

High School
SUMMER CAMP 2014



JUNE 30TH - JULY 3RD
AT CALVARY CHAPEL CAMP
GREEN VALLEY LAKE

COST \$150

Hello parents and youth,

Summer Camp 2014 is coming up soon, June 30th - July 3rd! We'll be joining a couple of Calvary Chapel's at Green Valley Lake again this year. Green Valley is a great camp with lots of fun summer activities, and will be a great place to get away and hear what God has to say. This is high school camp open to all incoming 9th - graduating 12th graders. So here's what you need to do:

- 1. Sign Up:** Please put your name on the list in the church lobby or youth room.
- 2. Permission Slips:** In this packet are 3 slips (2 of which are mandatory):
 1. CCSantee Permission Slip (**mandatory**, 2 pages).
 2. Camp Registration and Consent Form (**mandatory**, 2 pages. Some info will be repeated).
 3. Airsoft Release Form (**optional**, if planning to play airsoft).

All permission slips must be turned into the bookstore by Sunday **June 15th**.

- 3. Payment:** Camp is \$150 (+ \$10 if you want a t-shirt). All money must be turned into the bookstore by Sunday **June 15th**. Scholarships are available, please talk to me (pastor Chris) to discuss options.

This packet also has a check list to review before packing. We will be meeting at the church parking lot at **8am** Monday **June 30th**, returning around **4pm** on Thursday **July 3rd**. For more details, or if you have any questions please email me: chris@ccsantee.com. Or go to ccsantee.com.

I look forward to what God has in store the youth this summer! God bless.

- Chris Dufour



Youth Permission Trip Form

Calvary Chapel Santee

10920 Summit Avenue, CA 92071

619-258-1946



_____	_____	_____	_____
High School Summer Camp	6/30/14 at 8am - 7/3/14 at 4pm	\$ 150	
Name of Sponsored Activity / Event	Event - Date Begins - Ends	Cost	

STUDENT INFORMATION:

_____	_____	_____	_____
Name of Student	Birth Date	Grade	T-Shirt Size
Address: _____		City: _____	Zip: _____
Home Phone: _____		Student Cell: _____	
Father's Cell: _____		Fathers Work #: _____	
Mother's Cell: _____		Mother's Work #: _____	

EMERGENCY & MEDICAL INFORMATION

_____	_____	_____
Emergency Contact Name	Phone	Relation to student
Allergies? _____	Taking Medication? _____	
Are there any restrictions we should know of? _____		
Health Ins. Carrier: _____	Policy Number: _____	
Physician Name: _____	Phone: _____	

I, the undersigned parent, give authorization and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered as necessary by a qualified member of the medical staff of a licensed hospital. It is understood that all efforts will be made to contact me prior to rendering treatment, but treatment will not be withheld if I cannot be reached. I will not hold Calvary Chapel Santee or its employees, officers or agents responsible in the case of any accidents.

_____	_____
Parent Signature	Date

Continue on Back...

RELEASE OF LIABILITY

I, THE UNDERSIGNED, AM AWARE THAT DURING THE CALVARY CHAPEL SANTEE PRACTICUM, certain risks and dangers may occur which are out of the control of Calvary Chapel Santee and/or its organizers. As part of participating in said practicum, I have and do hereby assume all the risks and will hold Calvary Chapel Santee and its affiliates, workers and employees harmless from any liability, actions, suits, legal or otherwise.

UNDER NO CIRCUMSTANCES will Calvary Chapel Santee and/or its organizers be held responsible for:

1. Illness, death, accidents or injury;
2. Delays, personal injury, property damage or any loss resulting from so-called "Acts of God", act of public enemies, arrest or restraint of any government, seizure under legal process, quarantines, restrictions, riots, civil commotions, strikes, war hazards or terrorist activities;
3. Loss of personal property, possessions or monies;
4. Any act of neglect of any person or company whose services are trained by Calvary Chapel Santee for the benefit of our practicum;
5. Any deviation, delay or curtailment of any kind which is beyond the control of Calvary Chapel Santee;
6. Additional expenses, if incurred under any of the above circumstances, are the responsibility of the participant (yourself.)

I hereby also acknowledge the fact that Calvary Chapel Santee and any of its workers, servants, volunteers, and/or employees have the right to terminate participation my son/daughter in this practicum at any time, because of health, unwarranted conduct, or any other reason they deem harmful or detrimental to the group as a whole.

PRINT – Parent Name

Today's Date

Signature of Parent

(Turn this form into the Bookstore with payment)

4. PLEASE LIST ANY MEDICATION THAT YOUR CHILD WILL NEED TO HAVE WHILE AT CAMP:

MEDICATION:

DOSAGE:

WHEN TAKEN:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Any medication (including prescriptions) to be administered during your child's time at camp usually will be administered by his/her Group Director or designated representative. All medication should be clearly labeled with all pertinent information, including student's **FULL** name, dosage, **AND** when administered, etc., and given to the Group Director on the morning your child leaves for camp.

**In the event of a minor illness or injury (such as cold, headache, scrapes, sprains, abrasions, and/or small cuts), I do authorize the Camp Director, camp medical staff, R.N. or EMT to give my child common remedies such as Tylenol, cough medicine, etc., in dosages appropriate for his/her age, and to clean and bandage or wrap wounds as necessary.

IMPORTANT: MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and/or my physician. I hereby give permission to the physician selected by the Camp Director (or his/her representative) to order X-rays, routine tests, and treatment for the health of my child and to order injection and/or anesthesia and/or surgery for my child named above. This authorization is given pursuant to Section 25.8 of the Civil Code of California. This authorization shall remain effective through the extent the schedule program with Calvary Chapel Christian Camp, unless sooner revoked in writing and delivered to said agent. I further agree that Calvary Chapel Christian Camp, its Board of Directors, officers, and staff are hereby relieved of all liability in the event of accident or injury to said Minor.

Parent/Guardian Signature: _____ Date: _____

Home Phone: () _____ Work/Emergency Phone: _____

Minor's Signature: _____ Date: _____

Other emergency contacts:

Name: _____ Phone: _____
(neighbor____/relative____)

Name: _____ Phone: _____
(neighbor____/relative____)

Calvary Chapel Christian Camp

Summer Activities Release for Airsoft Combat

Name:	_____
Address:	_____
City:	_____ State _____ Zip _____
Phone:	_____ Date of Camp _____

If participant is under 18 years of age and parent is not present at Calvary Chapel Christian Camp during these activities, all participants must have a parents signature prior to engaging in these high risk activities.

THIS IS A RELEASE OF LIABILITY PLEASE READ CAREFULLY BEFORE SIGNING!

Airsoft Combat is a High Risk Activity I fully understand and agree that this activity may result in serious injury or death (including that I also understand that these risks, hazards, and dangers are further increased when other persons, whether of the same level of experience or skill, are using Calvary Chapel Christian Camp (the “premises”). I hereby freely and expressly assume and accept any and all risks of injury or death resulting from participating in, and using all Airsoft equipment, while participating in these activities at Calvary Chapel Christian Camp.

Release of all Liability I hereby agree to release Calvary Chapel Costa Mesa Inc., dba Calvary Chapel Christian Camp, its owners, officers, agents and employees, from any and all liability for injury, damage or death to myself or to any other person which may arise from the use of any equipment on premises while participating in any and all activities at Calvary Chapel Christian Camp. I agree **NOT** to make claim against or sue Calvary Chapel Costa Mesa Inc., dba Calvary Chapel Christian Camp (“Releases”) for injuries or damages relating to the sport of Airsoft Combat or from using all equipment appertaining thereto.

Risk of use of Equipment I understand that the equipment that I will use **does not** provide me with safety from injury or death and furthermore that it is possible that the equipment may in fact cause injury or death. All safety equipment provided is only to minimize the risk inherent within these activities. Specifically; Airsoft Combat is simulated combat game, in which participants shoot each other with high power electric 6mm BB guns, that propel plastic pellets at speeds often in excess of 350FPS, though safety gear will be provided and required for all participants, it is still likely that at a minimum, minor bruising, skin laceration and scrapes will still possibly occur.

Binding Upon Heirs, Etc. I understand that this is a contract which is legally binding upon me, my heirs, assigns and legal representatives.

I the undersigned, have read, understood and voluntarily agree to the above.

Signed: _____ Date: _____
(If the above named person is a minor, signature of parent or legal guardian is required)

Calvary Chapel Christian Camp
PO Box 8560
Green Valley Lake Ca. 92341
909-867-4444 Office
909-867-4777 Fax

Calvary Chapel Christian Camp

"What To Bring"

(Please reproduce this for each of your campers)

Here is a suggested check list. Check off the items as you pack.

- | | |
|--|---|
| <input type="checkbox"/> Bible | <input type="checkbox"/> Sleeping Bag |
| <input type="checkbox"/> Washcloth, Soap | <input type="checkbox"/> Canteen |
| <input type="checkbox"/> Toothpaste | <input type="checkbox"/> Flashlight |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Pillow |
| <input type="checkbox"/> Sunglasses | <input type="checkbox"/> Spending Money |
| <input type="checkbox"/> Pajamas | <input type="checkbox"/> Swimsuits |
| <input type="checkbox"/> Winter jacket, sweatshirt | <input type="checkbox"/> Tennis Shoes |
| <input type="checkbox"/> Shorts | <input type="checkbox"/> Long Pants |
| <input type="checkbox"/> Hat or Cap | <input type="checkbox"/> Comb |
| <input type="checkbox"/> Towels | <input type="checkbox"/> Pen or Pencil |
| <input type="checkbox"/> Chapstick | <input type="checkbox"/> Underwear |
| <input type="checkbox"/> Note Pad | <input type="checkbox"/> Extra Socks |
| <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Bug Repellent |

Note:

Campers may want to bring spending money for the snack bar, camp store, and other activities. Calvary Chapel Christian Camp is not responsible for money or articles that are lost or stolen. Please plan accordingly.

Packing Your Gear:

If you don't have a suitcase, please pack your gear in a flexible, crushable storage bag (pillow case, laundry bag, duffel bag, frameless pack, etc.). You may roll some of your equipment into your sleeping bag if it doesn't all fit into one duffel bag. Limit yourself to one piece of luggage.

Marking Clothing and Personal Property

We suggest that all personal property be marked, using permanent marking ink with Camper's name and telephone number.

Meals:

All meals are carefully planned and prepared, assuring good flavor and proper nutrition. Seconds may be available. Make arrangements for special dietary regulations with your group leader. They will need to contact Calvary Chapel Christian Camp.

Camp Phone#

Camp visits and phone calls are not accepted except in an emergency. Homesickness frequently occurs after phone calls or visits and makes it more difficult for the kids. Every effort is made to be sure that the young people are comfortable and happy. The camp can be reached in an emergency by telephoning **(909) 867-4444**

Camp Name and Location:

Calvary Chapel Christian Camp is located on Green Valley Lake Road approximately 2 miles from Highway 18, in the San Bernardino Mountains.

Medical Releases

Each camper 18 years of age and under must have on file with Calvary Chapel Christian Camp a medical release form signed by a parent or legal guardian./