

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

Office - (661) 943-1415

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. <u>Please let Tim Olson (olsonfiles@msn.com) know if your church is unable to send adults with your students to camp by June 3rd.</u>
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

What to bring

- Sleeping Bag & Pillow
- Towel
- Clothes for 5 days (plus one set of "get dirty" clothes)
- Socks
- Underwear (someone always forgets)
- One pair shoes to run in
- Toothbrush/paste
- Soap/soap holder
- Shampoo
- Deodorant
- Sweatshirt or light jacket
- Modest Swimsuit
- Sunscreen

- Plastic Bag for dirty clothes

- Bible & Pen
- Bug Spray (Mosquitoes can be BRUTAL at night)
- Flashlight (optional, only really needed if you do the night hike)
- Any needed medicines **Note:** All prescription medication must be checked in with camp nurse upon arrival.

Optional:

- Dress up night clothes
 - Twin Night
 - Comic Book Heroes & Villains
 - Like Your Youth Pastor
- Snack bar money

What NOT to bring:

- Fireworks
- Weapons of any kind (including knives used for any purpose e.g., pocket knives you consider "tools")
- Illegal substances of any kind (including but not limited to cigarettes, recreational drugs, alcohol)
- Immodest clothing
- Vaping paraphernalia
- **Note:** All prescription medication must be checked in with camp nurse upon arrival.

* **Keep in mind that cell phones WILL NOT WORK on the mountain**, and bringing them increases the chance that they might be lost/stolen.

Your church or the camp will not be responsible for anything you bring that is lost or stolen, so please leave valuables at home.

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

Name of Student: _____ Male Female
 Address: _____ Age: _____ Grade: _____
 City: _____ Zip: _____ E-mail: _____
 Parent Name(s): _____
 Home phone #: _____ Cell#: _____
 Church: _____
 T-Shirt Size: XS S M L XL XXL

MEDICAL INFORMATION

Health History

Date of last Tetanus shot (DPT): Month/Year_____/_____
 Asthma Other Allergies
 Hay Fever Chicken Pox Bleeding/Clotting Disorder
 Drug Allergy Measles Emotional Handicap
 Insect Sting Allergy Mumps Physical Handicap
 Diabetes Seizure Disorder Other_____

If you have checked any of the above, please give details: _____

Medications currently taken: _____

(Pharmacy labeled containers preferred or must send written instructions by parent or guardian.)

Activity Restrictions: _____

IMPORTANT: Please check if your child has been exposed to a communicable disease or has been ill in the last three weeks.

If you checked the above, give details: _____

Insurance Company: _____ Policy # _____

Claims Office Address _____ Phone# _____

Employer Name & Address _____

Second Parent Address: _____

Pediatrician/Doctor Name & Phone: _____

CONSENT AND LIABILITY

Herein "Parent" _____ Herein "Minor" _____

Herein "Organization": Los Angeles District NYI

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

The above-named Parent of the Minor has entrusted the Minor into the care of the Agent, an adult, and a duly authorized representative of the Organization, while the Minor participates in an activity sponsored by the Organization, and for the welfare of the Minor.

The Parent does hereby authorize the Agent as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the California Medical Practice Act or of the laws of the State or Country in which the medical care is being sought, and on the medical staff of any hospital; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Minor by any dentist licensed under the California Dental Practice Act or the laws of the State or Country in which the dental care is being sought. It is understood that this authorization is given in advance of any X-ray examination, anesthetic medical or surgical diagnosis or treatment or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California, and similar provisions of the laws of the State or Country in which the medical or dental care is being sought. The Parent hereby authorizes any hospital, which has provided treatment to the Minor to surrender physical custody of the Minor to the Agent upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California, and similar provisions of the laws of the State or Country in which the medical or dental care is provided.

The Parent hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the Agent and the Organization, under this authorization. Furthermore, Parent voluntarily releases, discharges, waives and relinquishes all claims that they may have against Agent or Organization, its officers, employees, and volunteers for any and all claims, actions, or causes of action for personal injury, property damage or death occurring to Minor arising out of Organization's administration of or failure to administer medicine or medication to Minor, save and except only those claims due to Organization's fraud or willful injury to the person

or property of Minor. These authorizations shall remain effective until December 31, 2019, unless sooner revoked in writing delivered to said Agent. No oral representations, statements, or inducements have been made by or between the parties to this Agreement with respect to the subject matter of this Agreement apart from the matters set forth within this Agreement. The Parent hereby authorizes said Agent to use photos of minor on forms, brochures, and Internet for promotional purposes of future events.

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

Parent's Name _____

Parent's Signature _____ Dated _____

Family Code of California, Section 6910 The Parent or Caregiver of a minor who is a relative of the minor and who may authorize medical care or dental care under Section 6550 may authorize in writing an adult into whose care a minor has been entrusted to consent to medical care or dental care, or both, for the minor.

Family Code of California, Section 6901 "Dental Care" means X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care by a dentist licensed under the Dental Practice Act.

Family Code of California, Section 6902 "Medical Care" means X-ray examination, anesthetic, dental 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 or surgeon licensed under the Medical Practice Act.

Health & Safety Code, Section 1283(a) No health facility shall surrender the physical custody of a minor under 16 years of age to any person unless such surrender is authorized in writing by the child's parent, the person having legal custody of the child, or the caregiver of the child who is a relative of the child and who may authorize medical care and dental care under Section 6550 of the Family Code.

LOS ANGELES DISTRICT NYI

An insurance policy maintained by the Los Angeles District NYI is designed to cover students from the time they depart until the time they return home from a church event. However, this insurance applies only if the individual student's health insurance, which is primary coverage, does not apply or is exhausted, and applies to accidents only. Students shall be responsible for the purchase of any pharmaceutical supplies or medicine.

I hereby approve this church activity application/registration and waive all claims against the Los Angeles District NYI, its officers and representatives, incident to this activity. I understand that students 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 child's belongings for such substances if given reasonable cause. I further understand that in the event of any emergency, medical or disciplinary reasons, the parent/guardian may be required to transport his/her child at any time during the activity.

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

Parent's Name _____

Parent's Signature _____ Dated _____

(Students covered by Medicare/Medical must provide stamps.)



Quaker Meadow

CHRISTIAN CAMP

Form F001: RELEASE WAIVER
HEALTH HISTORY-HEALTH SCREENING
*This form must be completed annually
for all individuals.*

Participant (Print): _____

Group's Name: _____

Event Dates: _____

Counselor's Name: _____

Signature: _____ Date: _____ Age: _____ Gender: Male / Female

Health Information: You may opt out by checking the following statement: I decline to provide personal health information.
Describe health conditions requiring medication (include dosage), treatment, special restriction or consideration while on site.

Date of last tetanus shot: _____

List any other immunizations & dates: _____

List any allergies: _____

Group Health Supervisor (Sign): _____

Date: _____

General Release Waiver

The undersigned, or on behalf of said minor, has asked Quaker Meadow Christian Camp (hereinafter "Quaker Meadow") to be allowed to participate in the activities offered at Quaker Meadow. Activities may include but are not limited to Archery, Rock Climbing, Water Sports, and Challenge Course Elements. The undersigned 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 by any the Activity Coordinator(s); Understands that it is each participants responsibility to wear any safety gear deemed necessary by Quaker Meadow; Warrants and acknowledges that his/her physical and mental condition will enable him/her to participate safely in the activity. The undersigned, or on behalf of said minor, hereby waives and releases any and all claims, demands, actions, causes of action and rights, (contingent, accrued, inchoate, or otherwise), defend, and hold Quaker Meadow 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 Quaker Meadow, whether caused by Quaker Meadow's active or passive negligence or otherwise.

Image Release Waiver

The undersigned gives permission to Quaker Meadow 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.

Transportation Waiver (Minors)

The undersigned hereby requests and authorizes said minor to travel to any or all activities and events located away from Quaker Meadow by traveling with the person of said minor's choice or by operating his/her own motor vehicle or a motor vehicle provided by another. The undersigned clearly understands the risks associated with said minor's travel and assumes all risks thereof.

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.

Emergency Contact Information: Mr. Mrs. Ms. _____

Relationship: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ **Cell/Work:** _____

E-mail: _____

Parent/Guardian (Print): _____

Parent/Guardian/Camper Signature: _____ **Date:** _____