



THIS IS NOT A TYPICAL TEEN CAMP! It is an institute of training and evangelism. There will be no sports activities, swimming, or any activities normally associated with a youth camp. This is an institute designed for those that want to be trained in the work of the Lord, especially in the area of child evangelism. The preaching is very direct, HOT! We only use the King James Version of the Bible.

CONDUCT:

While at S.M.I.T.E. it is expected that your attention should be given to reaching boys and girls with the gospel, the training to do so, and becoming a better Christian. This is not a place to date your boyfriend/girlfriend nor is it a place to try to find a date. Boys and girls will be kept separate from each other throughout most of the week. Young men and ladies are not allowed to touch at any time or participate in any other behavior that is not Christ like. Furthermore, cell phone calls will be turned into each counselor and will only be accessed upon emergencies and for a 5-minute phone call to parents daily. No other text messaging to anyone, anytime. If you violate these rules, you will be sent home at your own expense. We will strictly enforce these rules.

WHO IS THIS FOR:

This institute is intended for teenagers. To enter level 1, you must be between the ages of 13 and 18. You must faithfully attend a church of like faith and have a testimony of salvation. Adults are welcomed to come and help with the operation of the camp pending a background check and administrative approval.

WHAT NOT TO BRING:

No knives, radios, laptops, tablets, or headphones of any sort. Cell phones may only be used to contact parents once a day.

WHAT TO BRING:

A good attitude, a willingness to work hard and obey the rules, and to think of others. Bring a sleeping bag or twin-size sheets, pillow, blanket, towel, soap, toothpaste, deodorant, and any other general hygiene items. Bring several changes of leisure clothes for daytime and dress clothes for night services. Bring your Bible, notebook, and a pen. Bring spending money for the Canteen, Bookstore, love offerings, and S.M.I.T.E. group picture. Please be sure to put your name on all clothes, personal items, and your Bible. (Please put your name on the front page.)

BIBLE MEMORIZATION:

Be sure to memorize these verses before S.M.I.T.E.: Romans 3:23, 6:23; II Peter 3:18; Hebrews 9:22; Revelation 3:20; John 14:2, 3; I John 1:9. You will use these verses and be tested as part of your grade.

CAMP LOCATION:

Central Baptist Church 1505 West St. Southington, CT 06489

S.M.I.T.E. FEES:

Postmarked ON OR BEFORE June 30, 2026

(Will Receive a T-shirt)

\$225 due via online or check by mail
upon registration

Postmarked ON OR AFTER July 1, 2026

(No T-shirt due to late registration)

\$250 due via online or check by mail
upon late registration

Please retain this Important Information Flyer - *DO NOT RETURN WITH YOUR APPLICATION*

DRESS CODE FOR MEN

Christian T-shirts or collard shirts and blue jeans or khaki style dress pants may be worn during the day. Dress shirts and tie are required for evening services. All T-shirts with artwork must be approved by the management. If any counselor decides your t-shirt is not appropriate you will be asked to change. Please use careful discretion with what you chose to bring. No joggers, sweat pants, shorts, or “skinny pants” may be worn. Hair must be neat and well-kept and must not touch the ears, eyes, or collar. No necklaces, earrings, nose rings, or any other effeminate apparel.

Just to reiterate, if your clothing is unacceptable to your counselor or staff, you will be asked to change. Be sure you bring clothes that follow the above dress code.

DRESS CODE FOR LADIES

GENERAL RULES:

1. No tight fitting, see through (sheer), low necklines, or sleeveless clothes.
2. **No culottes, no form-fitting pencil skirts, no miniskirts, no leggings, and no pants. All clothing must be loose fitting.**
3. No toe rings or anklets are allowed.
4. All T-shirts with artwork must approved by your counselor.
5. Modest dresses, blouses, and skirts are to be worn:
 - a. Skirts or dresses must be worn at all times for every event.
 - b. Skirts or dresses must fully cover the knee when you sit (without pulling down on it or having to hold it in place).
 - c. Necklines should not be low and/or loose revealing cleavage.
6. Shirts should be long enough so no mid-drift will show when you sit, bend over, or raise your arms. All slits **must be SEWN** (not pinned).
7. No hi-lo or uneven hems will be allowed.

EVENING SERVICES:

1. No casual clothes.
2. No casual or floppy footwear will be allowed. (All shoes must have at least a strap around the back of the foot.)

DRESS CHECK:

1. Dress check consists of raising your arms, bending over, and sitting in a chair.
2. If any cleavage, cupping, mid-drift, undergarments, or parts of the knee show, it will not be approved.
3. After passing dress check, no altering your outfit or changing of clothes will be allowed.
4. If your clothing is unacceptable to your counselor or staff, you will be asked to change. Be sure to bring clothes that follow the above dress code.

HELPFUL HINTS:

1. If shirts are more than two or three fingers below your collarbone, you will see cleavage, especially when you bend forward in the mirror.
2. You can wear a high neck tank top or wear your under shirt backwards under your shirt.
3. To make sure your skirt will be approved, do a chair check and kneeling check. If your skirt puddles two inches on the floor when you kneel or is overlaying, covering your knee when you sit, it should be fine.
4. Make sure, if you wear cap sleeves, that you cannot see any part of your underarm, bra, or chest when your arms move.
5. Make sure there are no peek holes in clothes that button up.

2026 S.M.I.T.E. MEDICAL TREATMENT AND LIABILITY RELEASE CENTRAL BAPTIST CHURCH, SOUTHTON, CT JULY 5-11,2026

Parent/Guardian Name _____
LAST
FIRST
MIDDLE

Home Phone () _____ Mother's Cell () _____ Father's Cell () _____

Emergency Contact other than parents: _____

Home Phone () _____ Cell () _____ Relationship to Camper: _____

INSURANCE INFORMATION:

Family Insurance Company: _____ Phone () _____

Group Number: _____ Policy Number: _____

Policy Holder's Name: _____

Family Physician _____ Phone () _____

LIST OF MEDICATIONS CAMPER WILL BE TAKING:

MUST BE IN ORIGINAL CONTAINER WITH RX ON PRESCRIPTION CONTAINER

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|--------------------|---------------|------------|--------|------------|
| Name of Medication | Reason given? | When given | Dosage | How given? |
|--------------------|---------------|------------|--------|------------|

ALLERGIES: If allergic to any medications, please specify: _____

PHYSICAL LIMITATIONS: If there are any physical limitations or instructions, please comment: _____

REQUEST AND AUTHORIZATION TO ADMINISTER MEDICINES: I request and authorize the S.M.I.T.E. nurse, director, or staff member to administer the medicines listed above, as indicated. In case of emergency, I request and authorize them to secure proper medical treatment for the above named person.

I hereby grant () do not grant () permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, Benadryl, etc.) to be given to my child if deemed appropriate during the normal camp activities.

I understand that I am responsible for accident and medical insurance if needed in route to and from S.M.I.T.E. and throughout the duration of the Institute. I freely and voluntarily fully release and hold harmless S.M.I.T.E., Central Baptist Church, and White Oak Baptist Church, its employees and regents, from any liability in the event of injury or accident to the above named person during the 2026 S.M.I.T.E. and other related activity during the summer.

Signed, parent or legal guardian _____ Date _____
 Relationship _____ Phone () _____ Cell () _____

AUTHORIZATION AND AGREEMENT: PLEASE COMPLETELY READ BEFORE SIGNING

By signing this application, you are agreeing to abide by all rules and are stating you have read the S.M.I.T.E. General Information form. You also agree, should the need arise, to allow S.M.I.T.E. the ability to check your personal items. You agree to work with the staff and your peers to be a positive Christian influence on all. You understand that any violation of these rules may be grounds for you to be sent home at your own expense.

By signing below, you hereby authorize S.M.I.T.E. and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively to conduct an interview with applicant. You also release S.M.I.T.E. and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively from any liability for damages of whatever kind, which may at any time result to you, your heirs, family, or associates because of compliance with this authorization and request to release information. A copy of this authorization (if not destroyed in accordance with record retention policies) will be given to you provided you request it in writing.

Applicant's Signature _____ Date _____
Parent's Signature _____ Date _____

Please return this application with your \$225 registration fee to our office by June 30, 2026.
Late registration is \$250.

Return this application by:

Email: smite@whiteoakbc.org

Mail: White Oak Baptist Church
Attn: SMITE New England
5344 Main Street
Stratford, CT 06614

Payments:

Make checks payable to: White Oak Baptist Church

Online: whiteoakbc.org/smite/register.html