____

City _____ State _____ Zip _____

Age _____ Birth Date _____ School Grade this Fall _____

Church _____ City _____

Parents/Guardians _____ Today's Date _____

Please return this form to your pastor who will mail all camper forms together.

Pastor, send forms to **Pastor Marlon Mielke, First Baptist Church, Box 129, Milltown, WI 54858**

Make checks payable to Camp Shiloh.

Registration deadline: Postmarked by May 22, 2024 (\$15.00 late fee if the deadline is missed)

Check Which Track
() Junior Grades 4-6
() Junior High Grades 6-9
(grades going into)



Unless a separate paper is written and signed by a parent and attached to this form, the camp photographer(s) has permission to take pictures and/or videos for promotional reasons, including but not limited to flyers, website, and Facebook. (During large group times, a camper may still be caught on camera.)

Cabin Mate? List one _____
History of Allergies? _____ Diabetes? _____ Rheum Fever? _____
Any Chronic Disease or Med info? _____
Explanations _____

**Please see the
Camp Shiloh
Consent and
Release Form.**

Insurance Policy _____ Policy # _____

Last Tetanus Shot Given _____

Any medication being taken: List names, dosage, and reason for taking _____

(Pre-order for \$10)
Mark the T-shirt Size

YS ___ YM ___ YL ___

(Below are adult sizes)

S ___ M ___ L ___
XL ___ XXL ___

I authorize the medical personnel at Camp Shiloh to give any attention deemed necessary to _____ (Camper's Name) during camp.
I also give permission for non-prescription medication to be given for minor illnesses at nurse's discretion.

(Signature of Guardian and Date)

Camp Shiloh Consent and Release Form Winnebago, Minnesota

I, the undersigned parent or guardian, hereby consents to my child, _____ participating in the church camp sponsored by Camp Shiloh at Bass Lake Camp in Winnebago, Minnesota, 2024, and in activities connected with the youth camp. If my child has medical conditions that may be relevant to a physician in the event of an emergency, I have listed them below.

In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize the camp nursing staff to make emergency medical decisions for my child. If there are physical activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID TRIP AND DURING SAID YOUTH CAMP TRIP, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to release and hold Camp Shiloh and its agents, employees, staff, and volunteers harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property which I now have or which may arise in the future in connection with the church camp or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Minnesota and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement that I have read and understand.

Parent or Guardian _____ Date _____

Medical conditions to be aware of:

Telephone numbers where I may be reached in an emergency:

I do not wish my child to participate in the following physical activities:
