

Boys Adventure Day Camp



Cost: \$20

To enroll, return the enclosed form and fee today. Deadline is when capacity has been reached.
Make a copy of the form and bring a friend. For more info, call (334) 894-6411.

For more information, call (334) 762-2256 or (334) 894-6411 .

Fax Number – (334) 894-5166

Email: info@ccbacenter.com or info@vineyardretreat.org

Directions to The Vineyard Christian Retreat Center

FROM MONTGOMERY / TROY AREA:

- Highway 231 South about 20 miles south of Troy to Highway 51.
- Turn right on highway 51 and go about 1 ¼ miles to Dale County Road 66, which is just past Rocky Head Baptist Church.
- Turn Right on Dale County 66, go about 3 miles to Coffee County Road 131.
- Turn Left on County Road 131. This is a dirt drive, which ends at The Vineyard.

FROM OZARK / DOTHAN AREA:

- Highway 231 North to Highway 51.
- Turn South (left) on Highway 51 and go about 1 ¼ miles to Dale County Highway 66, which is just past Rocky Head Baptist Church.
- Turn Right on Dale County 66, go about 3 miles to Coffee County Road 131.
- Turn Left on County Road 131. This is a dirt drive, which ends at The Vineyard gate.

FROM ELBA AREA:

- North on Highway 125 to County Road 105 which is approximately 1 mile past Highway 167.
- Turn Right on County Road 105 through New Hope Community to County Road 107.
- Turn Right on County Road 107 and travel to Highway 117.
- Turn Left on County Road 117 to Coffee County Road 131.
- Turn Right on County Road 131. This is a dirt drive, which ends at The Vineyard gate.

FROM ENTERPRISE AREA:

- North on Highway 167 about 7 miles north of the circle to Highway 51.
- Right on Highway 51 about 10 miles to County Road 107.
- Left on County Road 107 about 2 miles to County Road 117.
- Right on County Road 117 about 1/2 mile to County Road 131.
- Right on County Road 131. This is a dirt drive, which ends at The Vineyard gate.

www.vineyardretreat.org

(334) 762-2256

What to bring to camp:

Bible
Pencil and paper
Towel for pool
Swimsuit
Shoes (suitable for playing)
Extra changes of clothing
Other personal items you may need

Bug spray (optional)
Sunscreen (optional)
Water shoes (optional)

What not to bring to camp:

Weapons
Personal Audio or Video Devices
Cell Phones
Animals

Coffee County Baptist Association

Post Office Box 127
603 East McKinnon Drive
New Brockton, Alabama 36351
(334) 894-6411 - (334) 894-5166 - info@ccbacenter.com

Office use:

Fee paid: _____

Registration and Permission Form

Cost: \$20 per child

Name _____ Age _____

For School Year 2023-2024: Grade _____ School _____

Date of Birth _____

Address _____

Phone Number _____ Church _____

Parent's Name _____

Events: The events will include water fun (i.e. swimming, canoeing, paddle boating, creek with rope), ball games, team obstacle course.

Release Statement:

I give my permission for _____ (Child's Name) to attend the Coffee Baptist Association RA Campout at the Vineyard Christian Retreat, Camp and Conference Center located in Ariton, Alabama.

I release Coffee Baptist Association and Vineyard Christian Retreat, Camp and Conference Center from liability.

I further release all rights to any pictures of my child that may be taken during camp to be used for promotional purposes by the Coffee Baptist Association at their discretion.

Designated representatives of the staff of Coffee Baptist Association, Inc. have permission to authorize emergency medical treatment for _____.

(Child's Name)

Parent Signature _____

Date _____

TRANSPORTATION: Transportation to and from the Vineyard is the responsibility of the church or parents. If this is a problem, please contact us.

Thank you for completing this form. A prompt response is needed because campers will be accepted only until capacity is reached.

MEDICAL FORM

Name _____

Address _____ Zip Code _____

Home Phone _____ Work Phone _____

Church _____ Date of Birth _____

Emergency Information: Name _____ Relationship _____

Phone Numbers: _____

Address _____ Zip Code _____

Insurance coverage: (Either make a copy of card or complete following information)

Company Name _____

Policy Number _____ Group # _____

Other info that we might need in an emergency _____

Family doctor _____ Phone number _____

Preference: _____ Contact before taken to hospital _____ Take immediately to hospital
_____ Other _____

ALLERGIES: Insects (type & care of) _____

Food (types) _____

Medicine _____

Other _____

(If your child uses an inhaler, please be sure he/she brings it on trip.)

If your child is taking medication, please have the bottom portion of this notarized so we can dispense the medication.

Medicine _____

Amount _____

Medication Directions _____

Notary _____

Date _____

Health condition(s) prevent my child from participating in the following activities:

Child swimming ability? ___ Can't ___ Fair ___ Good ___ Excellent

Thank you for completing this form.

Please return to CCBA, P.O. Box 127, New Brockton, AL 36351

Under 21, a parent's signature and date are required. Over 21, please sign and date.