



STUDENT MINISTRIES

AT



GREEN VALLEY LAKE
CHRISTIAN CAMP

(JULY 5-8)

2018
SUMMER CAMP
PACKET



*****Please Keep this Page*****

Dear Parents,

Haven High School Ministry is pleased to announce that we are going to Green Valley Lake Christian Camp for 2018's summer camp retreat! We would like to extend an invitation for your student to join us! Our goal is stir passion within students to pursue a meaningful and personal relationship with the Living God, Jesus Christ, and also build deeper relationships with peers, youth group leaders, and pastors.

“Where is it?”

- Green Valley Lake Christian Camp (32355 Green Valley Lake Rd, Green Valley Lake, CA 92341)
- You can visit : <http://gvlretreats.com/> to see the camp site.

“What are the dates?”

- July 5-8, 2018 (Thursday-Sunday)
- Meet @ Church: 8:00am @ 380 Mobil Ave. Thursday
- Return: 5:00pm @ 380 Mobil Ave. Sunday

“Who can go?”

- High School students until all spaces are filled.

“What is the cost?”

- \$250 per student.
- Seniors get half off!!!
 - Students who helped with youth group fundraisers will receive priority for scholarships. **(Scholarship applications must be submitted to request scholarship)**
 - Scholarship applications must be submitted before or on Thursday, June 21st, 2018 to be considered. After that, no scholarships will be approved.
 - Missed the fundraisers? See “Easy Fundraising Ideas” in this packet.

“When is the deadline to register?”

If space is still available, the deadline will be Sunday, July 1st, 2018.

“When is my balance due?”

A \$50 deposit is due immediately at the time of registration. This deposit will officially reserve your student's spot. Any *full remaining balance* is due no later than Sunday, July 1st, 2018.

“Where can I sign up and make payments?”

Starting May 27th, you can signup and pay in two ways:

- Drop off forms & payment to Front Desk or Youth Room dropbox (by youth room door)
- Online at www.calvarynexus.org/haven

“What about medications?”

If your student needs to take any medication during camp, please have all medications in their original containers with written instructions. Please indicate this on the medical release form. This will be given to a qualified camp nurse to administer throughout the weekend.

What Do I Bring?

Please be sure to put your name on bags and items.

Dress code: Please be modest

Girls:

- Jacket, sweatshirt, etc.
- Modest one-piece bathing suits only
- No open midriffs
- Tank tops must have straps at least one inch wide
- Bra straps must be covered
- Shorts must be fingertip length or longer
- Pajamas are not to be worn in public

Guys:

- No speedo type swimsuits
- Underwear must be covered
- Pants and shorts must be worn at waist level or above
- Pajamas are not to be worn in public

Other things to bring to camp:

- Towels
- Sleeping bag
- Pillow
- Soap, shampoo, toothbrush, etc.
- Water bottle
- Bible
- Pen or pencil
- Camera
- Flashlight
- Spending money for the snack bar/ gift shop, and other activities.

Please do not bring: Electronic devices of any kind, alcohol, tobacco, drugs (unless prescribed by a doctor), firearms, fireworks.



**2018 Calvary Nexus Youth Activities
Medical and Liability Release Form**
(Journey & Haven)
(805) 384-1182

Name of Student: _____ Grade: _____

Student's Primary Ministry (please check): **Journey** (Middle School) **Haven** (High School)

Date of Birth: ___/___/___ Age: _____ School: _____

Street Address: _____ City/Zip: _____

Parent's Best Phone Contact: _____ Student's Phone: _____

Parent's Email: _____

Medical Insurance: _____ Group/ Policy Number: _____

In emergency, notify: _____ Phone: _____

Activity Restrictions yes no. If yes, please describe: _____

Allergies: _____

My student may ride in the vehicle of an approved *adult* Student Ministry leader: Yes No

I would like my email to be added to the Student Ministry Newsletter Distribution List: Yes No

Medical and Liability Release Agreement

Every activity sponsored by this church is carefully planned and adequately supervised by Calvary Nexus approved adults. However, even with the best of planning and precaution, unforeseen events can occur. Please carefully read the agreement of liability and medical release. IN CONSIDERATION of being permitted to participate in any way in Calvary Nexus sponsored activities, I, the parent or legal guardian, acknowledge, appreciate, and agree that:

1. I, the parent or legal guardian, knowingly and freely assume all risks and hazards inherent to any church-related activities, both known and unknown, and assume full responsibility for my child's participation and;

2. I, for myself on behalf of my heirs, assigns, executors, administrators, legal representatives and next of kin, HEREBY RELEASE ALL LIABILITY AND HOLD HARMLESS CALVARY NEXUS, or its employees or volunteer assistants for: a) any personal injury caused by a1) my child, a2) any conduct of church's representative or other students, b) disability or illness, c) death, d) loss or damage to person or property, whether caused solely or partly by the negligence, intentional acts, or willful conduct of the activity provider, and;

3. By this Agreement, I authorize Calvary Nexus staff or volunteer to administer First Aid to my child (including over-the-counter-medicines) required to treat illness or injury. The signature of the parent or guardian below is intended to serve as a medical release, and;

4. Either parent, if both parents have legal custody, or the parent or person having legal custody or the legal guardian of a minor may authorize in writing any adult person into whose care the minor had been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medicine Practice Act or to consent to a X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. (California Civil Code Section 25.8: Added Stats. 1965, c.1524, p. 3616, s1), and;

5. I certify that my child is able to physically, mentally, emotionally participate in church-related activities unless otherwise listed in the "Activity Restrictions" written above, and;

6. I certify that my student may be featured in pictures/videos/recordings for church-related promotions (i.e. social media, flyers, etc.), and;

7. I HAVE CAREFULLY READ THIS AGREEMENTS AND FULLY UNDERSTAND ITS CONTENTS. I am aware that this form is both a release of liability and medical release. I am signing it of my own free will and voluntarily without any inducement. This authorization shall remain effective until terminated in writing and delivered to a staff person at Calvary Nexus. Any incidents that occur prior to written termination of liability will remain under the release terms of this signed agreement.

Parent Signature: _____ Date signed: _____

Parent Name Printed: _____

Student Signature: _____ Date signed: _____

**Green Valley Lake Christian Camp
REGISTRATION and CONSENT to participate**

Every Camper under the age of 18 must bring this form to camp

Student's Name: _____ Birth Date: _____
(Last) (First) (M.I.)

I, the Parent of Legal Guardian of the above named student living at:

Address: _____ City: _____ Zip: _____

do give my consent to have my son/daughter participate with the students from
_____ in the Summer Camp/Retreat program offered by
(Church name)
Green Valley Lake Christian Camp from _____ to _____, 20_____

Health History: To protect your child from possible embarrassment, but not to exclude him/her from the Program, the following information is requested. Check and give approximate dates if possible:

General:

Frequent ear infections _____
Heart defect/disease _____
Convulsions _____
Diabetes _____
Bleeding/Clotting disorder _____
Bed Wetting _____
Sleep Walking _____
Operations/Serious Injuries (list) _____

Diseases:

Chicken Pox _____
Measles _____
German Measles _____
Mumps _____
Asthma _____
Allergies:
Hay Fever _____
Insect Stings _____
Penicillin _____
Other Drugs(list) _____

1. To your knowledge, has your child been exposed to any communicable diseases within the past 21 days? Yes _____ No _____. If yes, which one(s): _____

2. Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity? Yes _____ No _____. If yes, explain _____

3. Please give us the name and phone number of your child's regular physician:

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 Green Valley Lake Christian Camp, unless sooner revoked in writing and delivered to said agent. I further agree that Green Valley Lake 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____)

Easy Fundraiser Ideas:

Did you miss our youth group fundraisers? Don't sweat. You can do it yourself! Here are some suggestions:

1. Sponsorship letters

Write a handwritten letter to close family and friends who may consider donating.

2. Cut grass for your neighbors

On average, some locals will pay as little as \$20 or as much as \$50 to have their grass cut. Cutting a yard 7-15 times will easily pay for camp!

3. Babysitting

An average rate for babysitters is around \$10 per hour. 20 hours of babysitting can cover your camp fees. Consider 3 (6- hour days).

4. Asking friends, neighbors, and family members to pay you to work around their houses and yards.

Most people are willing to donate for youth summer camps, but this can be a way to show your gratitude for the donations of your close friends and family.

5. Yard Sale

Gather items that you can sell. You can even ask friends and family to donate items. Host a yard sale in front of your house. You can also team up with students in your youth group to help boost profit.

6. Pay-as-you-go "Saving"

We've heard that some people say they're not good at saving money. If that discipline isn't easy for you, we encourage you to pay \$20 each week starting June 11th, that works too!



CALVARY NEXUS STUDENT MINISTRY EVENT SCHOLARSHIP APPLICATION



Event/Camp Name: _____ Event Date: _____

Student Name: _____ Grade: _____

School: _____ Student D.O.B.: ____/____/____

Address: _____ Zip: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Parent Email Address: _____

ALL questions MUST be answered to be considered for approval
[Any blanks will be subject for resubmission or denial of scholarship]
The following information will be kept confidential:

1) Has your student participated in a Calvary Nexus Youth Fundraiser in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	3) Has your student attended any camps with Calvary Nexus in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Has your student received any scholarship for any Calvary Nexus events in the last 12 months (including camps)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	4) How much are you able to afford for this event/camp \$	\$ _____
2a) If "Yes", how much financial assistance was received in the last 12 months? (Do not leave blank. Give your best estimate)	\$ _____	5) Please read the "Easy Fundraiser Ideas" page. Are any of those ideas viable for your child to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "No" to question #5, please state why:

** Please Note: We do **not** offer FULL scholarships, nor waive any fees. All amounts of scholarships will be paid for by Calvary Nexus. We have reserved these scholarships only for students who have true financial needs and hardships. We appreciate your understanding.*

To be completed by Student:

What do you hope to see God do in your life this year? How will going to this event help this vision become a reality?

Signature of parent or guardian (Required)

By signing, you are stating that you have read and understand all of the above and have truthfully answered all the above questions and have a true financial hardship that would otherwise prevent your child from attending the stated Calvary Nexus event.