

# Summer Camp 2010 General Information

Camp Name	Camp Dates	Postmark Deadline
Junior Camp (current 3 <sup>rd</sup> – 5 <sup>th</sup> graders)	July 12 – 16, 2010 (Mon. – Fri.)	Monday, June 21, 2010
Jr. High Camp (current 6 <sup>th</sup> -8 <sup>th</sup> graders)	July 19 – 23, 2010 (Mon. – Fri.)	Monday, June 21, 2010
Sr. High Camp (current 9 <sup>th</sup> -12 <sup>th</sup> graders)	July 26 – 31, 2010 (Mon. – Sat.)	Monday, June 21, 2010

## **TIMES:**

Registration begins at **1:00pm on Monday** and camp is dismissed by **10:00am on Friday for Junior Camp and Jr. High Camp and 10:00am on Saturday for Sr. High Camp**. PLEASE plan to have your entire group at camp by the end of registration at 3:00pm on Monday at the latest (if you are not able to make it by that time please give Diamond Arrow Christian Conference Center a call at 530-265-3295).

## **COST:**

Registration price for Junior Camp, Jr. High Camp and Sr. High Camp is **\$175.00** per camper.

Registration price for Junior Camp and Jr. High Camp Counselors & Counselor's In Training (CIT's) is **\$115.00**.

Registration price for Sr. High Camp Counselors & Counselor's In Training (CIT's) is **\$125.00**.

## **DEADLINES & LATE FEES: (Please note: Late fees will be enforced this year. No Exceptions)**

All registrations need to be **postmarked** by the deadline date along with a **\$25.00** non-refundable deposit; otherwise a **\$25.00** late fee will be charged per registrant. **All registration fees must be paid with a church check. No campers will be added after Thursday, July 1, 2010 for Junior Camp and Thursday, July 8, 2010 for Jr. High Camp and Sr. High Camp.**

## **DO NOT UNDER ANY CIRCUMSTANCE BRING CAMPERS OR COUNSELORS TO CAMP WHO HAVE NOT BEEN PRE-REGISTERED THROUGH THE CAMP REGISTRAR.**

**Make Check Payable to:**      **Crossroads Community Church**

**Mail all registrations to:**      Junior Camp, Jr. High Camp or Sr. High Camp (each camp in a separate envelope)  
445 B Street Yuba City, CA 95991  
(530)751-2176 Fax

## **CANCELLATION POLICY:**

If a camper or counselor must drop, the following rules apply: If the Camp Registrar is informed five (5) working days prior to camp (this does NOT include Saturdays or Sundays), a refund of all but \$25 will be issued. After this time, the entire fee is forfeited. Hardship cases will need to be reviewed on a case-by-case basis by the Camp Director.

## **COUNSELOR REQUIREMENTS:**

**All counselors & staff must have completed a background check through your church or local police department. Please see the bottom of the counselor or staff form.**

The Church of God Youth Camps and Church of God Association of Northern California strongly desire each church to provide their own counselors. This allows us to provide the necessary camper counselor ratio in the cabins (for every 10 students you need 1 counselor per gender). If you are absolutely unable to provide a counselor, we welcome all Pastors and/or their wives to camp as counselors. We are sorry to announce that we can no longer process camp applications without the required number of counselors. If you have any extra counselors please call the Camp Registrar with their information so that we may be able to help a church that needs any additional counselors. Camp Registrar is Pastor Adam Rentas (530)701-0796 (cell)

## **DRIVER POLICY:**

If you are going to have any drivers other than your counselors that need to stay overnight due to distance, you must call the Camp Registrar **one week prior** to the camp date. Drivers will be accepted only if there is space available.

# Camper Registration – Summer 2010

Church City: \_\_\_\_\_

Church Name: \_\_\_\_\_

**Junior Camp** (completed 3-5) July 12-16  
 **Jr. High Camp** (completed 6-8) July 19-23

**Sr. High Camp** (completed 9-12) July 26-31

## Please Print Clearly

Campers Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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

M  F

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade Completed: \_\_\_\_\_

T-shirt size: \_\_\_\_\_ Adult sizes only (Small-2XL)

Cabin mate(s): List 1-2 names of friends you would like to bunk with.

\_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Parent Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Parent Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

If out of town during camp, phone number to reach parent(s): ( \_\_\_\_\_ ) \_\_\_\_\_

If parents cannot be reached during an emergency, please name another person to be contacted.

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

To comply with state laws, Church of God Youth Camps must have the name of adults to whom release of the camper has been authorized by the parent or legal guardian.

( ) I will be picking up my child at camp.

( ) I give my permission for \_\_\_\_\_ to be released to \_\_\_\_\_ at the close of camp.

## **THIS REGISTRATION IS NOT VALID WITHOUT THE FOLLOWING THREE SIGNATURES:**

### **1. Participant's Declaration:**

I will fully cooperate with the staff and rules established for the Camp. \_\_\_\_\_

Camper's Signature

Date

### **2. Parent/Guardian's Image Use Permission & Liability Release:**

I give permission to Church of God Youth Camps to use images (still photography or video footage) of the above mentioned person for future promotional materials, including but not limited to, brochures and web site postings, without expectation of compensation. My child will cooperate with the staff, counselors, rules and program of the camp. I understand that I will be held responsible for any damage done by my child, real or personal. I must pay for the same. I also release, indemnify and hold harmless from any liability the International Church of God, Church of God Association of Northern California, Diamond Arrow Christian Conference Center, their employees and staff or any damage, be it real or personal.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **3. Pastor's Recommendation:**

I recommend this camper to the Church of God Association summer camp staff as one who will cooperate with the staff, rules, and program of the camp.

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

## **FOR OFFICE USE**

Cabin # \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Grade \_\_\_\_\_

Church Ck # \_\_\_\_\_

## **Camper's Medical History**

**Please make sure that all of the lines are filled out prior to sending it in to your church. We will not register your camper if anything is missing. (If something is not applicable then please put N/A.)**

Camper's Full Name: \_\_\_\_\_

List Medications Camper will require while at camp and reason for taking the medicine: \_\_\_\_\_

All prescription medications, over-the-counter medications, vitamins, and herbal products that **are provided to First Aid/Nurse to administer to your child MUST be in ORIGINAL containers with labels and dispensing instructions in English.** Our staff cannot administer prescription medications without the written permission of parents, guardians or physician. Please indicate name of medication, dosage, frequency, the time given including any other information necessary. Individuals requiring injections should provide medications, syringes and written instructions signed by the physician.

Severe allergies: \_\_\_\_\_ Insect stings      \_\_\_\_\_ Aspirin      \_\_\_\_\_ Penicillin      \_\_\_\_\_ Hay Fever      \_\_\_\_\_ Other

**Do any of the following apply?** Please check...

\_\_\_\_\_ Asthma                      \_\_\_\_\_ Diabetes                      \_\_\_\_\_ Physical Disability                      \_\_\_\_\_ Stomach Aches  
\_\_\_\_\_ Athlete's Foot                      \_\_\_\_\_ Earaches                      \_\_\_\_\_ Rheumatic Fever                      \_\_\_\_\_ Seizures / Convulsions  
\_\_\_\_\_ Bedwetting                      \_\_\_\_\_ Frequent Colds                      \_\_\_\_\_ Sleep walking                      \_\_\_\_\_ Tuberculosis  
\_\_\_\_\_ Bronchitis                      \_\_\_\_\_ Heart Condition                      \_\_\_\_\_ Special Diet                      \_\_\_\_\_ Other (please list) \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

Are all immunizations up to date? Y/N

**Name of Health / Accident Insurance Coverage**

Carrier \_\_\_\_\_ Group Policy # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of responsible Party or self if over 18 years of age \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

By signing this form I give my informed consent to the First Aid personnel assigned by Church of God Youth Camps, who are certified in a minimum of CPR and First Aid to provide basic First Aid and comfort measures through standardized camp treatment procedures which includes the use of over the counter medications. I understand that it is my responsibility to make arrangements for a camper with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize COG Youth Camps to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by the Camp Director to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization, secure proper treatment for, and order injection, anesthesia, X-rays, or surgery for my child as named above. Although Church of God Youth Camps protects all personal health information to the best of their ability, I understand that in the normal course of operations some of my child's PHI may be viewed by those who COG Youth Camps deems necessary for the performance of providing emergency health care.

I authorize the use of the following generic, over the counter medications as directed by the labels provided by the manufacturer for my child: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels. I understand that these are stocked and dispensed by the First Aid personnel free of charge as needed for the comfort of my child.

I / We the undersigned parent / legal guardians, for ourselves and for our minor child have reviewed the information about the camp activities and events and give permission for the subject of this release to be involved in the overall activities. I / We acknowledge that the ropes/challenge course, climbing wall, camp/sport activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my child and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release, discharge, indemnify and hold harmless: The International Church of God (Anderson, Indiana), Church of God Association of Northern California, Diamond Arrow Christian Conference Center, its owners, board of directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my child's participation in COG Youth Camps and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature (Parent/Guardian)

Date

\_\_\_\_\_  
Please print name (Parent/Guardian)

## Conduct while at Camp

1. Be where you are supposed to be when you are supposed to be there.
  - All meals, meetings and activities are mandatory.
  - Stay in the camp boundaries at all times.
2. Respect other people and their belongings.
  - No Fighting or foul language.
  - No Stealing.
  - No raiding of any kind. (e.g.: damaging, rearranging or playing with other's belongings)
3. No illegal stuff.
  - All articles that campers are informed on this flyer NOT to bring to camp (drugs, alcohol, etc.) must be turned in to the Director if such items are brought on to camp property.
4. No guys in or around the girl's cabins – No girls in or around the guy's cabins.
5. You break it you bought it!!!
  - All damages to camp property must be paid for prior to leaving camp.
  - A fine of \$500 will be imposed for graffiti.
6. No PDA – Public Display of Affection
7. No immodest clothing. Modesty is the key (4B's: no boobs, bellies, buns or boxers should be showing).
8. Skateboards are allowed in camp in designated areas only. All Skateboarders must wear a helmet.
9. All Medications need to be turned in upon arrival.
10. No electronics other than cameras or personal care items.

*If any of these rules are broken an immediate dismissal from camp will be issued. Parents and/or churches are responsible for picking up campers who are sent home.*

## What To Bring & What Not To Bring

### Things To Bring:

- your Bible
- pillow & sleeping bag
- spending money for snacks, t-shirts, souvenirs, etc. if you want
- towel for showering & for swimming
- jacket
- **WATER BOTTLE!**
- shorts and long pants (**Jr. High/Sr. High: bring "nicer clothes" for a Banquet Dinner**)
- flashlight
- personal articles/ toiletries
- water guns and super soakers for the ultimate water wars (check them in at beginning of camp)

Paintball Guns, Co2, Paintballs, and other accessories. Co2 refills available. **Bring \$\$\$ for paintballs.**

(Masks must be worn. Bring your own.) **Paintball is only available at Jr. High & Sr. High Camp.**

All articles brought to camp should be labeled.

Diamond Arrow and Church of God Association is not responsible for lost or stolen items.

### Things NOT to bring:

- a bad attitude
  - electronic equipment such as iPods, CD Players, Gameboys, mp3 & mp4 players, cell phones etc.
  - lighters & matches
  - fireworks
  - alcohol
  - tobacco products – Diamond Arrow is a **Non-Smoking Camp**
  - firearms, knives, Air-Soft Guns, Wrist-Rockets (Slingshots)
  - skimpy or immodest clothing. No boobs, bellies, buns or boxers should be showing while you are at camp. Modesty is the rule in your attire. Girls swimsuits must be a one piece. No bikini's allowed.
- Because this is a wilderness/outdoor setting please no skirts or high heeled shoes.

**Counselor Registration - Summer 2010** Fill out both sides completely

The Camp Theme for the Summer is "Wild West Coast 2010" (a western theme)  
Any attire or decorations you want to bring for you, your cabin, or campers will add to the fun.

- Junior Camp** July 12-16     **Jr. High School** July 19-23     **Sr. High School** July 26-31  
 **Jr. High Camp CIT** (18-20 years old)     **Junior Camp CIT** (Counselor In Training 16-17yrs.)  
 **Sr. High Camp CIT** (18-20 years old and out of high school 1 year.)

Please note that all Counselors for Junior Camp must be a minimum of 18 years old, **NO EXCEPTIONS.**  
For Junior/Senior High School Camps the minimum age for counselors is 21 years old, **NO EXCEPTIONS.**  
**If a Counselor will be attending more than one summer camp, please copy their completed form and send in an application for each camp.**

Church Name: \_\_\_\_\_ Church City: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Age: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_     Male     Female    T-shirt size: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_

Your Email Address \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Please make sure that all of the lines are filled out prior to sending it in to your church. We will not register your counselor if anything is missing. (If something is not applicable then please put N/A.) Camp insurance is secondary to personal health insurance.**

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Physician: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Are you taking any **prescription medication(s)**:     Yes     No    If so, please list what exactly and when it is to be taken:

\_\_\_\_\_

Please list all **severe allergies**, recent medical conditions and physical restrictions: \_\_\_\_\_

\_\_\_\_\_

Please list all **special needs** counselor may have or additional comments: \_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

**In case of medical and/or surgical emergency**, I hereby give permission to the selected physician by the Camp Director to hospitalize, secure proper treatment for, and order injection, anesthesia, X-rays, or surgery for the above named individual. I also give permission for the camp nurse to administer the medications indicated.

Self or Parent/Guardian if under 18 years of age

Date

Please print name (Self / Parent or Guardian)

**Important Information:**

⇒ For the protection of all campers; staff & counselors must have a background check through their church or at your local police department. If you have not had this done through your church so they can verify it please go to your local police department and attached the clearance form to this application.

This application is invalid without the Senior Pastor's signature.

**\*\*It is mandatory for every counselor to fill this section out in its entirety\*\***

1. Have you ever been a Counselor for Church of God Youth Camps before:       Yes       No

2. When were you saved? Please give a brief testimony.

3. What experience do you have in working with youth?

4. Have you ever led someone to Christ?       Yes       No

5. How has God used you to make a difference in the lives of others?

6. Do you have any special training/leadership ability in any of the following areas? Music, Sports, Nature or Camping: Please explain:

7. Have you ever been convicted of a crime involving a minor?  Yes       No

If yes, please explain:

I will cooperate with the Director, Staff, rules and program of the camp. I understand I will be held responsible for any and all damage done by myself, real or personal and I must pay for it. I hereby consent to any treatment deemed advisable in an emergency by a physician.

**COUNSELOR'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Parents Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(if applicant is under 21 years of age)

I recommend this counselor to the Church of God Association of Northern California as one who will cooperate with the Director(s), Staff, rules and program of the camp.

**PASTOR'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**\*\*Pastor must sign counselor form\*\***

*Above mentioned perspective counselor:* I have known him/her for \_\_\_\_\_ years \_\_\_\_\_ months

Has accepted Jesus Christ as their Lord and Savior       Yes       No

Is a regular attendee and active participant in our congregation       Yes       No

⇒ Has completed a background check for our church & been cleared       Yes       No

Or

⇒ Has attached a background check from our local police department       Yes       No

**Staff Registration - Summer 2010**

**Junior Camp** July 12-16       **Jr. High Camp** July 19-23       **Sr. High Camp** July 26-31

**Important Information:** All staff must have a clear background check through your church or your local police dept.

Church Name: \_\_\_\_\_ Church City: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Age: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female T-shirt size: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_

Your Email Address \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Please make sure that all of the lines are filled out prior to sending it in to the registrar. We need your medical information to complete your registration. (If something is not applicable then please put N/A.) Camp insurance is secondary to personal health insurance.**

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Are you taking any **prescription medication(s)**:  Yes  No

If so, please list what exactly and when it is to be taken:

\_\_\_\_\_

\_\_\_\_\_

Please list all **severe allergies**, recent medical conditions and physical restrictions:

\_\_\_\_\_

\_\_\_\_\_

Please list all **special needs** you may have or additional comments:

\_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

**In case of medical and/or surgical emergency**, I hereby give permission to the selected physician by the Camp Director to hospitalize, secure proper treatment for, and order injection, anesthesia, X-rays, or surgery for the above named individual. I also give permission for the camp nurse to administer the medications indicated.

Self or Parent/Guardian if under 18 years of age

Date

Please print name (Self / Parent or Guardian)

**NOTE:** If as a Staff person you must withdraw for any reason, **contact the Camp Director** immediately at 530-701-0796.

⇒ Has completed a background check for our church & been cleared  Yes  No

**Or**

⇒ Has attached a background check from our local police department  Yes  No

**PASTOR'S (or person attesting to background check) SIGNATURE**

\_\_\_\_\_ DATE \_\_\_\_\_