



**Non Cal Summer Camp**



**6th-12th grade**

**July 10<sup>th</sup>-14<sup>th</sup>**

**\$280**

**Camp Registration Packet**



Whoa! This packet is filled with info!

But before we get to the nitty gritty, here is what you need to know.

**Camp is worth it.**

When a student gets to separate from the world and all its pressures, and pursue Jesus with their friends by their side, **something changes**. They can move freely without judgment. Sing louder, jump higher, play harder, and hear God better.

So please read this and put aside the cost, the details and all of the things that might cloud the truth. Camp changes our kids for the better. I hear stories every single year of young men and women coming home kinder, deeper, and more capable of withstanding the world and its challenges because they were grounded in Christ and His love in a camp environment. God can do a lot in us when we set aside the time.

Consider the data. Our students spend the majority of their years under the influence of totally secular sources while living in a secular world surrounded by secular people. This is a good thing when a student is filled with the love of God and inspired to live like Jesus. But you and I know that's often not the reality. We can't expect an hour of church here and there to transform our students when they are inundated with days and days of other influences.

Many pastors both past and present received the call of ministry on their lives at camp... including Pastor Terry. And in the world in which we all live, there is a need for stronger followers of Jesus and more ministers of the GOOD NEWS! **Let's join hands, hearts, and resources to make sure your son, daughter, grandson, granddaughter, niece, nephew, or any child you love has a chance to be transformed.**

Feel free to contact me with any questions, concerns or thoughts;

Email: [Kyle@creekside.org](mailto:Kyle@creekside.org)

Phone # (1)925-580-8916

Looking forward to a wonderful time of growth and fun at camp,

Kyle Giffin

Youth Director

# Dress Code...



No Spaghetti straps!  
\*see picture

No clothing that exposes the midriff area of the body!  
\*see picture  
This also includes Hip huggers and low riding jeans or shorts.



No short shorts!  
Avoid bringing cut-offs!



(Must cover bra strap)

No mini-skirts!  
\*see picture  
Skirts must cover the knees.

**These are acceptable.**



Sorry Guys, No Speedos!

**Important:** Clothing that allows for underwear of any kind to "hang out" or to be visible is not acceptable. In particular, baggy pants pulled down low and boxers hanging out at the waist are not something that you should plan on wearing.

At the pool: Girls: Please wear a T-Shirt over any two-piece swimsuit. Guys: "Ultra-baggy" jeans/shorts and other "non-swimwear" will not be tolerated.

By signing this form, I acknowledge that I have carefully reviewed the dress code form and will not bring any clothing to camp that is at all questionable with the above stated clothing designated inappropriate.

\_\_\_\_\_ Promise to follow the camp rules as stated above. I realize that if I don't I could be sent home at the director's discretion.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Camper Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Acceptance Conditions...

Northern California Open Bible reserves the right to refuse to provide services to any individual when the camp staff determines that the individual cannot be provided with excessive support. These decisions are made on an individual basis, by the Camp Director. Parents/Guardians will be notified in the event of any serious injury or illness not requiring more than basic first aid. Should it become necessary for the camper(s) to leave camp for any reason, I (the parent/guardian) will make provisions to bring the camper(s) home at my expense. I hereby give permission for the above child to attend the camp conducted by the Northern California District of Open Bible Churches and to participate in activities, including the NO FEAR ZONE'S high and low ropes course if available. I will not hold Open Bible Churches or its agents liable for accident, sickness, or emergency treatment given. In the case of medical emergency, I understand that every effort will be made to contact a responsible parent or guardian of the camper. In the event that contact with a responsible parent or guardian cannot be made, I hereby give permission to secure proper treatment including, transportation, hospitalization, and to order any such injection, anesthesia, or operation as may be required for this child. I give permission to Northern California District of Open Bible Churches to use video or photography of my child for camp video and or promotions.

Signature \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Date \_\_\_\_\_

## Camp Rules...

1. **Every teen must be present at every service & event.** Note: Prior to service, please use the restroom because getting up and leaving is strongly discouraged and is a major distraction.
2. **No Smoking, No Alcohol, No Illegal Drugs/Substances, No Profanity, No Sexual Behavior.** If you are caught with cigarettes, you will be dealt serious consequences, which, if necessary, will result in you being sent home. Any material that is questionable should not be brought to camp (I.e. Pornography, music, magazines, etc. If you have to ask if it's okay, chances are it isn't a good idea.)
3. **No Boys in Girls cabins. No Girls in Boy's cabins.**
4. Teens are responsible to pay for damage done to a cabin and/or damage to any other property.
5. Youth leaders and counselors are to be respected at all times.
6. Anyone found outside their cabin after 11:30 PM will be dealt severe consequences up to and including dismissal from camp.
7. No televisions, cellular phones, pagers, *stereos*, boom boxes, CD Players, bikes, super-soakers, water Balloons, water-balloon launchers, roller blades, razor scooters, or weapons of any kind are permitted during camp.  
(If you are permitted to listen to music during your trip to Koinonia, you are required to check your equipment with your group leader.) We will not be responsible for lost or stolen property.
8. All teens are to wear modest swimwear and clothing (see attached chart).
9. Camp Koinonia staff will be treated with respect. This is especially important during meals and when at the pool.
10. Following evening service, everyone is to stay off the trails.



## Koinonia Conference Grounds 2018 Camper Health Form

**PLEASE SUBMIT A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS WITH THIS FORM.**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age at Camp: \_\_\_\_\_

Gender:  Male  Female Camp Dates: \_\_\_\_\_

The information provided on this form will be used to brief kitchen staff about nutritional needs, educate Cabin Leaders & the Camp Director about camper needs, and provide Healthcare Staff with background about your child. Receiving adequate information at least two weeks prior to your child's arrival is crucial to our ability to provide the proper supportive environment. Please read and complete this form thoroughly.

**HEALTH HISTORY:** To be completed and signed by parent or guardian. Please keep a copy for your records and to record changes in your child's health status. Please notify Koinonia Conference Grounds in writing if there are any changes.

**ALLERGIES:** Please mark those that apply to this camper.

This camper has no known allergies.

This camper has an allergy to the following: (List all foods, medications, and substances)

\_\_\_\_\_ Does this cause anaphylaxis?  Yes  No  Unknown

\_\_\_\_\_ Please describe allergic reaction (if any) and what steps are taken to manage it (attach additional information if needed):

**NUTRITION:** We are able to work with some medically prescribed diets but are unable to cater to individual food preferences. Please mark those that apply to this camper. Please call if you have any questions.

This camper eats a regular, varied diet

This camper is on a special diet

(Our expectation is that the camper will bring his/her own supply of products (such as Lactaid and gluten-free items) and will contact the camp nurse when the supplement is needed.)

**CHRONIC CONCERNS:** Please mark all that pertain to this camper and provide information about supportive health care.

This camper has no chronic health concerns and is capable of full participation in this program.

This camper has the following chronic health concern(s):

Asthma

Headaches

Sleepwalking

Diabetes

Hearing Difficulties

Menstrual Cramps

Frequent ear infections

Bedwetting

Bee Sting Allergy

Seizure Disorder

Surgical History

Fainting

Fears/Phobias

Other (please describe): \_\_\_\_\_

\_\_\_\_\_ Please provide information about supportive health care needed for each marked item (if any):

\_\_\_\_\_ Date of camper's last physical exam: \_\_\_\_/\_\_\_\_/\_\_\_\_ ! \_\_\_\_\_ (must be within 12 months of camp)

\_\_\_\_\_ If *Surgical History* is marked above, please explain: Date of Surgery: \_\_\_\_\_ Type of surgery: \_\_\_\_\_

\_\_\_\_\_ Are all symptoms resolved?  Yes  No - Please explain

\_\_\_\_\_ Is the camper cleared by parent and physician for active camp participation?  Yes  No Date of last Tetanus shot: \_\_\_\_\_

\_\_\_\_\_ Camper's Physician:

\_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Camper's Dentist: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

**MEDICATIONS:** All medications MUST be in original, pharmacy-provided containers and appropriately labeled. Please attach a note if the camper has been taking current dose for less than three months prior to arrival or if there are any changes.

This camper does not take any medication.

This camper takes daily medication:

1. Medication: \_\_\_\_\_ Reason for Taking \_\_\_\_\_

Dose Taken: \_\_\_\_\_ How often each day? \_\_\_\_\_

2. Medication: \_\_\_\_\_ Reason for Taking \_\_\_\_\_

Dose Taken: \_\_\_\_\_ How often each day \_\_\_\_\_

3. Medication: \_\_\_\_\_ Reason for Taking \_\_\_\_\_

Dose Taken: \_\_\_\_\_ How often each day? \_\_\_\_\_

The following medications, stocked in the Gauze Pad/Health Center, are used to manage illness or injury and dispensed as directed by our medical protocols. Generic form may be used. Please cross-out any medicine your camper should not be given:

Acetaminophen (Tylenol)	Chamomile Tea	Guaifenesin/DM (Cough Med)	Kaopectate/Anti-Diarrheals
Aloe	Cough Drops	Hydrocortisone Cream	Nix
Antacid	Decongestants	Ibuprofen (Motrin)	Tinactin
Bismuth liquid/tabs	Diphenhydramine (Benadryl)	Insect Repellent	Triple Antibiotic Cream
Calamine Lotion	Dramamine	Iodine Swabs	

MENTAL, EMOTIONAL AND SOCIAL HEALTH: Please mark YES or NO for each statement.

1. This camper has been diagnosed with ADD or ADHD ..... OYes ONo
2. This camper has psychiatric diagnosis such as depression, OCD, panic/anxiety disorder ..... OYes ONo
3. This camper has an emotional health concern ..... OYes ONo
4. During the past academic year, this camper has seen or is currently seeing a professional to address mental/emotional health concerns..... OYes ONo  
 If yes, please specify : \_\_\_\_\_
5. This camper has had a significant life event that continues to affect the camper's life ..... OYes ONo  
 If yes, please provide written information about the event.

WHAT HAVE WE FORGOTTEN TO ASK? Please provide additional information about your child's health which may have been neglected on this form. We are particularly interested in information which has impact upon your child's ability to fully participate in our active camp program.

BILLING INFORMATION FOR HEALTH CARE: Parents/Guardians are financially responsible for health care given by an out of camp provider. To whom should this provider route charges for your campers health care if the need arises? Please include a copy of an insurance card. Please copy both sides of the card so addresses and telephone numbers are readable.

This camper is not covered under an insurance policy.

This camper is covered under the following health insurance:

Insurance Company: \_\_\_\_\_ Policy/Member#: \_\_\_\_\_

Insurance Company Telephone \_\_\_\_\_ Name of Subscriber \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PARENT CONTACT INFORMATION: We will call in the event of an emergency or if we have questions about your child. Please provide contact information for other people who know your child and with whom we can consult if we cannot reach you. We will assume you have spoken with these individuals and that they are willing to assist, should the need arise.

Custodial Parent/Guardian: \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Camper Lives With (name) \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Address : \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

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

Alternate Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

PARENT/GUARDIAN CONSENT AND AUTHORIZATION FOR HEALTH CARE: This health history is correct and the camper described has permission to participate in all camp activities, except as noted by me and/or the examining physician. I will not hold Koinonia Conference Grounds or its agents liable for injury caused by common accident, illness, or the rendering of emergency care. I give permission for this child to be transported to and from any offsite locations in emergency situations (if any) by authorized vehicles. Koinonia Conference Grounds has my permission to obtain a copy of my child's health record from the providers who treat my child. I understand that information about my child's health will be shared on a "need to know" basis with other Koinonia Conference Grounds staff. I give permission to the physician selected by Koinonia Conference Grounds to order X-rays, routine tests and treatment for the health of my child. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child. This form may be photocopied. By signing below, I give permission to Koinonia Conference Grounds to use video or photography of me or my family members for promotional purposes.

"SIGNATURE OF CUSTODIAL PARENT/GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_

# Koinonia's Adventure Program Acknowledgment of Risks

The Koinonia Conference Grounds Adventure Programs are designed to challenge and encourage participants to get out of their "comfort zone" and involves a variety of activities that often include games, group initiative problems and other rigorous physical adventure activities such as low and high ropes course elements.

These activities may include wearing a climbing harness, climbing, running, lifting, bending, balancing, traversing elements and cables up to 85 feet above the ground, riding down a cable on a pulley, belaying, being belayed by other participants or staff, traversing cables low to the ground, spotting participants from falling, being held several feet above the ground by other participants.

Koinonia Conference Grounds states that these activities are not without risk of physical injury and emotional stress. The potential hazards of the program include debris falling from trees, falling from a high or low element, improper belay or spotting technique, swinging into trees, platforms or other objects, and equipment failure. Some of the potential injuries or losses include loss of property, sprained or broken limbs, cuts, scrapes, bruises, heart attack, stroke, stress, overexertion, sunburn, allergies, insect bites, and dehydration.

I acknowledge the risks of the activity, including, though not exclusively, those described above and understand they may cause loss of property, personal injuries and even death. My participation in these activities is purely voluntary.

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Session \_\_\_\_\_

This program is a physically active experience. We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. Some potential conditions that may affect your participation are: recent or recurring injuries, problems with your neck or back, recent medical procedures, pregnancy, diabetes, seizures, asthma, allergies, and heart conditions. Please carry emergency medication for the above conditions.

Information on this sheet is used only by our program staff to help you participate in a safe manner.

1. Is there any medical information or conditions we should know about? (If yes, please explain) \_\_\_\_\_

2. Do you have any allergies, reactions to medications, or any other medical limitations that we should know about? (If yes, identify and explain) \_\_\_\_\_

3. I certify that I am fully capable of participating in these activities. YES \_\_\_\_\_ NO \_\_\_\_\_

4. Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

## **Koinonia's Adventure Program Acknowledgment of Risks** Cont.

I understand that in signing this form that I am providing both a Medical and Liability Release to Koinonia Conference Grounds for myself, or the minor child named above. I hereby acknowledge that during attendance at an Adventure Program session certain risks exist, which may be known or unknown at this time, and may result in physical injury. In case of a medical emergency, I hereby give permission to a KOINONIA CONFERENCE GROUNDS employee or agent, and the physician selected, to secure proper treatment, to hospitalize, order injections, anesthesia, and/or operations as may be urgently necessary. In signing this Liability Release, I assume full responsibility for mitigation of such an incident, and I am granting permission for the participation of the named guest (myself or named minor) in all activities, unless specifically noted on this form.

I agree that, in the event of dispute between myself as a guest or parent/legal guardian of, or on behalf of, the named minor, I will submit to arbitration by an organization sanctioned for this purpose, in lieu of pursuing litigation in a court of law. I further agree, to absolve and hold harmless Koinonia Conference Grounds a Non-profit Corporation, its Board of Directors, agents and employees against liability for, damages, losses, or injuries to myself, my property, or the named minor. Signing this form gives Koinonia Conference Grounds, and it's Adventure Program Department, rights to use video and photography of me or said minor for promotional and advertising purposes.

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Participant's Signature

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Date

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Parent/Guardian's Signature (if participant is under 18 years old)

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Date





## AUTHORIZATION FOR MEDICAL TREATMENT

(Conformed as to California Law)

I, \_\_\_\_\_ (NAME OF PARENT OR GUARDIAN OF MINOR),  
am the parent or legal guardian of \_\_\_\_\_ (NAME OF MINOR)  
(hereinafter "my child"), who was born on , \_\_\_\_\_, \_\_\_\_\_.

My child is attending and participating in activities through Creekside Open Bible Church: CYC  
180  
(hereinafter, "church") located at: in the City of Martinez, County of Contra Costa,  
and State of California, beginning on the day of \_\_\_\_\_.

I hereby authorize the Pastor, Staff or Youth Director and his/her officers, agents, employees,  
or leadership team members that are 18 years of age or older, who supervise the activities at this  
church, into whose care my child has been entrusted, to consent to medical care or dental care, or both,  
for my child under Sections 6901, 6902, and 6910 of the California Family Code.

The authority granted by this authorization includes the authority to consent to any x-ray  
examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or  
special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under  
the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic,  
dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice  
Act for my child.

I further authorize the Pastor, Staff or Youth Director and his/her officers, agents,  
, employees, or leadership team members that are 18 years of age or older, who supervise the activities  
at this church to receive physical custody of my child, under Section 1283 (a) of the California Health  
and Safety Code, upon completion of any treatment, and I specifically instruct any treating health facility  
to surrender physical custody of my child to the Pastor, Staff or Youth Director and his/her officers,  
agents, servants, or employees that are 18 years of age or older who supervise the activities at this  
church.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or  
hospital care being required but is given to provide authority and power on the part of the supervisor or  
his/her authorized designee, in the exercise of his/her best judgment, upon advice of such physician,  
dentist, and surgeon, may deem advisable.

Dated: \_\_\_\_\_, 2\_\_\_\_.

Additional Information:

\_\_\_\_\_  
(SIGNATURE OF PARENT OR GUARDIAN)

**Additional Information:**

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Parent/Guardian

---

Address

---

City

---

State

---

ZIP Code

---

Home Phone No.

---

Work Phone No.

---

Medical/Health Insurance Company Insurance

---

Policy No.

---

In case of emergency, notify

---

Relationship to Minor

---

Emergency Phone No.

---

Allergies/Allergic reactions of my child

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Medicine being taken by my child

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Other information regarding my child's health that a doctor should know

Creekside Open Bible Church  
444 Fig Tree Lane  
Martinez, CA 94553  
925.228.8156  
925.228.9362 fax  
www.creekside.org

# CAMPER ARRIVAL HEALTH SCREENING QUESTIONS

1. Have you been with anyone who was very ill (fever, rashes, flu, infections, anything communicable) in the past week? If yes, explain.

2. Do you have any:

- Body aches?
- Sore throat?
- Feeling like you're coming down with something?
- Rashes?
- Bruises? (Do a quick body check to observe)
- Cuts? (Do a quick body check to observe)
- Stitches? (Nurse needs to see)
- Recent injuries?

3. Check and record temperature.

4. Check head for nits (lice eggs) and record.

\* IF THERE'S ANYTHING YOU'RE NOT SURE ABOUT, OR THINK YOU NEED A SECOND OPINION ON, SEND TO THE NURSE.

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# Koinonia Emergency Numbers

**Koinonia Conference Grounds**

**1605 Eureka Canyon Road, Watsonville, CA 95076**

**P: (831) 722-1472 | F: (831) 722-1523 | C: (831) 251-0345**

**www.gotocamp.org**

**\*PLEASE REFER TO THIS LIST FOR ONSITE EMERGENCIES. RESPECT THE PRIVACY OF OUR STAFF BY KEEPING THIS INFORMATION TO YOUR GROUP LEADERS.**

## **Dave Breuninger – Executive Director**

On Site: Extension 106

After Hours: (831) 722-1267 home

(831) 332-7171 cell (no cell service at home)

## **Daryl Breuninger – Facilities & Adventure Program Manager**

On Site: Extension 117

After Hours: (831) 345-1881 cell

## **Pablo Dillon – Guest Services Manager**

On Site: Extension 103

After Hours: (831) 722-2452 home

(831) 685-5544 pager

(831) 251-0345 cell (no cell service at home)

Home Extension 113

## **Kathy Varni – Food Service Manager**

On Site: Office Extension 109/Kitchen Extension 110

After Hours: (831) 724-6732 home

(831) 707-4095 cell (no cell service at home)

Home Extension 119

## **Joah Widman – Program Manager**

On Site: Office Extension 105

After Hours: (831) 722-3767 home

(925) 813-4550 (text only)

Home Extension 118

**In case of serious emergency, call 911 immediately, then call the numbers on this list, until you get in touch with a manager. Thank you.**

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