



Hello parents and youth,

Summer Camp 2023 is coming! We'll be returning to Pine Valley Bible Conference Center along with a couple other churches. Here is everything you need to know:

DATES: Friday July 14th — Monday July 17th, (4 days / 3 nights / 9 meals / all activities)

AGES: Jr. High and High School (Incoming 7th - graduated 12th grade)

CAMP: Pine Valley Bible Conference Center: 8668 Pine Creek Rd Pine Valley, CA 91962 (<http://pinevalleybible.com>)

COST: \$265 (lodging, **All Activities**, t-shirt and meals). **Due by July 2nd.** Scholarship applications available

BASIC ACTIVITIES: Pool & water slide, Giant Slip-n-slide, Basketball, Game Room, Tire Swing, Bocce Ball, Aero Ball, Horseshoes, Disc golf, Volleyball, Ga-Ga Ball, 9-Square

EXTRA ACTIVITIES ALL INCLUDED: Zipline, Ropes Course, Vertical Playpen, Arrow Tag, Laser Tag

PERMISSION SLIPS: Both camp and church permission slips must be turned in by July 2nd to secure your spot (Space is limited, sign up soon)

DEPART: Meet at church at 2:30pm Friday July 14th.

RETURN: To Church Monday July 17th around 1pm

Youth Camp/Mission Trip Permission Form

Calvary Chapel Santee

10920 Summit Ave.
Santee, CA 92071
619-258-1946

Name of Church: Calvary Chapel Santee

<u>Summer Camp 2023</u>	<u>07/14/23 - 07/17/23</u>	<u>\$265</u>
Name of Sponsored Activity / Event	Begin Date - End Date	Cost

STUDENT INFORMATION:

<u>Name of Student</u>	<u>Birth Date</u>	<u>Grade (this fall)</u>	<u>Sex</u>	<u>T-Shirt Size</u> <small>(standard adult tee, S — XXL)</small>
<u>Address:</u>	<u>City:</u>	<u>Zip:</u>		
<u>Home Phone:</u>	<u>Student Cell:</u>			
<u>Father's Cell:</u>	<u>Mother's Cell:</u>			
<u>Parent Email:</u> <small>(Primary Email)</small>	<u>Student Email:</u>			

EMERGENCY & MEDICAL INFORMATION:

<u>Emergency Contact Name</u>	<u>Phone</u>	<u>Relation to student</u>
<u>Allergies?</u> <small>(If yes, please list)</small>	<u>Taking Medication?</u> <small>(If yes, please list)</small>	
<u>Are there any restrictions we should know of?</u>		
<u>Health Ins. Carrier:</u>	<u>Policy Number:</u>	
<u>Physician Name:</u>	<u>Phone:</u>	

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.

<u>Parent (or guardian) Name</u>	<u>Parent (or guardian) Signature</u>	<u>Date</u>
----------------------------------	---------------------------------------	-------------

RELEASE OF LIABILITY:

I, THE UNDERSIGNED, AM AWARE THAT DURING THE CALVARY CHAPEL SANTEE event, certain risks and dangers may occur which are out of the control of Calvary Chapel Santee 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/ Hosanna City Church/The Christian Center for the benefit of our practicum;
5. Any deviation, delay or curtailment of any kind which is beyond the control of Calvary Chapel Santee/ Hosanna City Church.
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.

Parent (or guardian) Name - PRINT

Today's Date

Parent (or guardian) Signature



LIABILITY RELEASE FORM – MINOR

THIS FORM IS NULL AND VOID IF ALTERED

Group Name _____

Name of Minor _____ Birthdate ____/____/____
Last First Middle Initial

Address _____
Number and Street City and State Zip

Father _____ Phone (H): _____ (W) _____ (C) _____

Mother _____ Phone (H): _____ (W) _____ (C) _____

Legal Guardian _____ Phone (H): _____ (W) _____ (C) _____

In Emergency, notify: _____ Relationship: _____ Phone: _____

AUTHORIZATION AND LIABILITY RELEASE AGREEMENT

I, the undersigned, represent and acknowledge that I am the parent or legal guardian of the minor named on this form (“Minor”), and that I am authorized on behalf of myself, Minor and our heirs, assigns and next of kin, to hereby enter into this authorization and liability release agreement (“Agreement”), in order for and IN CONSIDERATION OF Minor being able to participate in any PVBCC-related activities (“Activities”) of PVBCC. Activities include, but are not limited to, those occurring at PVBCC facilities, beach events, swimming, sports, games, laser tag, eating, religious activities, strenuous physical activity, physical contact with other participants, basketball, climbing, ropes course, tire swing, night games, disc golf, walking, hiking, lifting, arrow tag, dirt scooters, volleyball, and other seasonally related sports/games and activities, and transportation to and from each activity.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in the Activities involves risk to the Minor and may result in various types of injury including, but not limited to, sickness, including possible exposure to and illness from infectious diseases such as Covid-19 (despite diligent hygiene measures and compliance with the law we cannot guarantee that infectious transmission will not occur), bodily injury, death, emotional injury, personal injury, property damage and financial damage. **ON BEHALF OF THE MINOR, I VOLUNTARILY ASSUME ALL SUCH RISKS, INCLUDING RISKS KNOWN AND UNKNOWN, OF INJURIES AND/OR ILLNESSES, HOWEVER CAUSED, EVEN IF CAUSED IN WHOLE OR IN PART BY THE ACTION, INACTION, OR NEGLIGENCE OF PVBCC AND ITS AGENTS, EMPLOYEES, VOLUNTEERS, OFFICERS, DIRECTORS, MEMBERS, AND OTHER REPRESENTATIVES (“RELEASEES”) TO THE FULLEST EXTENT OF THE LAW.**

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, Releasees, from any and all liability, claims, demands, costs, expenses and compensation arising out of or in any way related to any injury and/or illness or other damage that may result to Minor or to members of my family, household, or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the Activities, **WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE.**

SCOPE: I further acknowledge and accept that this Agreement is intended to be as broad and inclusive as permitted by law and agree that if any portion of the Agreement is deemed to be invalid, the remainder will continue in full legal force and effect.

EMERGENCY AUTHORIZATION:

I hereby authorize PVBCC and its agents, employees, and volunteers, and the above identified emergency contact to consent to medical, surgical or dental examination and/or treatment, including, but not limited to, X-ray examination, anesthesia, injections, and hospitalization as deemed necessary. I authorize PVBCC and its agents, employees, and volunteers to give the Minor the following over-the-counter medications, and any other prescribed medication, as directed by the labels provided by the manufacturer: Analgesics (such as ibuprofen or acetaminophen), antihistamines (such as Sudafed, Benadryl), antibiotic ointment, hydrocortisone cream (such as Cortaid), electrolyte replacement fluids, antiseptic skin and wound cleansers, analgesic balms or gels, and sunscreens. **I do not consent to the following medications being administered to Minor (if applicable):**

PHOTO/VIDEO CONSENT AND RELEASE:

I hereby assign and grant Releasees the right and permission to use, display, and publish photographs, video, electronic representations, and sound recordings made of Minor during Activities, and I hereby RELEASE Releasees from any and all liability from such use and publication. I specifically WAIVE all rights to compensation and approval for any of the foregoing.

CONSENT TO DISCLOSURE OF MEDICAL CONDITION:

To provide Minor proper care and supervision, and to ensure the health and safety of the youth and staff of PVBCC, it will occasionally be necessary to disclose Minor’s medical condition to those who have a need to know in order to take proper precautions and/or provide treatment. By signing this form, I consent to disclosure of Minor’s medical condition to PVBCC employees, volunteers, officers, directors, and agents, as well as to third parties who may be affected or have a reasonable basis to know, including, but not limited to, parents, children, medical providers, first responders, participants, hosts, facilities managers, and those with whom contact with Minor is foreseeable.

RESPONSIBILITY TO KEEP PVBCC INFORMED:

If any of the information I have provided on this form changes, I agree to promptly inform PVBCC of such changes, and sufficiently in advance for PVBCC to be aware of such changes and reasonably take any action necessary prior to minor’s participation in any Activities. **I also agree to immediately inform PVBCC if Minor is or has been exposed to any communicable diseases prior to participating in any Activities.**

I REPRESENT THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE, ESPECIALLY REGARDING MINOR’S MEDICAL CONDITION AND ACTIVITY RESTRICTIONS. I HAVE READ ALL OF THE FOREGOING, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF MINOR AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

Signature of Parent/Legal Guardian _____

_____ Date

Print Full Name: _____

Relationship to Minor: _____

✓ *Checklist* (Keep this page and use it to pack)

What to Bring:

Study Tools:

- Bible (No electronic/phone Bibles)
- Notebook & Pen

Toiletries:

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

Bedding:

- Sleeping Bag or Blanket
- Pillow

Clothing for 4 Days:

- Pants & Shorts
- Undies & Socks
- Closed Toed Shoes
- Sweat Shirt/Jacket (for the evenings)
- Swim Suit (modest)

Other Things:

- Refillable Waterbottle
- Sunscreen & Chap-stick
- Small Flashlight
- Extra \$ for snackbar/grill/café

Do Not Bring:

- Ipods/Mp3 players
- PSP's, Nintendo DS, etc...
- Laptops
- Any unnecessary items. Don't set yourself up to be distracted!
- Weapons/drugs of any kind
- Food/snacks (not allowed in cabin)

Optional:

- Flip flops
- Sunglasses
- Hat

Contact Info

Church/Pastor:

Calvary Chapel Santee:

10920 Summit Ave. Santee CA, 92071
(619) 258-1946

Pastor Chris: (619) 342-6488

Camp:

Pine Valley Bible Conference Center:

8668 Pine Creek Rd Pine Valley, CA 91962
(619) 473-8879

SUMMER CAMP SCHOLARSHIP APPLICATION

Parent Name: _____ Phone Number: _____

Email: _____

Student Name: _____ Student Grade: _____

Does the student regularly attend our youth group? _____

Are you signing up more than one child? If so, how many total? _____

Other than severe hardship, we encourage everyone to make a \$50 payment.

Are you able to pay more than \$50? If so, how much? _____

Are you experiencing severe hardship and cannot pay \$50? _____

Briefly describe your need:

We encourage all parents & students who need financial assistance to pray and ask God to show His faithfulness!

Please submit applications to Pastor Chris Dufour. Questions? (619) 258-1946

- * **Submitting an application does not guarantee a scholarship**
- * **Students who regularly attend youth group will be given priority**
- * **All scholarships will be given prayer & thought by our youth ministry**