



JR. HIGH & HIGH SCHOOL  
SUMMER CAMP 2015

BEACH CAMPING AT NEWPORT DUMES  
LOCAL OUTREACHES, SURF LESSONS

JUNE 29-JULY 3, \$150



## HELLO PARENTS AND YOUTH

Summer Camp 2015 is coming up soon, June 29th - July 3rd. We won't be doing the typical summer camp this year, instead we're joining Calvary Chapel Big Bear and Hosanna City Church to do a Surf-n-Serve beach camp at Newport Dunes campground. The theme is "Real Worship" and we'll be studying the Psalms, learning what it really means to serve and worship God. We'll also be doing some local outreaches, service projects and sharing Christ by handing out water bottles at the beach. Of course there will also be lots of activities and beach fun, along with free surf lessons for those who are interested.

## SO HERE IS WHAT YOU NEED TO DO

- 1. SIGN UP** - When you pick up this packet please put your name on the list to let us know you're interested — even if you decide not to come.
- 2. PERMISSION SLIPS** - Fill out and return CCSantee Permission Slips (2 pages) to the bookstore. All permission slips must be turned into the bookstore by Wednesday **June 17th**.
- 3. PAYMENT** - Camp is **\$150**. This includes transportation, tent camping spots, a t-shirt and all meals (accept on the drive up and back, bring \$10). All money must be turned into the bookstore by Wednesday **June 17th**. Some church work projects to earn camp money and scholarships will be available, please talk to me (pastor Chris) to discuss options.
- 4. SCHEDULE** - We will be meeting at the church parking on Monday **June 29th** at **9:30am**, and leaving at **10am** sharp. We'll be getting lunch (probably In-n-Out) on the drive up, so bring around \$5. We will be leaving the camp on Friday **July 3rd** around **1pm**, getting lunch on the road again (around \$5), then arriving back to church around **4pm**.

For more details, or if you have any questions please email me: [chris@ccsantee.com](mailto:chris@ccsantee.com).

Or go to [www.ccsantee.com/event/summer-camp](http://www.ccsantee.com/event/summer-camp)

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

- Chris Dufour

## ✓ CHECKLIST (KEEP THIS PAGE)

### What to Bring:

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#### Study Tools:

- ☐ Bible, Notebook, Pen

#### Toiletries:

- ☐ Toothbrush & Toothpaste
- ☐ Shampoo & Soap
- ☐ Deodorant
- ☐ Wash Cloth
- ☐ 2 Towels (one beach and one bath)

#### Bedding:

- ☐ Sleeping Bag
- ☐ Pillow

#### Clothing for 5 days:

- ☐ Pants & Shorts
- ☐ Sweat Shirt/Jacket (for the evenings)
- ☐ Swim Suit (modest)

#### Other things:

- ☐ Sunscreen & Chapstick
- ☐ Sunglasses
- ☐ Small Flashlight
- ☐ \$ for food on the way up and back

### Do Not Bring:

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- ⊗ Ipods/Mp3 players
- ⊗ PSP's, Nintendo DS, etc...
- ⊗ Laptops
- ⊗ Any unnecessary items. Don't set yourself up to be distracted!

### Optional:

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- ☐ Surfboard (talk to Chris first)
- ☐ Bodyboard
- ☐ Skateboard
- ☐ Beach chair
- ☐ Snacks for the drive
- ☐ Some extra spending \$

## CONTACT INFO

### Pastor Chris:

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Pastor Chris — (619) 342-6488  
CCSantee — (619) 258-1946

### Campground:

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Newport Dunes Camp Site:  
1131 Back Bay Drive  
Newport Beach, Ca 92660  
  
(949) 729-3863 - [newportdunes.com](http://newportdunes.com)



## Youth Permission Trip Form

**Calvary Chapel Santee**

10920 Summit Avenue, CA 92071

619-258-1946

|                                    |                     |               |        |
|------------------------------------|---------------------|---------------|--------|
| Surf-n-Serve Summer Camp           | 6/29/15 at 9:30am   | 7/3/15 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.

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PRINT – Parent Name

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Today's Date

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Signature of Parent

(Turn this form into the Bookstore with payment)



**CALVARY CHAPEL OF BIG BEAR**  
**Permission and Liability Release**

I, \_\_\_\_\_

as the parent/legal guardian of \_\_\_\_\_  
hereby give my permission for my child's participation with **Calvary Chapel Big Bear-Surf & Serve**  
**at Newport Dunes Camp- June 29-July 3<sup>rd</sup>, 2015**

\_\_\_\_\_  
signature/date

**Liability**

I hereby release **Calvary Chapel of Big Bear**, its officers, employees and agents from any and all liability for accidents, injuries and/or death that may occur during transportation/participation of above-stated activity.

\_\_\_\_\_  
signature/date

**Medical Authorization**

Child's name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Physical address: \_\_\_\_\_ Mailing address: \_\_\_\_\_

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

Medical insurance carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of primary insured: \_\_\_\_\_

Allergies/medical alert: \_\_\_\_\_

\_\_\_\_\_  
signature/date

I hereby authorize Calvary Chapel as agents for the undersigned, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis/treatment and hospital care which is deemed advisable by and is to be rendered under the provisions of the *Medical Practice Act* by the medical staff of a licensed hospital or medical facility, whether such a diagnosis is rendered at the office of said physician or at said hospital.

\_\_\_\_\_  
signature/date

**Responsibility**

I hereby acknowledge my responsibility for my child's actions, both monetarily and socially. If my child refuses to comply with any reasonable request of those in leadership and becomes a distraction to the purposes of the Calvary Chapel youth group, I will willingly pick up my child or make arrangements to have my child transported home regardless of the cost or location of the group/trip.

\_\_\_\_\_  
signature/date

cb2013