

Trip to Hillsboro Family Camp

Hello everyone! This year we'll be taking our annual trip to **Hillsboro Family Camp** and I wanted to give you some details.

We will be leaving on **Sunday July 26th at 11:00am** and returning on **Friday July 31st by 5pm**. On that Sunday we will go to the camp located at **Restoration Acres, 5845 State Route 124 Hillsboro, Ohio 451333** to get our tents and things set up. This year we will be going to a nearby lake to swim at least several of the days we are there.

When: July 26 to July 31, 2026.

Where: Hillsboro Family Camp

Cost: Cost will be \$50. They may also bring some spending money if desired (We can provide additional help with funding if needed, please let us know). **The cost is to cover campsite fees, expenses, and all meals.**

What teens need to bring:

They will need a blanket/ sleeping bag, pillow, extra clothes (including swimming trunks and a swim shirt - boys and girls - no 2 piece or spaghetti straps), shower stuff, flip flops and shoes, and any snacks and food they might want to bring and overnight amenities such as toothbrush, toothpaste, etc. **All teens will be required to follow the LEGACY youth group dress code**, which is attached to this packet.

Please return your completed registration packet to LMCC by Wednesday, July 22nd. If you want to go, but cannot hand in your registration by the deadline, please contact our youth minister. Money can be handed in the day we leave.

If you have any questions please contact:

Matt Cochran- Youth Minister LMCC

330-932-9128

LEGACY Youth- Dress Code

When we are together at an event, it's important for us to dress appropriately. This isn't to spoil anyone's fun or to "control your bodies", or anything like that. We want to show respect for others, for ourselves, and for God. That means not dressing in ways that can cause others to have temptation or inappropriate thoughts. That causes others to stumble, which is bad for them, and it draws the wrong kind of attention, which is bad for you. You are all amazing people, made in the image of God. Let's work together to present ourselves that way.

General Rules:

1. Remember the 4 B's! No breasts, butts, boxers, or bellies visible.
2. No spaghetti straps/ no bra straps showing
3. No really short shorts (you know it when you see it)
4. No really tight clothes (again, you know)
5. No inappropriate/offensive language or messages on clothing/jewelry/bags, etc.
6. Guys, keep your shirts on (girls too, but I hope that goes without saying)
7. No going commando; wear appropriate underclothes (even on "No Bra Day")

Swimming:

1. Girls AND guys: SHIRTS AND SHORTS
2. No white or light-colored shirts for swimming
3. All above rules still apply when swimming

Remember:

"Modest is hottest!"

By signing, I am agreeing to follow the dress code while on this trip.

Teen- Printed Name

Teen- Signature

LMCC LEGACY Permission Form

I _____ give my permission for my
son/daughter _____ to participate in the trip to Hillsboro Family Camp
from Sun 7/26/26 – Fri 7/31/26.

Signature: _____ **Date:** _____

THIS FORM MUST BE COMPLETED FOR EACH CHILD, AGE 0-18 YEARS.

FIRST-AID CLINIC

Consent to Treat Minor Patient-Without Parent/Legal Guardian Present

By law, any child under the age of 18 years old cannot be seen by a nurse/doctor without consent from a parent or legal guardian.

Minor's name: _____ AGE: _____ DOB: _____ GRADE: _____

For those occasions when you may not be with your child, please list those individuals who may give us consent to see your child:

_____	_____	_____
Name	Relationship to Child	Phone Number
_____	_____	_____
Name	Relationship to Child	Phone Number
_____	_____	_____
Name	Relationship to Child	Phone Number

It is always recommended that a consenting adult accompany a minor when receiving medical care but in the event of an emergency, consent may be given to provide 1st aid or emergency care to the minor child.

ALLERGIES: _____

Check here if you wish to give consent for the minor to receive medical care **without an accompanying adult**
This consent shall be in effect for the following dates: Date: July 27-30, 2026

AUTHORIZATION:
I (parent/legal guardian name) _____ Phone: _____

Request and authorize The First Aid Clinic at Family Camp and its personnel to deliver first-aid medical care to my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child. I have read, understand, and give my consent as stipulated above. My signature means that I have read this form and understand this form.

_____	_____
Parent or Legal Guardian (please print)	Relationship
_____	_____
Parent or Legal Guardian Signature	Date

**PLEASE MAIL COMPLETED FORM TO P.O. BOX 39, HILLSBORO, OH 45133;
OR SCAN/EMAIL TO P2PM_OFFICE@YAHOO.COM**