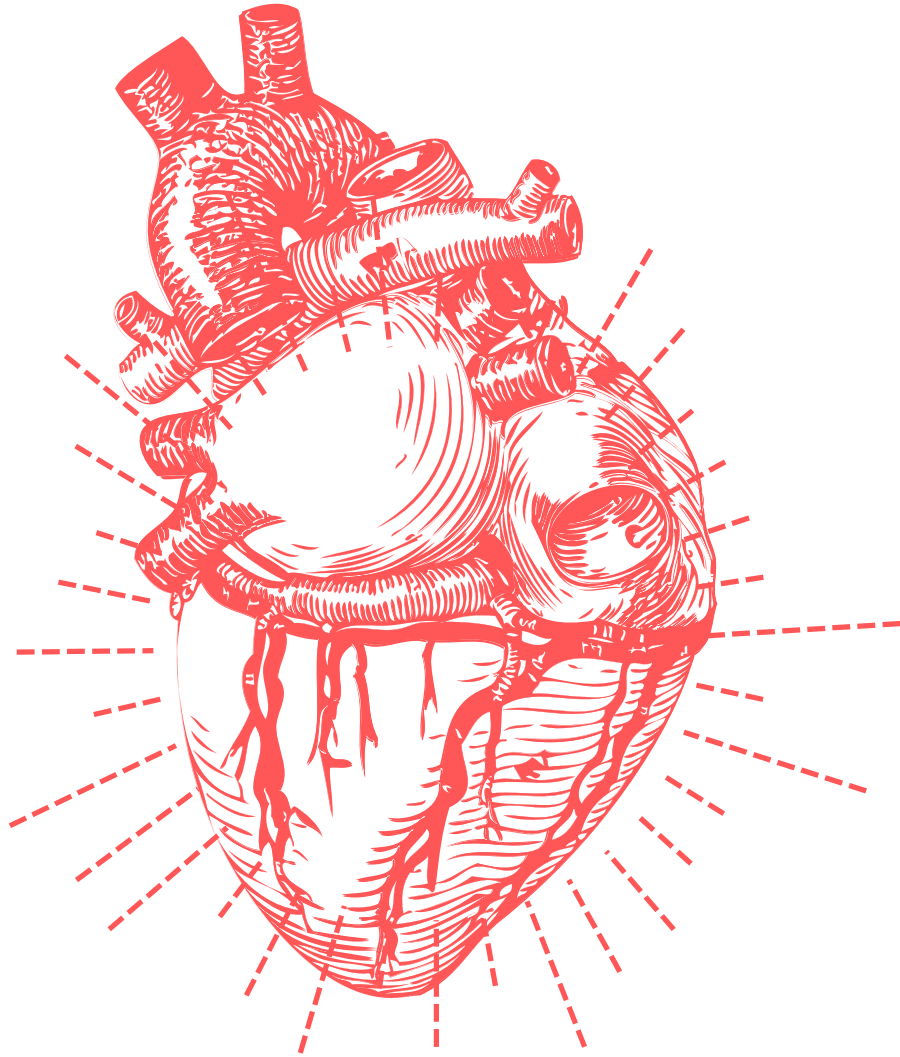


MIDDLE SCHOOL WINTER CAMP

FEBRUARY 1-3



"I BESEECH YOU THEREFORE, BRETHREN, BY THE MERCIES OF GOD, THAT YOU PRESENT YOUR BODIES **A LIVING SACRIFICE, HOLY, ACCEPTABLE UNTO GOD, WHICH IS **YOUR REASONABLE ACT OF WORSHIP**."**

ROMANS 12:1





Dear Parents,

Journey Middle School Ministry is pleased to announce that we are once again going to Green Valley Lake Christian Camp for 2019's winter 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 : www.gvlretreats.com to see the camp site

"What are the dates?"

- February 1-3, 2018 (Friday-Sunday)
- Depart: 12:30pm @ 380 Mobil Ave
- Return: 4:00pm @ 380 Mobil Ave

"Who can go?"

- Middle school students until all spaces are filled

"What is the cost?"

- \$175 per student
 - 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 Wednesday, January 30th, 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 Wednesday, January 30th, 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 Wednesday, January 30th, 2018.

"Where can I sign up and make payments?"

- Starting Wednesday, Dec 5th, 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/journey

"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.



2019 Calvary Nexus Student Activities
Medical and Liability Release Form
(805) 384-1182

Name of Student: _____ Grade _____
Student's Primary Ministry (check one): ___ Journey Middle School ___ Haven High School
Date of Birth: _____ Age: ___ School: _____
Street Address _____ City/Zip _____
Parent Best 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
volunteer. ___yes ___no
**I would like to be added to the Youth 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 it's 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 of 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 / Guardian Signature: _____ Date: _____
Parent/Guardian Name in Print: _____
Relation to student: _____

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____)



Calvary Nexus Student Ministry 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 Fundraiser your student in the participated last 6 months in a Calvary Nexus Youth Fundraiser in the last 6 months? Yes or No

2) Has your student received a scholarship in the last 12 months (including camps)? Yes or No

2a.) If "Yes", how much financial assistance did you receive? \$ _____

3) Has Nexus your student attended a camp with Calvary Nexus in the last 12 months? Yes or No

4) How much are you able to afford for this event/camp \$ _____

** Please Note: We do not offer FULL scholarships. We don't waive any fees. All amounts of scholarships will be paid for by Calvary Nexus, which has a limited budget. We have reserved these scholarships only for students who have true financial needs and hardships. We appreciate your understanding.*

To be completed by Student:

1) 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 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.

Signature: _____



Camp Fundraiser Ideas

Did you miss the Youth Ministry Fundraiser? No problem! Check out a few ideas listed below for how you can raise money for the event/camp you'd like to attend.

- 1. Breakfast Burritos:** Make breakfast burritos and sell them during Sunday services.
- 2. Bake Sales**
- 3. Gift Basket Raffle**
- 4. Chocolate Sales**
- 5. Axxess Card Sales**
- 6. Soup & Sandwich Sales**
- 7. Movie Night**
- 8. Child Care Night:** Have kids babysat while parents are encouraged to go on date night or go holiday shopping.
- 9. Cookie Dough Sales**



Checklist of What to Bring

- ___ Sleeping bag/pillow
- ___ Bible
- ___ Notebook
- ___ Pencil/pen
- ___ Flashlight
- ___ Towel
- ___ Toiletries (soap, shampoo, etc.)
- ___ Jacket
- ___ Hat/Beanie
- ___ Gloves
- ___ Boots/closed toed-shoes
- ___ Socks
- ___ Pajamas

Girls and Guys: Bring warm clothes.

Girls: No bare midriffs (clothes that expose the stomach/navel area), spaghetti straps, or short-shorts.

Guys: No sagging pants.

Please Do Not Bring These Items- They will not be tolerated at camp.

****Bringing these items will result in removal of student from camp, being picked up by parent/guardian, no refunds will be provided, and students may be reported to police.****

1. Drugs (unless prescribed by doctor)
2. Alcohol
3. Tobacco
4. Firearms/Weapons