

MIDDLE HIGH, HIGH SCHOOL AND GENESIS INFORMATION SHEET

2019 PCJC FAMILY CAMP

*****PLEASE TAKE NOTE OF CHANGES IN PROGRAM AGE/GRADE PARAMETERS.*****

REGISTRATION INSTRUCTIONS:

1. **REGISTRATION** is open from April 8 until July 6.
2. A separate registration form must be filled out for **each youth**.
3. Everyone must sign a **Liability Form**. Parents/guardian must co-sign if camper is a minor.
4. **ONLINE REGISTRATION** is available at no additional fee. Check pcjcfm.org for information and instructions. Full payment must be made using PayPal in order to register online.

Payment:

- **Full payment** must be mailed with registration.
- **Family discount** will be given to families with 3 or more children attending camp. Children must all be from same **immediate** family (no relatives or friends even if they are sharing your room). A discount of \$50 per child will be given for the 3rd, 4th, 5th, etc. child. Discount does not apply to those serving on staff.
- **\$65 cancellation fee** will be assessed for cancellations made after **June 22**. **No refunds** will be given for cancellations made after **July 7**.
- **Make checks payable to "PCJC Family Camp."** Confirmations will be sent via email.

Registration Check List:

1. Completed **Registration form** (*be sure to sign form*)
2. Completed **Health Form** signed by parent/guardian
3. **Liability Form** signed by camper AND parent/guardian
4. **Redwood Liability Form** signed by parent/guardian
5. **Check for full payment** made out to "PCJC Family Camp"

Mail To: PCJC Family Camp
PO Box 7610
Torrance, CA 90504

Date Reminders:

April 8	--	Registration opens
June 22	--	Last day to cancel without paying \$65 cancellation fee
July 6	--	Registration closes
		Last day refunds will be made (<i>less \$65 cancellation fee</i>)
July 7	--	No refunds for cancellation can be made after this date

MEDICAL AND SPECIAL NEEDS: EVERYONE in youth and Genesis programs must fill out a health form (*whether you have insurance or not, even if you are over 18 yrs. of age*). Minors (17 or younger) must have a parent or guardian sign the bottom half of form. Minors with serious food allergies requiring special diets or with other significant conditions will not be accepted unless cleared by their pastor and their respective program director. Those requiring an inhaler or any medication must complete a **Permission to Carry Inhaler Contract** and/or **Medication Authorization** form(s).

ADDITIONAL INFORMATION: Youths will be housed in cabins with bunk beds for 8-9 persons (including Cabin Leaders). Youth campers need to bring their own bedding (pillow, blanket, sleeping bag), towels and soap. All cabins have private bathroom. Only first-timers may request roommates. You must arrange your own transportation to Family Camp. Some churches will hire buses. Contact your pastor for information regarding this.

FAMILY CAMP CODE OF CONDUCT

- Campers are expected to attend all regularly scheduled meetings and activities
- Campers under 21 are not allowed to leave the grounds unless they have permission of program director
- Campers under 21 will not be allowed to drive cars to camp w/o permission from their pastor. Car keys are to be turned in to program director for the duration of camp.
- Guys are not allowed in girls' cabins. Girls are not allowed in guys' cabins.
- Youth is not allowed outside of cabins after 11 PM. If he/she has to leave because of an emergency, he/she must be accompanied by an adult and have the permission of the cabin leader
- Modesty and good taste in dress will be observed while on the grounds. Only one-piece bathing suits are to be worn at the swimming pool and at recreation areas (no two-piece suits, cutoffs, low-cut swimsuits, tight-fitting or "Speed-O" type swim shorts). Shirts must be worn at all times.
- The following are prohibited:
 - SMOKING of any kind, vaping of any kind, alcoholic beverages, narcotic or unlawful drugs of any type
 - explosive devices of any kind (including fire crackers)
 - tennis shoes with wheels, bicycles, skateboards, roller skates and in-line skates
 - pets (except service dogs)

Flagrant disregard of Family Camp Code of Conduct may result in the camper being sent home. There will be no refund and the camper may not be allowed to attend camp the following year

MIDDLE HIGH, HIGH SCHOOL, GENESIS REGISTRATION FORM

2019 PCJC FAMILY CAMP JULY 28 - AUGUST 2

*****PLEASE TAKE NOTE OF CHANGES IN PROGRAM AGE/GRADE PARAMETERS.*****

Name _____ Male Female
Address _____ Home Phone (____) _____
City, State, Zip _____ Cell Phone (____) _____
Birthdate (m/d/y) _____ Age in July _____ Email _____
What church do you attend? _____ First time attending any PCJC Family Camp? Yes
Roommate request (only 1st timers may request a roommate): _____

If you are a first-time attendee, please list who referred you. You and the person who referred you will be entered into a drawing to win a prize!

T-shirt size

- Youth Medium Youth Large Adult Small
 Adult Medium Adult Large Adult X-Large Adult XX-Large

Special Needs— List any dietary needs, limitations, special housing needs, etc. We will do our best to accommodate, however some requests might be outside our ability. If so, we will contact you.

Allergy Information: list any food and/or medication allergies, especially if allergic to certain foods, penicillin or any other types of medication

Parent Information

Name _____ Cell Phone (____) _____
Email _____

Program:	Grade/Year just completed:	Cost:
<input type="checkbox"/> Middle High	<input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th	\$ 410 = \$ _____
<input type="checkbox"/> High School	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	\$ 410 = \$ _____
<input type="checkbox"/> Genesis	<input type="checkbox"/> Frosh <input type="checkbox"/> Soph <input type="checkbox"/> Junior <input type="checkbox"/> Senior + <input type="checkbox"/> Other	\$ 420 = \$ _____

Genesis program includes students who have completed at least one year out of high school and/or are age 23 or younger and unmarried. Those over 23 years of age must register in the Adult program.

Other Cost

_____ Camp Picture x \$ 9.50 = \$ _____

Discounts

_____ Family Discount (3rd, 4th, 5th child) x \$ -50.00 = \$ _____

Total Amount Due : \$ _____

Discounts : \$ _____

Scholarship : \$ _____

Amount Enclosed : \$ _____

Scholarship Coordinate w/sponsoring church prior to sending in form

_____	\$ _____
Name of church giving scholarship	Amount

Note: Make checks payable to "PCJC Family Camp"

Signature Required

Camper's Agreement: I understand this is a Christian camp with Christian values and I will follow the **Family Camp Code of Conduct**.

Signature _____ *Date* _____

Read attached Information sheet for registration instructions and Camp Rules. If you have any questions, contact **Jon Yabu** at **(626) 470-3391** or email **camp@pcjcfm.org**

Submit registration on or after April 8. Last day to register is July 6.

- Mail the following:
1. **Registration Form** (remember to sign it)
 2. **Health Form** (including all Genesis campers)
 3. Signed **Liability Form** (including parent signature)
 4. Signed **Redwood Liability Form**
 5. **Full payment**

Make checks payable to: **PCJC Family Camp**
 And mail to: **PO Box 7610**
Torrance, CA 90504

HEALTH FORM

MIDDLE HIGH, HIGH SCHOOL GENESIS AND STAFF

2019 PCJC FAMILY CAMP

Name _____ Male Female
Address _____ Home Phone (_____) _____
City, State, Zip _____ Cell Phone (_____) _____
Birthdate (m/d/y) _____ Age in July. _____ Email _____
What church do you attend? _____ Program _____
Have you had a tetanus shot within the last ten years? Yes No Give date if known: _____

Special Needs: List any medical limitations, allergies, dietary needs, medications taken or if you have a learning or behavioral disability (ADD, dyslexia, etc.) Use back of medical form, if needed. If you will be using an **inhaler or taking** any prescription or over-the-counter **medications**, you must also fill out a **Medication/Inhaler Authorization Form**, which can be obtained from your church office or the PCJC website.

Insurance Information

Name of medical insurance carrier: _____
Name of primary person who holds the insurance: _____
Group/Family No: _____ Medical Record No: _____
Physician's Name: _____ Physician's phone number (_____) _____

Parent Information

Parent(s) attending camp? Yes No If parent(s) are not attending camp, please fill out information below.
Mother's Cell Phone (_____) _____ Father's Cell Phone (_____) _____
Mother's Work Phone (_____) _____ Father's Work Phone (_____) _____
If parent(s) cannot be reached, please give name and number(s) of an additional emergency contact
Name _____ Relationship _____
Cell Phone (_____) _____ Alternate Phone (_____) _____

Parent's Agreement & Authorization for Medical Treatment *(for campers age 17 and under)*

I, the undersigned parent (or guardian) of the above-named minor, do hereby give my permission for him/her to attend the PCJC Family Camp. I have read the camp rules and agree to pay all expenses in the event the above-named child needs to be sent

Parent Signature _____ Print Name _____

NOTE TO PARENT(S): If your child has emotional needs/issues and/or is receiving counseling, please enclose a letter addressed to the Camp Director explaining the situation. He/she may call you or request a meeting with you to discuss how to handle any problems that may arise while your child is at camp.

MEDICATION AUTHORIZATION FOR MINORS

(To be filled out only if camper takes medication to camp)

No camper under 17 will be allowed to self-administer any medication—whether it is an over-the-counter medicine (such as Tylenol, cold remedy, etc.) or a prescription drug.

All medications must be turned in to the camp doctor/nurse upon arrival at camp, along with this form. (The only exception will be for inhalers, for which a “Contract for Permission to Carry an Inhaler” must be completed and turned in to the camp doctor/nurse--see reverse.)

Name _____ Male Female

Birthdate (m/d/y) _____ Parent(s) attending camp? Yes No

I authorize the PCJC Family Camp medical personnel to administer the medication(s) indicated below to the above named camper.

Name of medication: _____ Form (tablet, liquid, inhaler): _____

Dosage Prescribed: _____ Time Schedule: _____

Purpose of Medication: _____ Frequency: _____

Precise method of administering medication: _____

Name of medication: _____ Form (tablet, liquid, inhaler): _____

Dosage Prescribed: _____ Time Schedule: _____

Purpose of Medication: _____ Frequency: _____

Precise method of administering medication: _____

Name of medication: _____ Form (tablet, liquid, inhaler): _____

Dosage Prescribed: _____ Time Schedule: _____

Purpose of Medication: _____ Frequency: _____

Precise method of administering medication: _____

Other instructions/information: _____

I authorize the PCJC to communicate with the physician below regarding my child’s medical condition and/or medication:

Physician’s Name: _____ Physician’s phone number (_____) _____

Parent Signature _____

Date _____

PERMISSION TO CARRY AN INHALER CONTRACT

2019 PCJC FAMILY CAMP

Name _____ Male Female Birthdate (m/d/y) _____
Address _____ Home Phone (____) _____
City, State, Zip _____ Cell Phone (____) _____
What church do you attend? _____ Parent(s) attending camp? Yes No

Name of medication: _____
Dosage Prescribed: _____ Frequency: _____

Name of medication: _____
Dosage Prescribed: _____ Frequency: _____

Name of medication: _____
Dosage Prescribed: _____ Frequency: _____

Camper's Agreement

- I understand I am to keep this inhaler in my room or backpack at all times except when in use
- I will not share this inhaler with anyone under any circumstances

Camper Signature _____ Date _____

Parental Permission

I give permission for my child to carry the inhaler described above. I understand that he/she must follow the rules listed above.

Parent Signature _____ Date _____

Mail form to: **PCJC Family Camp**
PO Box 7610
Torrance, CA 90504

LIABILITY RELEASE FORM

2019 PCJC FAMILY CAMP

ALL CAMPERS 6TH grade to Adults must sign this Liability Form. Parents or guardians must also sign form for youths 17 years and younger.

By signing below, I hereby hold harmless the management, staff and trustees of Redwood Christian Park (RCP) and the coordinators and staff members of the Pacific Coast Japanese Conference of the Free Methodist Church (PCJC) for any and all events of said conference, and I understand that any accidents or sickness incurred by myself or anyone that I am responsible for as participants of this particular event will not be covered by either organization.

I understand that all recreational activities have the inherent possibility of injury to person or property and may result from my participation in any activities on the Redwood Christian Park premises, such as swimming, hiking, volleyball, basketball, paintball, climbing wall, activities on the ropes course and all other available recreational options and activities. I also understand that there are inherent issues of safety as related to the mountainous terrain of Redwood Christian Park and that I am responsible for my own actions in this regard.

I understand that this Liability Release constitutes a full and complete release from liability insofar as Redwood Christian Park is concerned, and by signing below, I hereby hold harmless the management and trustees of Redwood Christian Park, PCJC and the RCP and PCJC camp staff of responsibility for any and all injury or damage to me, any member of my family, or any person whom I am responsible for at this camp.

Date

Camper's Signature

Print Name

Spouse's Signature (if applicable)

Print Name

Junior Camper's Signature

Print Name

Parent/Guardian's Signature if Camper is a Minor

Print Name

REDWOOD CHRISTIAN PARK

Release Form Regarding Camp Activities, Pacific Coast Japanese Conference

Participant's Name _____ Date of Birth _____

The undersigned authorized parent / guardian understands and acknowledges that _____ ("Participant") has requested to participate in activities at Redwood Christian Park ("Redwood"), which may include various sports, playground events, scavenger hunts, use of slides and / or other playground equipment, and other activities involving physical rigor and risk of injury (hereafter "Activities"). As a condition to Participant's participation in the Activities Program, the undersigned hereby represents and agrees as follows:

1. The undersigned attests based upon personal knowledge that Participant does not suffer from any physical or other health conditions which would preclude him / her from participating in Activities
2. During Participant's participation in the Activities, Redwood is authorized to seek appropriate medical treatment for any injuries Participant sustains or conditions which may arise as a result of Participant's participation in the Activities. Parent / Guardian further agrees to pay and indemnify and hold Redwood harmless from all costs and expenses incurred in connection with such medical care and services. If I have health insurance and wish to submit a claim for such costs and expenses, it will be my responsibility to do so.
3. I understand that participation in Activities is voluntary and is not required as part of attendance at Redwood.
4. I understand that even under optimal conditions, participation in Activities involves risk, including serious injury or death to person and property, of which I am fully knowledgeable and which I hereby voluntarily assume for Participant. I acknowledge that Redwood's facilities, trails and roads are by their nature of varied terrain and maintained to the degree possible in their natural state and condition. As such, I acknowledge, accept and assume risk of such conditions which may include, but are not limited to, poison oak, darkness, and changes in elevation.
5. I agree to release and hold harmless Redwood, its employees, agents and representatives, from any and all liability for injuries sustained by Participant, or by anyone else as a result of Participant's actions, in connection with his / her participation in Activities. **I EXPRESSLY ACKNOWLEDGE THAT I AM WAIVING ALL CLAIMS AGAINST THOSE LISTED IN THIS PARAGRAPH, INCLUDING THOSE FOR ORDINARY AND GROSS NEGLIGENCE.**
6. I agree to defend and indemnify Redwood, its employees, agents and representatives, against any and all claims and/or liability for damages or losses, including costs and attorney's fees, resulting from injury to Participant, or to anyone else as a result of Participant's actions, in connection with his / her participation in the Activities Program.
7. I understand that Redwood is relying on my authorization to sign this document, as well as the accuracy of the representations made in determining whether Participant is eligible to participate in the Activities. Accordingly, I agree to further indemnify and hold harmless Redwood, its employees, agents and representatives, from and against any liability for damages, including costs and attorney's fees, resulting from the inaccuracy or lack of authorization for making the foregoing representations.

By signing below, each of the undersigned (a) acknowledges that he / she has read and understands the terms and conditions contained herein (b) certifies that the representations set forth above are true and accurate and (c) give Participant permission to participate in the Activities.

Signature of Parent / Guardian

Date

July 28– August 2 2019