

# 2020 Bible Quiz Training Camp

**August 14-16, 2020**

**Registration Deadline: Friday, August 7**

Registered by August 7 - \$125 (\$50 non-refundable deposit per person)

Registered after August 7 - \$136 - (\$86 non-refundable deposit per person)

**There will be an additional \$10 per person fee to cover the additional cleaning supplies and staff required because of Covid.**

Online Registration can be found at <http://penndelyouth.com/bq/bible-quiz-camp>

Pay online with a card or mail a check (payable to the Pennsylvania Delaware District Council) to "BQ Camp", 4651 Westport Drive, Mechanicsburg, PA 17055

Everyone (students and chaperones) must fill out and return the attached Participant Agreement Form. Forms can be emailed to [ibaney@penndel.org](mailto:ibaney@penndel.org) before BQ Camp Registration.

The purpose of this camp is to provide the proper tools in every BQ area to ensure a quality discipleship ministry in every local church. Focus will be given on: How to Coach; How to Disciple Your Teens; How to be the best Official Possible-Understanding Rules and Judging; Being the Quizzer God wants me to be; and many more. We hope you join us at BQ Camp this year!!

## **ARRIVAL & DEPARTURE TIME:**

**Registration will be held from 12:30-2:00pm Friday, August 14<sup>th</sup>**

Camp will be dismissed at 10:00am on Sunday, August 16<sup>th</sup>

**WHAT TO BRING:** Bedding, towels, and casual clothes. Bathing suits are 1 piece for ladies and boxer short style swimsuits for men. Each church needs to bring a quiz set. Every person may bring extra spending money for the snack bar each night.

## **DIVISIONS:**

"Middle School" Division Grade 6-8

"Penn Del" Division Grade 6-12

"Experience" Division Quizzing Grade 6-12

"A" Division Grade 6-12

## **SKILL LEVEL:**

- 1) 1<sup>st</sup> Year- Beginner
- 2) 2<sup>nd</sup> /3<sup>rd</sup> year quizzier
- 3) Regional/National level

# DIRECTIONS TO THE BONGIORNO CONFERENCE CENTER

430 Union Hall Road, Carlisle, PA 17013 - 717.243.7381

## COMING FROM DIFFERENT LOCATIONS IN PENNSYLVANIA:

- Traveling North or South on I-81: Get off at Exit 52
- Traveling East or West on the Turnpike (Rt. 76): Get off at Exit

## TRAVEL TIME:

From Harrisburg	40 minutes
From Pittsburgh	4 hours
From Philadelphia	3 hours
From Scranton	3 ½ hours
From Dover, DE	3 ½ hours
Detroit	7 ½ hours

## CLEARANCES:

**For Residence of Pennsylvania:** In accordance with PA State law, each chaperone over the age of 18 must submit copies of the following clearances (within the last 5 years) with their application

**Child Abuse History Clearance Online:** This clearance can be applied for online, the system will generate a report and email it to you when it's ready, this can take a few days to a few weeks depending on the amount of clearances being processed at the time. This clearance is free of charge when you list that the purpose is to volunteer. Apply online at <https://www.compass.state.pa.us/CWIS>

**State Police Online:** This clearance can be applied for online and will generally generate your report immediately. This clearance is free of charge when you list that the purpose is to volunteer. Apply online at <https://epatch.state.pa.us/Home.jsp>

**FBI Fingerprinting:** This clearance is only necessary if the volunteer has NOT lived in the state of PA for the last 10 consecutive years. You can apply for this clearance online and then go to a fingerprinting processing center to record your fingerprints. A report will be mailed to you, this clearance takes the longest to obtain and has a fee associated with it. This clearance is only needed one time until you've lived in PA for 10 consecutive years.

**Affidavit:** If the volunteer has lived in the state of PA for the last 10 consecutive years, an affidavit must be submitted in place of the FBI Fingerprinting.

## For Residence of States other than Pennsylvania:

If you do not currently live in the state of Pennsylvania, you are required to send us a copy of the clearances your church requires of its volunteers. Many churches outside of PA use services like TracOne to clear their volunteers. Please send a copy of your updated clearances with your camp application.

**HAVE QUESTIONS?** Contact Pastor Bernie Elliot, Jr. at [elliottbq@aol.com](mailto:elliottbq@aol.com) or call 412.469.3959

# Bible Quiz Camp 2020

## Participant Agreement Form

Chaperones, Campers and Staff should complete and return this form before registration. Forms can be emailed to [lbaney@penndel.org](mailto:lbaney@penndel.org)

### **PARTICIPANT INFORMATION** *(To be completed by participant or authorized guardian)*

Name of Participant: \_\_\_\_\_  
Name of Parents/Guardians: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of Emergency Contact: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
List Allergies or Medical Conditions: \_\_\_\_\_  
Name of Medical Insurer: \_\_\_\_\_ Policy or Group Number: \_\_\_\_\_

I give my permission to the Bongiorno Conference Center for any photos of myself taken during the course of this the event to be used for promotional purposes by the Bongiorno Conference Center and/or PennDel Youth.

Yes  No

### **PARTICIPANT AGREEMENT FOR Bible Quiz Camp (applicable to everyone)**

Participant assumes these risks and accepts personal responsibility for any injury or other loss sustained during the activities, as well as for any medical treatment necessary for any related injuries. Furthermore, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Bongiorno Conference Center of the Pennsylvania Delaware District Council of the Assemblies of God (including BCC's agents, employees, officers and representatives) for any injury or loss arising directly or indirectly out of any activities, even if such injury or loss be attributable to the ordinary, but not gross, negligence of the BCC.

In case of medical emergency, I hereby give my permission for the staff member in charge to hospitalize and/or secure the services of a licensed physician, surgeon, or anesthetist in providing the necessary care for me/my child as named on this release form. I certify that I/my child is in good physical condition, and is able to participate in the entire camping program.

### **COVID-19 DISCLAIMER**

An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and those with underlying medical conditions are especially vulnerable. By attending PennDel Youth Camp, you voluntarily assume all risks related to exposure to COVID-19. I understand and agree to allow my student to participate in activities that will not follow traditional social distancing. I also understand that students will be required to wear a mask. Each group will be temperature checked at the entrance of Camp. Individuals with temperatures 100 and above will be isolated for further medical examination. I understand that if my student develops symptoms of COVID-19 while at Camp, they will be sent to a medical facility for further examination. I understand they may be asked to leave Camp at the discretion of the Camp nurse. I understand it is my responsibility to provide transportation home.

According to the Centers for Disease Control and Prevention, PennDel Youth Camp is categorized as highest risk. Highest Risk is defined by the CDC as: Campers mix between groups and do not remain spaced apart. All campers are not from the local geographic area (e.g., community, town, city, or county).

I understand that if a participant answers yes to any of the below questions, they will not come to Camp.

- |  |     |    |
|--|-----|----|
| 1. Has the participant tested positive for COVID-19 in the past 14 days?   | YES | NO |
| 2. Has the participant traveled to any of these locations in the past 14 days?<br>- China, Iran, South Korea, Italy, Japan                   | YES | NO |
| 2. Has the participant had contact with anyone with confirmed COVID-19 in the past 14 days?  | YES | NO |
| 3. Has the participant had any of these symptoms in the past 14 days?<br>- Fever greater than 100 (unmedicated), Difficulty breathing, Cough | YES | NO |

I release PennDel Ministry Network from all liability associated with the risks listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Participant or parent/guardian if Participant is a minor)*