

Teen Camp 2017

Information Guide

When: Monday, June 19 (**10 a.m.**) – Friday, June 23 (**Noon**)
Meet at The Hangar on Monday morning.

Where: Thousand Pines Christian Camp in Crestline, CA

Cost: \$305 per person (includes Monday dinner through Friday breakfast)
All forms and a non-refundable \$50 deposit are due by Sunday, May 28 to register. Availability is not guaranteed after this date, and the price increases to \$335. Final payments are due by **Sunday, June 4.**

Guest Speaker: Pastor Jeff Redlin, Front Range Baptist Church, Fort Collins, CO

What to Wear: It is our desire to be a godly testimony as a youth group in both our behavior and our dress. Clothing should be modest and should not advertise a worldly lifestyle.

Guys can wear long shorts or jeans and t-shirts for morning sessions and activities. Collared shirts and dockers or nice jeans should be worn each night for dinner and evening services. Tight, thin, or short swimwear is not permitted. Shirts must be worn to and from the pool with swim trunks.

Girls can wear knee-length culottes/basketball shorts and t-shirts for morning sessions and activities. Knee-length skirts or dresses should be worn each night for dinner and evening services. No tank tops, low-cut, immodest, or tight-fitting clothing should be worn. One-piece bathing suits for swimming. Shirts and knee-length culottes/basketball shorts must be worn over swimsuit to and from the pool.

What to Bring: Money for lunch on Monday, Bible, pen, flashlight, water bottle, chapstick, light jacket or sweater, sleeping bag/bedding, pillow, bath articles, towels, swimwear, sunblock, spending money, a good attitude, and a soft heart

What Not to Bring: Earbuds, gaming devices, anything illegal, any type of weapon, pranks, a bad attitude, or foul language

Note: Cell phones will be collected on Monday and returned on Friday.

Basic Schedule:

- 7:00 a.m. Rise and Shine
- 8:00 a.m. Breakfast
- 8:45 a.m. Cabin Cleanup
- 9:15 a.m. "God and I Time"
- 9:45 a.m. Senior High Morning Session/Junior High Competition
- 10:45 a.m. Junior High Morning Session/Senior High Competition
- 12:00 p.m. Lunch
- 12:45 p.m. Afternoon Competition
- 1:30 p.m. Free Time (Swim Time: Girls 1:45, Guys 3:00)
- 6:00 p.m. Dinner
- 7:30 p.m. Evening Service
- 9:30 p.m. Snack Shop
- 10:15 p.m. Cabin Devotions
- 10:30 p.m. Lights Out

Contact: In case of an emergency, you can contact the following:

Thousand Pines Camp	888.423.2267
Lancaster Baptist Church	661.946.4663
Brother Larry Chappell	661.917.9830 (cell phone)
Brother Jon Sisson	661.406.2914 (cell phone)
Brother Isai Gonzalez	661.917.4963 (cell phone)
Brother Trevor Linder	661.350.5951 (cell phone)



Registration and Medical Release Form

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Teen's Name: _____ Grade (in the fall): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Home Dad's Cell
 Teen's Cell Mom's Cell

Age: _____ Date of Birth: ____/____/____ Roommate Request: _____

Who can we contact if we have questions about your registration? *Note: We will do our best to accommodate requests submitted by May 28 for friends in the same grade.*

Name: _____ Phone or Email: _____

HEALTH INFORMATION

In case of emergency notify: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other: _____

Please explain any physical or medical conditions or restrictions and indicate the nature and extent:

Any medications being taken on this trip? _____

Is your child allergic to any medications? _____

In case of an emergency, I hereby give permission to the physician selected by the Lancaster Baptist Church Youth Leader to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. It is understood that the church and doctor will make every effort to contact the parent/guardian of the child before treatment. I hereby release Lancaster Baptist Church of all liability.

Parent or Guardian Signature

Date





Camper Registration Form

Date attending camp: 06 / 19 - 23 / 2017
 Month Day - Day Year

Church/Group Name: Lancaster Baptist Church Church/Group Phone: 661.946.4663
 Type of camp attending: Elementary Jr. High High School Jr. High/High School Combo Adult Family

Camper's Name: _____ Date of Birth: _____ Gender: M F
 (Last) (First)

Name of Parent or Guardian (if applicable): _____ Home Phone: _____ Cell: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Address: _____ Phone Number: _____

Physician: _____ Address: _____ Phone Number: _____

E-mail Address: _____ Would you like to receive our newsletter? Yes or No

CAMPER (whether Adult or Minor) HEALTH INFORMATION AND AUTHORIZATION FOR TREATMENT

<input type="checkbox"/>	Check ALL applicable conditions	<input type="checkbox"/>	Recent Broken Bone or Other Injuries
<input type="checkbox"/>	Bee Sting or Insect Bite Reactions	<input type="checkbox"/>	Type of Injury: _____ Date of Injury: _____
<input type="checkbox"/>	Food Allergies	<input type="checkbox"/>	Activity Restrictions: _____
<input type="checkbox"/>	Hay Fever/Sinus Problems	<input type="checkbox"/>	Other Restrictions: _____
<input type="checkbox"/>	Asthma Sending RX <input type="checkbox"/>	<input type="checkbox"/>	Recent Surgery Type: _____ Date of Injury: _____
<input type="checkbox"/>	Back or Neck Problems	<input type="checkbox"/>	Date of surgery: _____ Activity Restrictions: _____
<input type="checkbox"/>	Bedwetting (currently)	<input type="checkbox"/>	_____
<input type="checkbox"/>	Bowel Problems	<input type="checkbox"/>	Vegetarian
<input type="checkbox"/>	Epilepsy or seizure disorder	<input type="checkbox"/>	Sleep Walking (history of)
<input type="checkbox"/>	Fainting	<input type="checkbox"/>	ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Sending RX <input type="checkbox"/>
<input type="checkbox"/>	Headache	<input type="checkbox"/>	Diabetic
<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Special Ed <input type="checkbox"/> IEP <input type="checkbox"/> Psychiatric/Emotional Illness _____
<input type="checkbox"/>	Nose Bleeds	<input type="checkbox"/>	Child requires medical aide/supervision at all times

Briefly explain ALL items checked above and explain other medical or dietary issues not listed (use additional sheets if necessary).

What allergies may the camper have that you would like us to be aware of? _____
 Does the camper have any dietary modifications? Yes or No Is yes, please list _____
 Has the camper been diagnosed with any type of disease you would like us to be aware of? Yes or No
 If yes, please list and explain _____
 Is the camper up to date on all immunizations? Yes or No
 Relatives' names and ages if also attending camp _____
 Any additional information: _____

Prescriptions for minors: (including Asthma/ADD/Insulin/Epi-kit): Any prescribed medicine or inhaler must be given to the sponsoring organization for camper's use under supervision. All medications must be sent in their original prescription container.

- Are you sending prescription or non-prescription medication with your child? Yes No
- If yes, please list and detail dosage information: _____

Has your child been exposed to any communicable disease within the past month? Yes No
 If yes, please specify the disease: _____ Date of last known Tetanus shot: _____

Medical Insurance Information
 Private Insurance Name: _____ Policy #: _____
 Primary Insurer's Name: _____ Medi-Cal Coverage Policy #: _____

Non-Prescription Medication Available at Thousand Pines

The medications listed below are kept in stock; **do not feel obligated to send any of these items.** Please check each box below to indicate your permission for the listed medication to be administered by the Camp Nurse or an authorized staff member. **We will not administer any medication without your authorization.**

YES	NO		YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Benadryl (itch, insect bite, sinus)	<input type="checkbox"/>	<input type="checkbox"/>	Pepto Bismol (diarrhea)	<input type="checkbox"/>	<input type="checkbox"/>	Tylenol (head/muscle aches/cramps)
<input type="checkbox"/>	<input type="checkbox"/>	Caladryl Lotion (poison oak)	<input type="checkbox"/>	<input type="checkbox"/>	Hydrocortisone Cream (itch/rash)	<input type="checkbox"/>	<input type="checkbox"/>	Cough Drops (cough)
<input type="checkbox"/>	<input type="checkbox"/>	Mylanta/Tums (upset stomach)	<input type="checkbox"/>	<input type="checkbox"/>	Polysporin Topical (minor cuts/burns)	<input type="checkbox"/>	<input type="checkbox"/>	Milk of Magnesia (constipation)
<input type="checkbox"/>	<input type="checkbox"/>	Robitussin (cough)	<input type="checkbox"/>	<input type="checkbox"/>	Betadine (disinfectant)	<input type="checkbox"/>	<input type="checkbox"/>	Ibuprofen (pain reliever, fever reducer)
<input type="checkbox"/>	<input type="checkbox"/>	Claritin (allergies)	<input type="checkbox"/>	<input type="checkbox"/>	Non-Pseudo (sinus)	<input type="checkbox"/>	<input type="checkbox"/>	

Please initial all four yellow boxes and sign below

Authorization For Medical Treatment – INITIALS REQUIRED OR CAMPER CANNOT BE TREATED:
Initials I hereby authorize emergency medical or surgical care at the nearest hospital, should a medical emergency arise. I further authorize Thousand Pines personnel to assist me (or my minor/child) in the use of the medications indicated above and those listed on the prescription section of this form.

Video & Photo Information
Initials Thousand Pines produces a weekly video recapping the activities the campers participated in, and the information they learned. The videos are primarily used for the guest's enjoyment, on our website, in a promotional presentation, or as a general-purpose preview of the Thousand Pines experience. These videos are solely the property of Thousand Pines C.C. and are given to participants as a keepsake. They are not to be used for commercial means.

Physical Activity Release
Initials Camp activities include but are not limited to swimming, ropes course, skate-park, paintball, mountain bikes, team recreation, etc. There are risks of physical injury or harm from participating in activities. I voluntarily elect myself (or my minor/child) to participate in the activities and assume the risks of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Thousand Pines, its officers, employees, and agents from all liability for any injury or harm to me (or my minor/child) from participating in said activities. I have read and understood this release of liability.

Behavior Agreement/Discipline Policy
Initials Please review the following camp rules and consequences for breaking the standards (and share with your minor/child if applicable). These simple standards will help ensure that every camper has a safe and successful experience.

1. Follow all normal organization/church/camp standards. Abide by all communicated camp guidelines.
2. Respect the rights of all people and their belongings. Be respectful towards and follow directions of all leadership/staff.
3. Participate in activities and maintain a good attitude. Use appropriate language at all times.
4. Keep hands, arms, and legs to yourself. Fighting, play fighting, roughhousing, and wrestling are not permitted.
5. Leave these items at home: alcohol, tobacco, all electronic devices, knives, weapons, matches/lighters, and valuables.
6. Be where you're supposed to be, Do what you're supposed to do, and Use Common Sense.

If I don't follow these standards, I realize that I am choosing to accept the consequences for my behavior:

1. Be restricted from fun activities
2. Have to spend part or all of free time in work projects.
3. Call home to parents/guardians (if minor/child)
4. Be sent home and excluded from further attendance.

The following behaviors are examples of what a misbehaving camper could be sent home for:

1. Hitting, fighting with, or threatening another camper
2. Vandalism, theft, or other inappropriate behavior
3. Being in the opposite gender's cabin
4. Repeated violation of camp guidelines

I have reviewed the Thousand Pines Behavior Policy (with my child if a minor) and understand that all standards continue while in attendance at Thousand Pines. Should there be any serious difficulty with following the expectations, I support the implementation process (above) and, if necessary will leave the premises or bring my minor/child back home. I understand that I may lose my privilege to attend Thousand Pines if I fail to follow them.

Signature of camper (if minor child) _____ **Date:** _____

Signature of camper or parent/guardian of minor child _____ **Date:** _____

I have reviewed all of the above policies and guidelines of Thousand Pines C.C. and I agree with all the statements above.

Group Leaders Name: Larry Chappell **Cell Phone Number:** 661.917.9830

Please Print