TVR

TEEN VALLEY RANCH

PLUMTREE, NC

SUMMER CAMP 2026

TEEN VALLEY RANCH | PLUMTREE, NC

JULY 13–18, 2026

A WEEK SET APART TO
GROW CLOSER TO GOD,
BUILD REAL FRIENDSHIPS,
AND EXPERIENCE LIFE CHANGE.

IMPORTANT INFORMATION INSIDE

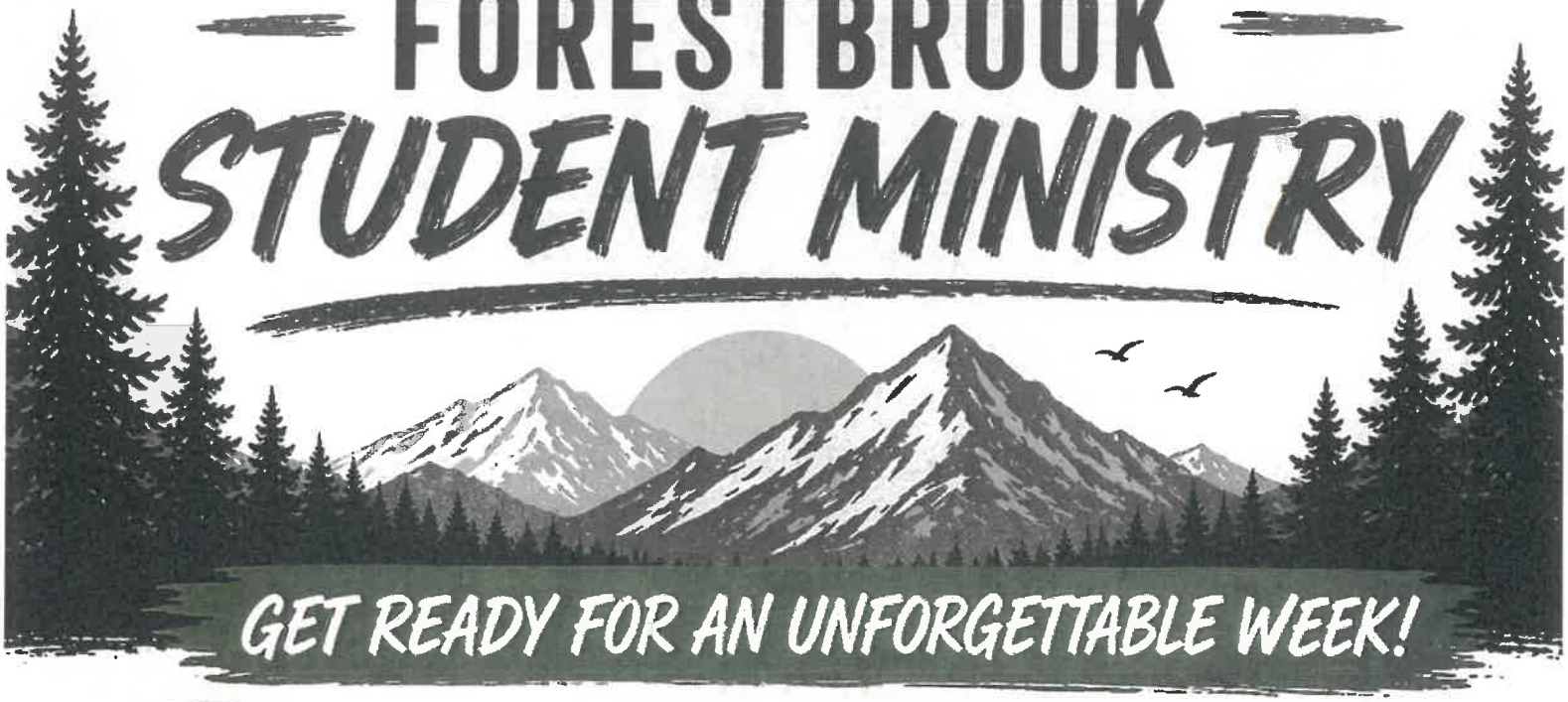
- CAMP DETAILS
- REQUIRED FORMS
- MEDICAL & INSURANCE INFO
- PERMISSION SLIPS
- PAYMENT INFORMATION

FORESTBROOK BAPTIST CHURCH

Student Ministry

"DRAW NEAR TO GOD AND HE WILL DRAW NEAR TO YOU."
– JAMES 4:8

FORESTBROOK STUDENT MINISTRY



GET READY FOR AN UNFORGETTABLE WEEK!

Our students will experience a high-energy, activity-filled camp designed to keep them engaged, challenged, and growing every single day. From start to finish, it will be a non-stop, action-packed week full of fun, connection, and purpose.

While we are excited to have a great time together, we also expect every student to be on their best behavior. Throughout the week, we are not only representing Forestbrook Baptist Church, but more importantly, we are representing Christ in everything we do.

Our prayer is that this week will be more than just fun — that it will be a time where students:

- GROW DEEPER IN THEIR FAITH
- BUILD STRONGER FRIENDSHIPS
- EXPERIENCE MEANINGFUL MOMENTS OF WORSHIP AND COMMUNITY

COMMUNICATION DURING CAMP

If you need to reach your student at any time during camp, Pastor Nathan Whitaker will be available 24/7.

843.360.2314

WE CAN'T WAIT FOR CAMP!

It's going to be an incredible week — full of memories, laughter, and life-changing moments.

WHO?

This trip is for students entering 6th–12th grade to attend as students.

A few adult leaders will also attend.

WHAT?

Each year our students get the opportunity to attend Teen Valley Ranch for a week of summer camp.

This camp is focused around relationship, building that students relationship with God, but also with other believers.

WHEN?

We will be traveling to Plumtree, NC on Monday, July 13th and returning on Saturday, July 18th.

- Students arrive at 4:30 AM
- Bus leaves at 5:00 AM
- Leave camp around 10:00 AM on Saturday
- Stop for lunch on the way back
- Return to church between 4–5 PM

WHERE?

Teen Valley Ranch is located in Plumtree, North Carolina, roughly 45 minutes outside of Boone.

216 TVR Loop Rd,
Plumtree, NC 28664

HOW?

Carolina Limousine will be transporting the students and leaders to and from the Retreat Center.

We are excited to have this opportunity to spend a long week in the mountains free from distractions to grow closer to God and together as a group.

COST?

The actual cost of this trip is around $650 per student, but thanks to fundraising and donations, the cost for students is only $250 per student.

This includes all meals, camp fees, transportation, and meals during travel. The only additional money needed is for the Snack Shack (snacks, drinks, shirts, etc).

1 GENERAL CAMP INFORMATION

PHYSICAL ADDRESS:
216 TVR Loop Rd.
Plumtree, NC 28664

MAILING ADDRESS:
P.O. Box 10
Plumtree, NC 28664

OFFICE PHONE NUMBER:
828.765.7860 ext. 103
(Registration)

OFFICE EMAIL:
info@tvr.org
registrar@tvr.org
(Registration)

GPS TIP:

If using a GPS, type in Pancake Rd, Plumtree, NC 28664 to receive a more direct route, or call our office.

2 CHECK-IN & CHECK-OUT

CHECK-IN

MONDAY
10 AM – 2 PM

Our staff will meet your group in the parking lot upon arrival.

After campers meet their counselors, leaders will proceed to the nurse's station to check-in medications.

CHECK-OUT

SATURDAY
BEFORE 10 AM

Check-out table in the parking lot from 8-10 AM for individual pick-ups.

You will be asked to present a photo-ID which matches a name to the persons listed under "Authorized Pick-Up" on the registration form.

If someone other than a person listed on the form will be picking them up, TVR must be notified by FRIDAY.

3 STAYING CONNECTED AT CAMP

FOR ANY FORM OF COMMUNICATION,
YOU WILL NEED TO KNOW WHAT AGE GROUP YOUR CHILD IS IN

RISING GRADES 3-5	RISING GRADES 6-8	RISING GRADES 9-12
PIONEERS	RANGERS	MOUNTAINEERS

PHONE CALLS

- Call your child at camp: 828.765.7860
- Students are always allowed to use our office phones for calls home.
- Please expect a delay when you call, as we typically have to page your child to the office from wherever they may be on campus at the time.
- Most often, the best time to reach your child is when campers gather together during meal times. Please refer to the sample schedule provided.

4 EMAIL INSTRUCTIONS

1. Indicate camper name and age group in the subject line. (Example: Jane Smith, Mountaineers)
2. Send email to the appropriate email address for your child. We have three emails for our separate age groups:
   - Pioneers: pioneer@tvr.org
   - Rangers: ranger@tvr.org
   - Mountaineers: mountaineer@tvr.org

NOTE: If an email does not have the appropriate notations, we cannot guarantee it will be able to be delivered.

MAIL & PACKAGES

- You are welcome to send letters and packages to your camper. PLEASE PLAN AHEAD to ensure the arrival of your mail before your camper departs!
- Camper mail & packages are handed out during Wednesday and Friday morning sessions during mail time.

ADDRESS PACKAGES AS FOLLOWS:

TVR Christian Camp
Camper Name & Age Group
(ex. Jane Smith, Mountaineers)
PO Box 10
Plumtree, NC 28664

5 CAMP PHOTOS & VIDEOS

CAMP PHOTOS

tvr.org/media/summer-camp-photos

PASSWORD: tvr1968

CAMP VIDEOS

Videos will be uploaded to our YouTube channel at the end of the summer!

6 MEDICATIONS

ALL medications (prescription & OTC) MUST BE CHECKED IN with the camp nurse upon arrival (including leaders staying on-site).

Please complete the medication form provided in this packet.

Medications will be stored and distributed as instructed throughout the week by the camp nurse.

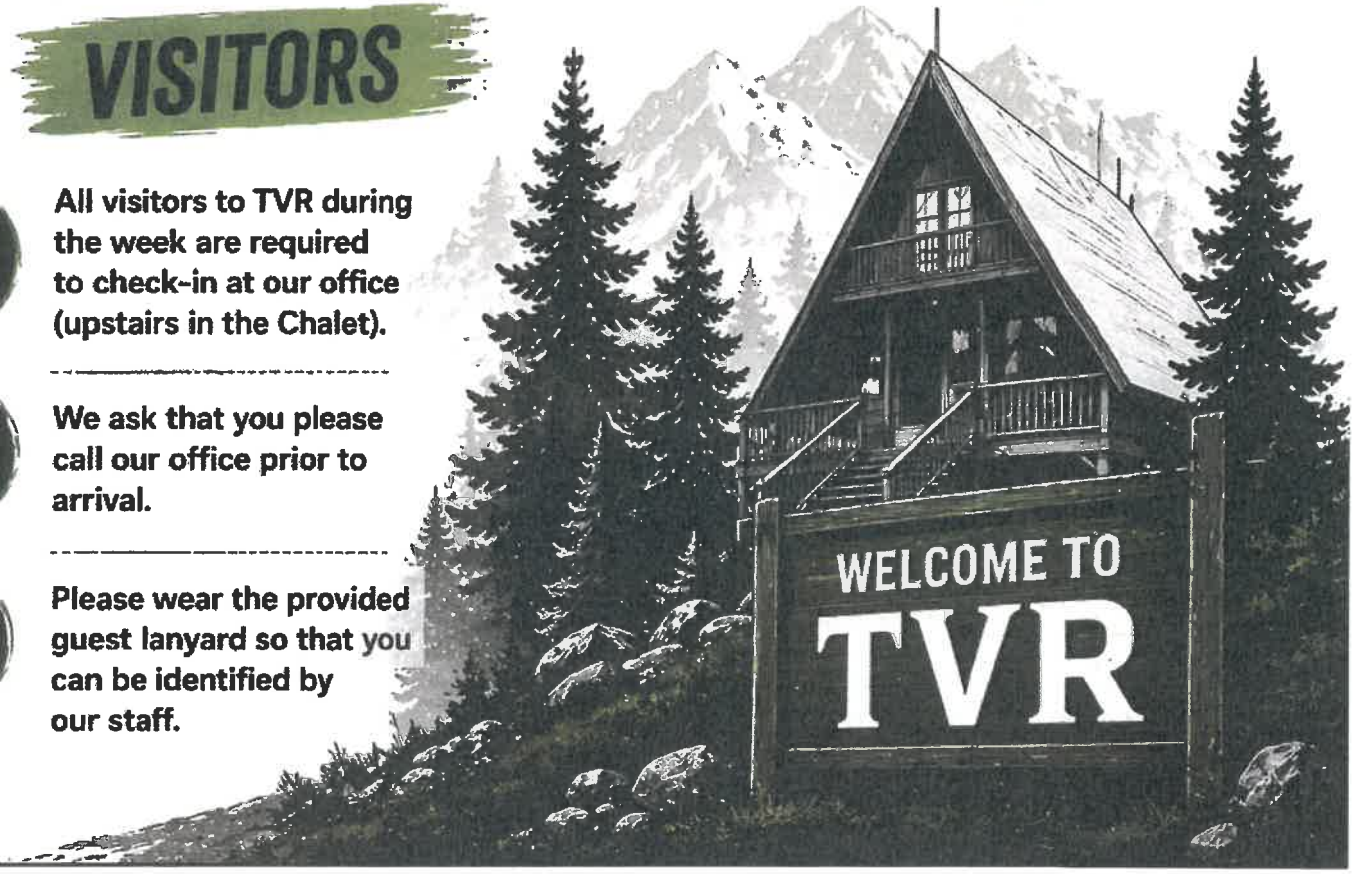
Includes prescription and over-the-counter medications.

7 VISITORS

All visitors to TVR during the week are required to check-in at our office (upstairs in the Chalet).

We ask that you please call our office prior to arrival.

Please wear the provided guest lanyard so that you can be identified by our staff.



8A WHAT TO BRING

- Bible, pen, and notebook
- Small bag or backpack (for sessions, hiking, or off-site trips – HS only)
- Water bottle
- Sleeping bag or sheets/blanket & pillow (All beds are twin-sized)
- A towel for water activities and one for the cabin
- Toiletries
- Jacket or sweatshirt for cooler mornings and evenings
- T-shirts and appropriate-length shorts for camp activities (running, climbing, etc). Feel free to reach out to our office if you have any questions.
- Extra clothes that can get dirty (more than you think!)
- Raincoat/Poncho
- Hat and sunscreen
- Camera to capture camp memories (see note regarding cell phones below)
- Clothes for Slop-A-Roo (shaving cream fight)
- Clothes for optional theme days (ex. Hawaiian shirts, neon for glow in the dark activities, western clothes for rodeo, etc)
- Swim trunks or swimsuit to wear under clothes for water activities (river tubing & ziplining into the pond)
- Long pants and closed-toed shoes (Required for horseback riding) Crocs, sandals, and shorts are not suitable for riding.
- Shoes that are appropriate for water activities and hiking (secure/closed-toed shoes)
- Snack Shack Cash
- Prescription Medications: ALL medications (including prescription & OTC) must be checked-in on Monday and will be distributed as instructed throughout the week by the camp nurse. Please be sure to pack your child's epi-pen and/or inhaler if applicable and contact the office regarding allergies.

8B WHAT NOT TO BRING

- ✕ Tobacco, alcohol, vapes
- ✕ Cell Phones**
- ✕ Laptop, iPod, headphones
- ✕ Weapons
- ✕ Pets
- ✕ Sleeveless shirts, tank tops
- ✕ Shorts which are not an appropriate length/fit for camp activities. Feel free to reach out to our office if you have questions!
- ✕ Tight-fitting or revealing clothing, including leggings, yoga pants, biker shorts.
- ✕ We strongly discourage flip flops due to safety.

**If you need to reach your child during camp, please contact the office at 828.765.7860.

CAMP IS ABOUT *CONNECTION*, NOT DISTRACTIONS.

Thank you for helping us create a focused, fun, and Christ-centered experience for your camper!

TVR
CHRISTIAN CAMP

FBSM
FORESTBROOK
STUDENT MINISTRY

CODE OF CONDUCT

"16 Let your light so shine before men, that they may see your good works, and glorify your Father which is in heaven."

-MATTHEW 5:16

While we do not plan to have any behavioral issues, we will have plans in place to correct those behaviors. In more severe cases we will arrange for that Student to be brought home regardless of the time of day. We expect the Students to act like the young adults they are and we know they can act. Listed below are some expectations we expect for our students to refrain from and we fully expect them to conduct themselves in a way that is pleasing to God:

LISTED BELOW ARE SOME EXPECTATIONS WE EXPECT FOR OUR STUDENTS TO REFRAIN FROM AND WE FULLY EXPECT THEM TO CONDUCT THEMSELVES IN A WAY THAT IS PLEASING TO GOD:

- *Vulgar or offensive language (including vulgar jokes or comments)*
- *Inappropriate and/or vulgar gestures*
- *Disrespect towards Students, Leaders, Volunteers, or Hosts during Youth events*
- *Violence of any kind (Physical violence along with threats and comments)*
- *Inappropriate contact with other students (i.e. Public displays of Affection)*
- *Bullying or harassment of any kind*
- *Malicious destruction of property*

Our goal is to create a fun and safe environment for our Students to fellowship and grow together that is pleasing to God. Free from any distractions or uncertainties that can hinder their ability to worship and study. We are not only representing Forestbrook Baptist Church, but more importantly we are representing God, and our actions and behaviors must be pleasing to him.

FBSM

Forestbrook Baptist Student Ministries

IMPORTANT CAMP INFORMATION

THIS YEAR WE HAVE LIMITED SPACES AVAILABLE FOR CAMP

with the rapid growth we have seen within our group recently.

This year camp is on a **FIRST COME, FIRST SERVE BASIS** — once the spots are filled we will develop a waiting list and hopefully be able to get some more spaces as we get closer to camp.

IN ORDER TO SECURE YOUR SPACE

the next 6 pages of forms must be completed and returned (this includes a permission slip form for TVR and our Annual one for Forestbrook Baptist – along with medication forms and insurance information) along with a **$50 DEPOSIT**.

If you need any financial assistance please reach out to Pastor Nathan as soon as possible.

WE WILL BEGIN ACCEPTING FORMS BACK AT 9:30 AM ON SUNDAY, APRIL 26TH, 2026.

Thank you!

QUESTIONS? CONTACT PASTOR NATHAN.

FBSM

Forestbrook Baptist Student Ministries

2026 - 2027 ANNUAL STUDENT PERMISSION SLIP FORM

2051 FORESTBROOK ROAD - MYRTLE BEACH, SC – 29588 – 843.236.2224 NATHANWHITAKER@FORESTBROOKCHURCH.COM

Participant Information:

Name:_____ Preferred Name:_____

Age: _____

Home Address: _____ City: _____

State: _____ Zip:_____

Home Phone: (_____)_____ Cell Phone: (_____)_____

Gender: _____ Grade: _____ School: _____

Parent/Guardian Name: _____ Phone: (_____)_____

Parent/Guardian Name: _____ Phone: (_____)_____

Emergency Contact:_____ Phone: (_____)_____

Relationship:_____

Medical Information:

Insurance Carrier: _____ Policy # _____

(Please Include a Photo Copy of a current insurance card)

Current Medications: _____ Frequency: _____

Allergies: _____ Diet Restrictions: _____

Additional Medical Instructions:

_____

_____

Please check any and all medications your child is allowed to receive:

____ Acetaminophen (Tylenol) ____ Ibuprofen (Advil, Motrin, etc)

____ Antihistamines (Benadryl, etc.) ____ Cold Medicine

____ Antacids (Tums., etc) ____ Anti-Diarrheal (Imodium, etc) ____ Cough Drops

Parent/Guardian Authorization

I, _____, give permission for the above named to participate in the events held for the Forestbrook Baptist Church Youth Department during the 2026-2027 School year and adjacent summers. I recognize and acknowledge that youth activities can involve certain hazards including, but not limited to, illness, injury, and accidents, and release Forestbrook Baptist Church from liability. I hereby certify that the information above is correct. IN CASE OF MEDICAL EMERGENCY,I understand that every effort will be made to notify me or the emergency contact person above. If unable to be reached, I hereby give my permission to the chaperone(s) to seek first aid or medical attention as needed.

Signature of Parent/Guardian:_____

Date:_____

Photo Release

I understand that while participating in church-affiliated events, photographs and videos may be taken of me and/or my child. By signing below, I am acknowledging this and agreeing to allow Forestbrook Baptist Church to use these photos and/or videos for future displays and/or promotions.

Signature of Parent/Guardian:_____

Date:_____

Transportation Release

I, the undersigned parent/guardian, give permission for the above named participant to be transported to and from off-site youth events by a designated driver approved and insured by Forestbrook Baptist Church during the 2026-2027 School year and adjacent summers.

Signature of Parent/Guardian:_____

Date:_____

TVR Christian Camp & Retreat Center

P.O. Box 10, Plumtree NC 28664 • 828.765.7860

Summer Camp Release Form 2026

Guest Name _____
First Middle Last

Gender: ____ Male ____ Female Age [This Summer] _____ School Grade [Next Fall] _____

Address_____
Street City State Zip Code

Name of Church / Group (If applicable): _____

Week: June 8-13 June 15-20 June 22-27 July 6-11 July 13-18 July 20-25 July 27-August 1
Please Circle One

I would like to room with: #1 Choice_____ #2 Choice _____

T-Shirt Size (Adult Sizes): XS/YL S M L XL 2XL 3XL (Circle One)

Parent Information

(1) Parent/Guardian Name _____ Cell # _____
First Middle Last

(2) Parent/Guardian Name _____ Cell # _____
First Middle Last

Email _____ Home Phone _____ Work Phone _____

Name of Additional Emergency Contact _____ Relationship to Camper _____

Emergency Contact Phone Number_____

Pick-Up Information (REQUIRED):

*PLEASE NOTE: PARENTS/EMERGENCY CONTACTS (LISTED ABOVE) WILL BE INCLUDED ON "AUTHORIZED TO PICK-UP LIST" UNLESS OTHERWISE INDICATED

Name of Additional Person(s) Authorized to Pick Up Camper:

_____

Insurance Information *** Please photocopy the front and back of health insurance card and staple it to this form ***

Is guest covered by family medical/ hospital insurance? Yes ____ No _____

If so, indicate carrier or plan name _____ Group #_____

Policy Holder's Name _____ Relationship to guest _____

Effective Date of Coverage _____

Important Medical and Allergy Information

Please check all medications your child is allowed to receive from TVR personnel.

_____ Acetaminophen (Tylenol) _____Ibuprofen (Advil, Motrin, etc) _____ Allergy (Benadryl, Zyrtec, eye drops, etc.)

_____ Cold Medicine _____Antacids (Tums, etc.) _____ Anti-Diarrheal/Constipation (Imodium, etc.)

_____ Cough Drops _____ Topical Creams (Hydrocortisone, triple-antibiotic, aloe, etc)

1. Does your child have any allergies related to food, medicine, insect bites, etc. of which we need to be notified? Circle: YES NO IF YES, ALLERGY:

2. Does your child have any health conditions such as heart conditions, asthma, diabetes, etc. of which we need to be notified. Circle: YES NO IF YES, CONDITION:

3. Other information that would be helpful for us to know about your child: _____

_____

If allergy or condition noted, please provide detailed explanation and treatment information (use additional sheet and attach if necessary). Please also complete medication sheet if your child has medications taken on a daily basis needing to be administered while at camp.

Please read carefully. This section must include guest or parent/guardian signature.

EMERGENCY MEDICAL RELEASE AND CAMPER AGREEMENT

WE DO NOT REQUIRE NOTARIZED FORMS

1. I/we hereby give permission for my/our child, who is a minor, to attend TVR Christian Camp and to fully participate in the activities offered for his or her age group. In the event of an emergency or sickness, I/we authorize TVR Christian Camp to secure medical treatment for my/our child, to be administered by authorized agents or agencies, as designated by TVR.
2. I/we authorize TVR Christian Camp to administer those medications to my/our child which is indicated by a checkmark on the front side of this form according to the prescribed directions for each. If spaces are left blank, TVR *WILL NOT* dispense that particular medication unless a physician or parent/guardian is contacted for approval.
3. I/we agree to allow TVR Christian Camp to use any photographic image or video taken of named camper for promotional/marketing purposes. *For safety there will be no names or information given about the individuals or groups in the photos.*
4. I/we understand payment for medical bills for my/our child is my/our responsibility and the camper's family insurance plan is responsible for injuries and/or sickness at camp. **TVR does NOT require that a guest be insured while at camp.**
5. I/we agree to waive and release TVR Christian Camp, its employees and volunteers from any claim or cause of action that might arise on behalf of myself/ourselves or my/our child as a result of his or her participation in this event. Furthermore, I/we agree to assume all responsibility for my/our child's actions, including, but not limited to, the cost of repair or replacement for items damaged by willful abuse of my/our child and /or transportation costs, should it become necessary for my/our child to be sent home for medical or disciplinary reasons prior to the conclusion of this event.
6. We (camper & family while on campus) agree to comply with all standing health restrictions during our child's week of camp. Parent/guardian acknowledges the assumption of risk of exposure to COVID-19 and other airborne viruses and agrees to not hold TVR liable for any related damage, loss, injury, or expense.

_____

By signing below, I (guest or parent/guardian of guest under 18) agree and consent to all above stated.

Printed Name of Parent or Legal Guardian _____

Signature _____ Date _____

Revised 1/25

MEDICATION FORM

Please place this completed form in a Ziploc bag with your child's medications and present them to your group leader prior to departing for TVR.

While your child is here for summer camp, we want to make sure that you are able to rest at ease in knowing that your camper is well taken care of. Each week of summer camp we have a camp nurse who administers all camper meds and assesses all injuries. In our medical closet we carry a wide variety of over-the-counter medications such as pain relievers, ointments, and stomach meds. **Please do not send these items to camp with your child, as well as non-essential (for the week) vitamins and supplements.**

We ask that you fill out the form below and place it in a Ziploc bag ready **to turn in to your youth leader at drop off the morning of camp. Please do not send this form in before check-in.** ALL medicine (including that of on-site leaders) must be filed and turned in to our staff on the Monday of camp. For those with inhalers, we will discuss the best options for your child with you and our staff.

If you have further questions concerning medications, please feel free to contact Shelia at 828.765.7860, or email her at soakley@tvr.org.

Camper Name: _____ Church Name: _____

Age Group: Circle One

Pioneer (3rd-5th grade) Ranger (6th-8th grade) Mountaineer (9th-12th grade)

Please list **all** medication taken routinely. Bring enough medication to last during the entire stay at camp. Please clearly and accurately label medication if not in original packaging, so that the label identifies the name of the medication, the dosage, and the frequency of administration. If at all possible, it is much more feasible on our end to administer bedtime medications at dinnertime, if the medication allows for flexibility in administration time (allergy meds, over-the-counter drugs, etc.). This request is due to the volume of campers and medications dispensed, along with the campers' schedule later in the evening. It makes for a smoother process to administer as many medications earlier in the evening as possible.

Please be as clear as possible as to dosage and timing of administration.

Med #1 _____ Dosage _____ Time (circle): AM PM BEDTIME

Med #2 _____ Dosage _____ Time (circle): AM PM BEDTIME

Med #3 _____ Dosage _____ Time (circle): AM PM BEDTIME

Med #4 _____ Dosage _____ Time (circle): AM PM BEDTIME

Additional Notes/Instructions:

_____

_____

For Office Use Only*

Counselor Name: _____ **Rooming Assignment:** _____

FBSM

Forestbrook Baptist Student Ministries

INSURANCE CARD SUBMISSION FORM

STUDENT NAME: _____

PARENT/GUARDIAN NAME: _____

PHONE NUMBER: _____

ATTACH INSURANCE CARD BELOW

Please attach a clear photocopy of the **FRONT AND BACK** of your current insurance card.

ATTACH INSURANCE CARD HERE

(FRONT AND BACK)

☑ I confirm that the attached insurance information is current and accurate.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____