

# Breakthrough

You are hereby invited to breakthrough to new ways of seeing people and situations. Through stories of people who Jesus cared for and welcomed, campers will be challenged to consider the biblical mandate to be a neighbor to all of God's people. We will examine six themes as we seek to understand the breakthrough that Jesus brings. All of the stories come from either the gospel of Mark or Luke.

## Themes

**Discovery 1 -- Jesus Welcomes**  
**Mark 10:13-16**

*The story of Jesus and the Children*

**Discovery 2 -- Jesus Listens**  
**Mark 10:46-52**

*The story of Jesus and the Blind Man*

**Discovery 3 -- Jesus Shows Compassion**  
**Luke 5:17-26**

*The story of Jesus and the Man with Paralysis*

**Discovery 4 -- Jesus Loves**  
**Luke 10:25-37**

*The Parable of the Good Samaritan*

**Discovery 5 -- Jesus Transforms**  
**Luke 13:10-17**

*The story of Jesus and the Bent-over Woman*

**Discovery 6 -- Jesus Invites**  
**Luke 14:12-24**

*The Parable of the Great Banquet*

## REGISTRATION FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ Grade Completed by Beginning of Camp \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Telephone: Day ( ) \_\_\_\_\_ Eve ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_ Email \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

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

Congregation \_\_\_\_\_

Emergency Contact (in case neither parent can be reached):

Name \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Indicate Camp Desired: \_\_\_\_\_ Years Previously Attended: \_\_\_\_\_

As I come to camp, I will obey the camp rules and conduct myself in a way becoming a Christian camper. I will participate in the program as planned by the camp.

\_\_\_\_\_  
Camper Signature

List any allergies including food allergies or intolerances \_\_\_\_\_

\_\_\_\_\_  
Please indicate any emotional or health problems, behavioral issues, dietary restrictions, traumatic events in the camper's life, or other information we should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

In signing this application, I certify that all information is correct and my child/ward is in good health and may participate in camping activities. I give consent for camp officials to act in any emergency in the best interest of the health and welfare of my child/ward. Should it become necessary for him/her to return home during the week because of illness, accident, homesickness, or conduct, I will abide by the camp's decision in this matter and provide transportation.

I recognize that certain hazards and dangers are inherent in camp events and programs. I understand, also, that although the camp has taken precautions to provide proper supervision, instruction, training and equipment for each activity, it is impossible for the camp to guarantee absolute safety. I further understand that my child/ward shares responsibility for his/her safety and I have instructed my child/ward in the importance of knowing and abiding by camp rules, regulations, and procedures for the safety of camp participants.

Further, I waive any claim that may arise against the camp and/or employees and volunteers as a result of participation in the program, except for those that are a direct result of gross negligence of the camp or its employees.

I also give permission for person named to be photographed and/or videotaped for promotional purposes.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_