

LOS ANGELES NYI

SUMMER CAMP

ENDGAME

JUNE 24 - 28, 2019

DATE

JUNE 24-28, 2019

COST

\$250

CAMP

QUAKER MEADOW CAMP

Youth Leaders, Pastors, and Parents,

This is Tim Olson and I serve as an Associate Pastor at Valley View Church of the Nazarene in Lancaster. It's my privilege to once again serve as your camp director for our District NYI this summer. The theme for this year's camp is "**Endgame**" where we will unpack the questions, "Why follow Jesus now? Is there more to being a Christian than where one goes after this life?". Our theme verse is 2 Corinthians 4:10, "*We always carry around in our body the death of Jesus, so that the life of Jesus may also be revealed in our body.*" I am pleased to report that over the last four years the number of students attending camp has increased and this summer will certainly be no different. Since Nazarene Youth Conference begins in Phoenix less than two weeks after camp ends, the \$250 camp registration price has **already been included** in the \$1,500 registration price for each student attending NYC!

Why go to a district camp instead of Hume or your own church camp?

1. **We express our value of unity** by building a community of love and accountability that extends beyond the local church. At camp we aim for the teens to build friendships that will be life-long.
2. **We celebrate and support all parts of the body**, big and small. The participation of large and small churches together enhances our district camp ministry. For example, I am in a smaller church with a comparatively large youth group. If it wasn't for my fellow churches sending kids to our camp, my teens wouldn't have the opportunity to attend a camp at all. I am so grateful for those who enable us to be a part of something big!
3. **We build on our Nazarene community** at camp.
 - PLNU worship bands lead music and participate in our camps, bridging our churches, students, and university.
 - We bring in Nazarene speakers who specialize in reaching teenagers with their messages, being both relevant and inspiring.
 - Camp becomes a space and place where we can celebrate the diversity on our district!
 - With our camp having Nazarene roots in our leadership, we help our teens connect with our denomination and invest in our future.

I hope you are considering attending our District NYI camp this June! With the support of all of our churches we can continue to have life-changing summer camp experiences together where our teens from different walks of life make lasting memories and connect with Christ in a meaningful way. If you have any questions about the info in this packet, or about how we run things at camp, don't hesitate to contact me! Last but not least, please be in prayer for our camp.

In Christ,

Tim Olson

Valley View Church of the Nazarene (Lancaster)

Email - olsonfiles@msn.com

CHECK IN & OUT TIME	<i>CHECK IN</i> between 3p - 4:30p on Monday, June 24. Dinner will be first meal. <i>CHECK OUT</i> at 10-11a on Friday, June 28. Breakfast will be our final meal
DIRECTIONS TO CAMP	Quaker Meadow Christian Campground is located at Western Divide Highway and Forest Route 21S78, Springville, CA 93265. These can be found at the bottom of the the "Camp Contact" page on the campgrounds website. The full link for that page is below: www.quakermeadow.org/contact
STUDENT COST	\$250 per student <i>if registration is postmarked by Monday, June. 3rd</i> . For those attending NYC19 your camp costs have already been included in the cost of NYC19 and you will not need to pay an additional \$250 to attend camp. Registration postmarked after Monday, June 3 rd is \$287. All camp registration and liability forms must be filled out and sent together with one church check (one for deposit and one for final payment) made out to Los Angeles NYI . You can send checks and forms to: Tim Olson 42338 30th Street West Lancaster, CA 93536
COUNSELOR COST	\$150 per person. All counselors must fill out the counselor application. Churches are responsible for maintaining a 1:7 ratio of adults to students.
CAN'T SEND COUNSELORS	Students will be put paired with another youth group for games and discussions after services that will form their "camp youth group" with a leader. <i>Please let Tim Olson (olsonfiles@msn.com) know if your church is unable to send adults with your students to camp by June 3rd.</i>
FREE TIME ACTIVITIES	Include a swimming pool, archery, zipline, night hikes, mud pit, basketball, foosball, pool tables, ping pong, snack bar, volleyball, and grass field for various games! See more info about the camp at www.quakermeadow.org .
ATTIRE	All attire should be modest (this includes clothes and swimsuits).
CAMP MEDIC	We will have an acting camp medic who will care for and administer any prescription drugs, as well as respond to medical emergencies. All medications are to be checked in with him/her at registration.
DRESS UP NIGHTS	We will have three <i>optional</i> "dress up nights" for dinner to win prizes with these themes: (1) Twin Night, (2) Comic book Heroes & Villains and (3) Like your youth pastor

CHECK LIST



Complete LANYI District Camp Registration Form



Complete Quaker Meadow Camp Forms



Submit completed forms to your church/youth pastor



Submit payment for camp to church/youth pastor



Learn travel plans (days and times) to and from camp from your church/youth pastor



Check packing list and prepare for camp



Show up to camp!

Completed forms and money are **DUE** June 3, 2019
If registration is postmarked June 4, 2019 or later the cost increased to \$287

Our service for Christ is very important. It requires much prayer, careful thought and obedience to the Holy Spirit. Please complete your application carefully and prayerfully, answering each question honestly before God. Counselor applications are required for everyone desiring to be a counselor regardless of previous Counselor experience, even at past LA District Camps.

Name: _____ Male Female

Address: _____ City: _____ Zip: _____

Phone _____ E-mail _____

Marital Status: Single Married Separated Divorced Widowed

Number of children _____ Ages of children _____

Your Church _____ Years attending _____

Are you a member? Yes No How active are you? Weekly Monthly Occasional

T-Shirt Size: XS S M L XL XXL

MEDICAL INFORMATION

In an emergency, notify _____

Relationship _____ Phone _____

Are you in good health? Yes No If no, explain _____

Any physical handicaps that would limit your role as a counselor? Yes No

If yes, explain _____

Are you taking any medications? _____ If yes, explain _____

Any other medical information we should know _____

Personal Physician _____ Phone _____

Medications currently taken: _____

CONSENT AND LIABILITY

Herein "Counselor" _____

Herein "Organization": Los Angeles District NYI

Herein Agent: Los Angeles District NYI, Event directors and all staff approved by LANYI leadership

General Release Waiver

The Counselor has asked the Organization to be allowed to participate in the Organization's summer camp program. Activities during this program may include but are not limited to Archery, Rock Climbing, Water Sports, and Challenge Course Elements. The Counselor acknowledges that activities involve physical exertion and other risks; is aware of the risk of injury to individuals participating or observing the activities, including, but not limited to permanent disability, blindness, loss of hearing, and death; Recognizes the need to participate in the activities according to the rules which have been given and to follow directions given; Understands that it is each participants responsibility to wear any safety gear deemed necessary by the Organization; Warrants and acknowledges that his/her physical and mental condition will enable him/her to participate safely in the activity. The Counselor hereby waives and releases any and all claims, demands, actions, causes of action and rights, (contingent, accrued, inchoate, or otherwise), defend, and hold the Organization harmless from and against any and all claims, liabilities, expenses, damages, losses, causes of action, and suits (including, without limitation, attorneys' fees and costs) arising out of, or any way related to the participation in activities at the summer camp program, whether caused by the Organization's active or passive negligence or otherwise.

Image Release Waiver

The Counselor gives permission to the Organization to use any photographs, videos, or audio recordings of him/her, or said minor, for promotional materials, including internet postings, without expectation of compensation, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs, videos, or audio recordings.

Medical Release Waiver

The undersigned gives permission to the Health Supervisor to provide or arrange necessary transportation and to secure and administer proper treatment as needed and gives permission to release any records necessary for insurance purposes

I HAVE CAREFULLY READ THIS CONSENT TO TREATMENT OF MINOR AND RELEASE OF LIABILITY AGREEMENT BETWEEN COUNSELOR AND ORGANIZATION, AND SIGN IT OF MY OWN FREE WILL.

Counselor's Name _____

Counselor's Signature _____ Dated _____

LOS ANGELES DISTRICT NYI

I hereby approve this church activity application/registration and waive all claims against Los Angeles District NYI, its officers and representatives, incident to this activity. I understand that all participants are restricted from possessing fireworks, weapons, tobacco, alcohol, and other chemically abusive substances and hereby give permission to event executive staff (no less than 2) to search my belongings for such substances if given reasonable cause.

I HAVE CAREFULLY READ THE ABOVE WAIVER STATEMENT AND SIGN IT OF MY OWN FREE WILL.

Please Print Name _____

Signature of Counselor _____ Date _____



Quaker Meadow CHRISTIAN CAMP

F002-VOLUNTARY DISCLOSURE
MUST BE COMPLETED FOR ALL LEADERS,
STAFF, & COUNSELORS
Must be completed and re-signed yearly

Name: _____ Birth Date: _____

Home address: _____

Other names by which known (e.g., maiden name): _____

Home phone: _____ Email: _____

Driver's License #: _____ State: _____ Expiration: _____ Do Not Call Do Not Mail Do Not Email

Previous residence(s) for last five years: (Include college and home residences. Continue on a separate sheet, if necessary)

City: _____ State: _____ Years: _____

City: _____ State: _____ Years: _____

1. Have you ever been convicted of any crime including, but not limited to, any crime similar in manner to children and/or your conduct with them, Indecent assault and battery on a child under fourteen, Indecent assault and battery on a mentally retarded person, Indecent assault and battery on a person who has obtained the age of fourteen, Rape, Rape of a child under sixteen with force, Assault with intent to commit rape, Kidnapping of a child under sixteen with intent to commit rape, Distribution and trafficking of narcotics or other controlled substances, or Intent to commit any of the above crimes?
 Yes No

2. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?
 Yes No

3. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?
 Yes No

4. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?
 Yes No

I understand that eligibility may be denied to any person who answers "yes" to any one of questions 1-4. If circumstances indicate a "yes" answer to any of the above questions, eligibility may be terminated immediately. The information provided on this form is subject to verification, which will include a background check. Employment or volunteer service of any person may be terminated if that person is found, regardless of when discovered, to: have a history of complaints of abuse of a minor; have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or have falsified or omitted information in this disclosure statement. If you answered yes on any of the above questions, please explain on a separate sheet.

Signature of Applicant: _____ Date: _____

Signature of Minor's Parent/Guardian: _____ Date: _____

VOLUNTEERS ONLY. The Volunteer, with full knowledge of his/her rights, does hereby freely, voluntarily, and without duress execute this Waiver and Release under the following terms: Volunteer understands that he/she is donating their services without promise, expectation or receipt of compensation. The Volunteer understands that Quaker Meadow Christian Camp does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to arrive with medical or health insurance in effect. Volunteer has executed this Waiver and Release.

Signature of Volunteer: _____ Date: _____

Group Director's Statement: Background checked with *either*: NSOPW (www.nsopw.gov)
 LIVE SCAN (www.ag.ca.gov/fingerprints)

Person who organized background check: _____ Phone: _____

Background Approved?: Yes No Signature: _____ Date: _____

Group Health Supervisor's Statement. Individual has been trained in the principles of First Aid & CPR.

Group Health Supervisor (sign): _____ Date: _____