

THE ROCK COMMUNITY CHURCH

WINTER CAMP 2012 INFO SHEET

CHILDREN'S CAMP: FEB 3-5

STUDENTS' CAMP: FEB 10-12

WHAT TO EXPECT:

Children 's and Student Ministries will enjoy 3 days in the mountains experiencing (hopefully snowy) activities, worship, Biblical teaching and delicious food. Girls and guys will stay in separate cabin lodging equipped with heaters, bunk beds and separate shower facilities. Bunk beds do not come with linens, so be sure to bring a sleeping bag and pillow. There is at least one adult leader per cabin room. Expect chilly nights and cool temperatures during the day. See reverse for packing list and various activities.

Check in: **Children:** Friday, February 3 from **1:00-1:30 PM**
 Students: Friday, February 10 from **1:00-1:30 PM**

A parent/guardian must be present. **Thank you in advance for understanding that we cannot check any camper in prior to 1:00PM.** You **must** contact Lindsey at LindseyL@psalm61.org by the Monday before camp if you need to make other arrangements. **Please eat lunch** before you arrive.

Required @ Check-In:

- 2012 TRCC Medical Form
- Thousand Pines Registration Form
- TRCC Information Form
- Payment for remaining balance
- Reusable Water Bottle labeled w/name

Check Out: **Children:** Sun, Feb 5 @ **2:15 PM**
 Students: Sun, Feb 12 @ **2:15 PM**

Check the Event Info Line on **Sunday** at **1:30 PM** for expected arrival time (see Event Info Line below). A parent/guardian **must be present.** Please notify Lindsey at LindseyL@psalm61.org if someone other than the parent/guardian is picking up your camper.

Camp Information:

Thousand Pines Christian Camp & Conference Center
Street Address: 359 Thousand Pines Road, Crestline, 92325

For Emergencies: If you have a serious family emergency and need to contact your camper, please call Thousand Pines at 1-888-423-2267 or (909) 338-2705

The Rock Community Church Staff Contact:

Alma Townsend Cell: 714-803-4516

*The Staff Contact is staying locally in Orange County. In a genuine emergency, please **FIRST** contact Thousand Pines directly.*

Camp Security: For the safety of all campers, Thousand Pines **DOES NOT** allow visits by anyone other than church staff during camp. Early arrival or pick-up of campers by parents is permitted in certain cases — they must be arranged in advance with the church staff.

Event Info Line: **714-692-1613**

We will update the church event info line with a recorded message on *Friday (by **5PM**)* to let you know we've arrived safely and *Sunday (by **1:30PM**)* to let you know our expected return time.

SEE REVERSE FOR "WHAT TO BRING"

WHAT TO BRING Checklist:

Please avoid preventable heartache; do not send anything that is irreplaceable.

What to Bring:

A "Must Do" for Your Belongings:

- Label everything you want back with a **permanent marker**.
- Luggage should be **clearly labeled**. Put the camper's name, phone number, and church inside the luggage.

The Essentials:

- __ Sleeping bag and pillow in a trash bag with your name on the outside
- __ Bible (and pens) – be sure your camper's name is in it!
- __ Bath towel
- __ Flashlight (w/extra batteries)
- __ Watch (you'll want to be on time to meals & games!)
- __ A Reusable water bottle

General toiletries: soap, toothpaste, toothbrush, shampoo, towel, washcloth, etc.

- __ **Chapstick**
- __ Sunscreen

Clothing for 3 days: (cool days/cold nights)

- __ Plenty of clean socks & underwear
- __ Warm Outer Wear—jacket, scarf, hat, gloves, snow gloves
- __ At least one pair of long pants and Sweatshirt (expect to get wet, so pack extras)
- __ Pajamas
- __ Shoes & extra shoes or boots—expect mud

Medications:

All medication must be:

- Listed on the camper's medical form
- In original packaging or clearly labeled with dosage instructions.

For Children: An adult will dispense medications (unless camper needs to keep meds with them ie. inhaler).

For Students: The student will be in charge of his or her medication unless the parent gives written instructions otherwise.

Optional:

- __ Camera
- __ Shower Shoes
- __ Gum
- __ Personal Snacks (trail mix, granola bars, etc)
- __ Snow Pants
- __ Snow Boots
- __ Sled
- __ Spending Money: See Activities/Spending Opportunities for optional additional costs

Activities Offered:

Please note that the students have 4-6 hours of free time for the weekend.

Free Activities:

Foosball, Air Hockey, Ping Pong, Basketball, Board Games, Cards, Tournaments, Sled Hill (weather permitting)

Cost of Activities (prices subject to change):

- Frisbee Golf—\$2 deposit
- Paintball - \$5
- Ropes Course/Zip line - FREE
- Art Shop - By Project \$5-10

Other Spending Opportunities:

- DVD - Free
- Thousand Pines Camp Photo - \$8
- Camp Shirt (made in the art shop) - \$10-\$15
- TRCC Camp Photo: Free

Snacks & Souvenirs: Gift Shop, Malt Shop & Underground Coffeehouse (\$2-3 per item) is open Friday night & Saturday morning, afternoon, & night.

Please DO NOT bring the following items:

- **Cell phones, radios, computers, Ipods or MP3/CD players** *[It's an opportunity to get away and unplug from the world. Remember to bring a watch or alarm clock...you'll want to be on time to meals!]*
- Electronic games/video games
- Weapons (knives or any other item designed to hurt someone)
- Air Soft Guns
- Tobacco, drugs, etc.
- Skateboards or other Recreation Equipment (everything you need is at camp)

If any of these items are brought, they will be held by the staff for the weekend.

Staff (church and camp) is not responsible for lost or stolen items!



Parent/Guardian Consent/Release of all Claims/Medical Information Form

This form covers all The Rock Community Church youth trips/activities/programs/events during the current year of 2012.

To Whom It May Concern: I (parents/guardians name) _____, parent or guardian of (students name) _____ do hereby allow the named child to attend any and/or all youth group activities during 2012 that I deem appropriate. I understand that my child's participation in any trip/activity/program/event indicates my decision to allow his/her involvement therein. I agree and consent to have the staff members, leaders and/or counselors, under whose auspices the program is conducted, and any other worker in the program approved as parent to secure any emergency medical care or treatment that may be necessary for my child during any and all trips/activities/programs/events, including transportation to and from any and all destinations. I further assume all responsibility for the decisions so made, and the emergency care or treatment so secured by and/or for my child. Should I, the participant, be 18 years of age or older, I hereby agree to all of the above concerning myself.

I being 18 years of age or older, do for myself (and on behalf of my child, if said child is not 18 years of age or older), hereby release, forever discharge and agree to hold harmless The Rock Community Church and the directors thereof, from any liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned and/or the child and/or that may occur while said child is participating in any youth group activity.

Furthermore, I (and on behalf of my child if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, or damage as a result of participation in any activities involved therein.

The undersigned further hereby agree to indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant.

(If the participant has not attained the age of 18 years:)

I am the parent or legal guardian of this participant, and hereby grant my permission for him/her to participate fully in said trips/activities/programs/events, and hereby give my permission 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 agree to pay all charges for the dental, medical, or hospital care or treatment. In the event of an emergency, which requires immediate intervention, I grant permission to the Medical Team personnel of The Rock Community Church to intervene as deemed necessary.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that the law requires no consent from any other person.

Further, should it be necessary for the participant to return home due to disciplinary action, for medical or otherwise, I hereby assume all transportation costs.

Participant's Name _____ Date of Birth _____

Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Parent/Guardian Name _____ Home Phone (_____) _____ Cell Phone (_____) _____

Parent/Guardian Name _____ Home Phone (_____) _____ Cell Phone (_____) _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Home Phone (_____) _____ Bus Phone (_____) _____

Name _____ Home Phone (_____) _____ Bus Phone (_____) _____

Allergies _____

Other Medical Conditions _____

Physician _____ Phone (_____) _____

Medical/Hospital Insurance Company _____ Phone (_____) _____

Policy Holder's Name _____ Policy Number _____

Parent/Guardian Signature _____ Date _____

(Parent/Guardian's Signature is required if participant is under the age of 18)

Participant's Signature _____ Date _____

(Participant's Signature is required regardless of age)

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.

Children's & Students' Information Form

Children's Ministries (4th-6th grade) Winter Camp Friday-Sunday, February 3-5, 2012	Student Ministries (Junior High & High School) Winter Camp
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In order to register for Winter Camp 2012,

1. **REGISTER ONLINE** at www.therockcommunitychurch.org
2. Return **THIS** Information Form
3. Return the 2012 TRCC MEDICAL RELEASE FORM for each child
4. Return the Thousand Pines CAMPER REGISTRATION FORM

NOTE: SPACE IS LIMITED! Please register immediately to reserve your space! Your registration will be confirmed by email.

If you have any questions, contact Jenny at jennyj@psalm61.org.

Camper 1: _____ M __ F __ Grade: _____

Birthdate: ___/___/___ School: _____ (4th-6th grd camp) _____ (JH/HS Camp) _____

Cell Phone: _____ Email: _____

Camper 2: _____ M __ F __ Grade: _____

Birthdate: ___/___/___ School: _____ (4th-6th grd camp) _____ (JH/HS Camp) _____

Cell Phone: _____ Email: _____

Camper 3: _____ M __ F __ Grade: _____

Birthdate: ___/___/___ School: _____ (4th-6th grd camp) _____ (JH/HS Camp) _____

Cell Phone: _____ Email: _____

Parent/Guardian's Full Name: _____

Parent/Guardian's Full Name: _____

Address: _____ City: _____ Zip: _____

Home: (____) _____ Parent/Guardian's Email Address: _____ Do you attend The Rock? _____

I have given permission for my child and/or student (above named) to attend the Children's and/or Student Ministries Winter Camp.

Parent/Guardian Consent Signature: x _____ Date: _____

Please register online at www.therockcommunitychurch.org.

If you are in need of a scholarship or payment plan, please contact Jenny Johnson at jennyj@psalm61.org.

* It is the church's philosophy that no child be turned away from a camp, conference, or event due to cost. Across all ministries, all children are encouraged to attend and use a scholarship. We trust the Lord will provide all funds for each child to attend.

If you would like to donate towards Scholarships and Misc. costs not covered by the registration fee, please do so through online giving to Helping Hands. (Donations are tax-deductible & used to scholarship children, pay for counselors to attend, and other costs not covered by the registration fee. If we receive more donations than needed to fund this camp the excess will be used for general operation costs of TRCC, ie. Where needed most. Thank you!!)

Camper Registration Form

This form is required by law to be completed in its entirety for every camper in attendance at Thousand Pines, adult or minor alike.

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

Organization (church or other) Name: _____ Organization Phone: _____

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

Physical Address: _____ City: _____ State: _____ Zip: _____

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

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

Physician: _____ Address: _____ Phone Number: _____

Is the minor/camper attending camp a foster child? Yes or No If yes, from what county? _____

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	Type of Injury: _____ Date of Injury: _____
<input type="checkbox"/> Food Allergies	Activity Restrictions: _____
<input type="checkbox"/> Hay Fever/Sinus Problems	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	Date of surgery: _____ Activity Restrictions: _____
<input type="checkbox"/> Bedwetting (currently)	_____
<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 any other medical issues not listed above (use additional sheets if necessary). Please also disclose any medically necessary dietary requirements.

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	
		Benadryl (itch, insect bite, sinus)			PeptoBismol/Kaopectate (diarrhea)			Tylenol (head/muscle aches/cramps)
		Caladryl Lotion (poison oak)			Sudafed (sinus)			Cough Drops (cough)
		Mylanta/Tums (upset stomach)			Polysporin Topical (minor cuts/burns)			Hydrocortisone Cream (itch/rash)
		Robitussin (cough)			Betadine (disinfectant)			Ibuprofen (pain reliever, fever reducer)
		Claritin (allergies)			Non-Pseudo (sinus)			Milk of Magnesia (constipation)

Authorization For Medical Treatment – SIGNATURE REQUIRED OR CAMPER CANNOT BE TREATED:

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.

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

Video & Photo Information

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 weekly recap presentation, on our website or 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.

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

Physical Activity Release

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.

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

Behavior Agreement/Discipline Policy

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, rough-housing, 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 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.

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

I have reviewed the Thousand Pines Behavior Policy and agree to follow them as outlined. I understand that all church standards continue while at Thousand Pines. I understand that I may lose my privilege to attend Thousand Pines if I fail to follow them.

Camper Signature (if Minor): _____ **Date:** _____

Reviewed By Organization (church or other) staff, Name: _____ Signature: _____ Date: _____

Thousand Pines Christian Camps · 359 Thousand Pines Rd. · PO Box 3288 Crestline, CA. 92325

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