

IMITATE

Calvary Gilroy High School Summer Camp 2012
June 25-29

Four years ago, my wife and I felt like the Lord was challenging us to run our own High School Summer Camp. We knew it would be a lot of work, but no one could have predicted how blessed we would be when it was over. That camp was called **BATHOS**. Two years later we headed up to Lake Tahoe and ran another camp called "**The Resistance**". These camps provided a unique opportunity to scale things down and to focus on what was important. It gave us the privilege of investing in the students individually and to "meet them where they are at" so we could challenge them to take their faith to a deeper level.

Well, we've decided to run our own camp again, and camp is just around the corner. This year's camp is called "**IMITATE**". Based on Paul's statement in 1Corinthians 11:1, "*Be imitators of me, as I am of Christ.*" Paul is an amazing example of a man who loved Jesus and walked closely with Him. So throughout camp, we will be looking at different areas of Paul's life as a Christian that we should imitate. One of the many neat things about this year's camp is that the various messages about Paul's life will be taught by guest speakers whose walks with Christ we would also want to imitate.

We are only 6 weeks out from camp so we need to get sign-ups started a.s.a.p. and locked-in. **IMITATE** is going to be Monday, June 25th – Friday, June 29th at the Petra Springs Christian Campground in Sierra Springs, Ca. If you are scratching your head as to where Sierra Springs, Ca is...I don't blame you. It's 120 miles, northeast of Sacramento in the Tahoe National Forest. By running our own camp, the cost will be significantly lower. The total cost for our camp will be only \$225.00. That cost will include transportation, camp fees, food while at camp, and a t-shirt. While I know that price is nothing insignificant, it is about half the cost of going to a "big camp".

Since spots are limited because of drivers, a non-refundable deposit of \$50.00 is due at the time of signup and will be on a "1st come, 1st served" basis. The remaining balance will be due by the first day of camp June 25th. If a payment plan is requested, please talk to me as soon as you can.

Please fill out the attached camp registration form and medical release forms (there are a few (Calvary Gilroy's and Petra Springs) and turn it in with the deposit as soon as possible.

Feel free to contact me if you have any questions.

Thanks

Justin Richter

Calvary Chapel Gilroy

Pastor of Student Ministries

justin@calvarygilroy.com

408-710-7006

IMITATE

Calvary Gilroy High School Summer Camp 2012 June 25-29

- Step 1) Complete this Camp Registration Form
Step 2) Submit Camper's Documents (registration form and medical release form)
Step 3) Submit Deposit Payment (Non-refundable Deposit is \$50.00 due June 15th)
Step 4) Total cost of camp is \$225.00. Total balance of camp is due on 1st day of camp.
Step 4.5) If payment plan is requested, please work out the details with Justin asap

Camper Information

First Name _____ Last Name _____

Birthday (mm/dd/yyyy) _____ Age at camp time _____

Last Grade Completed _____ Gender Male Female

T-Shirt Size (circle one) XS S M L XL XXL

Please Choose (circle one) Unisex | Fashion Fit (guys) | Fashion Fit (girls)

Parent 1 Information

First Name _____ Last Name _____

Address _____ Preferred Phone _____

Apt/Unit# _____ Other Phone _____

City _____ Email _____

State _____ Zip _____

Parent 2 Information (Complete if different than Parent 1)

First Name _____ Last Name _____

Address _____ Preferred Phone _____

Apt/Unit# _____ Other Phone _____

City _____ Email _____

State _____ Zip _____



"Looking unto Jesus, the Author and Finisher of our faith."
Hebrews 12:2

Sign-Up & Release Form

Activity Title: High School Summer Camp Date(s) 06/25/12 to 06/29/12

(PLEASE PRINT)

Student Name _____ Phone # _____

Address _____ City _____ Zip _____

(PLEASE READ CAREFULLY & FILL OUT COMPLETELY)

I hereby give my permission for my son/daughter to participate in this activity. As the legal parent/guardian of the above, I assume all and full responsibility and liability for any illness, disease, infirmity or alteration in physical condition sustained by any person for any reason whatsoever. I hereby release Calvary Chapel Gilroy, its employees and its officers (including any 'drivers' helping in the transportation of students in an activity) from any and all responsibility and liability in case of illness, accident injury or death and hereby authorize any medial care deemed necessary by an accredited physician, nurse, paramedic, hospital or emergency medical staff while involved in the aforementioned activity. In the event of illness, accident or injury, while the student is in the care of Calvary Chapel Gilroy, I understand and agree that I am financially responsible for any care so provided.

In the event that it becomes necessary or advisable for any reason whatsoever to alter the itinerary arrangements, the leadership reserves the right to make such alterations.

I understand that I will be required to pick-up the aforementioned student at the request of the leaders of this activity if the participant's behavior is contrary to the spirit and intent of this activity.

The signing of this form by the parents or legal guardian shall be deemed consent to the above conditions.

Parent or guardian PRINT / SIGN _____ Date _____

Participating student PRINT / SIGN _____ Date _____

~~~~ ~~~~~~ ~~~~~~ ~~~~~~  
Though we do not anticipate any problems, your child may not be treated by a physician without parental authorization. In the event that such treatment is necessary, you will be called immediately, if possible. If immediate treatment is deemed necessary, we must have your authorization. We want you to be aware that your child will be protected in every way reasonably possible.

Please list any pertinent health information below. Include allergies, drug reactions, chronic ailments and/or prescription medications.

Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Alternate Emergency Contact – Name \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Medical Insurance Phone # \_\_\_\_\_  
Member ID# \_\_\_\_\_

Allergies \_\_\_\_\_

User Groups Camp Director or designated person: \_\_\_\_\_  
Petra Springs Christian Camp Director: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR THIRD PARTY TO CONSENT TO TREATMENT OF MINOR  
LACKING CAPACITY TO CONSENT**

(I)(We), the undersigned, parent(s)/person having legal custody/legal guardianship of (name of minor) \_\_\_\_\_, a minor, do hereby authorize the leader(s) of this activity, described on this form, as agent(s) 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 surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority to the above described agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

This authorization is given pursuant to the provisions of Family Code Section 6910.

(I)(We) hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Family Code Section 6910 to surrender physical custody of such minor to (my)(our) above-named agent(s) upon completion of treatment. This authorization is given pursuant to Health and Safety Code Section 1283.

These authorizations shall remain effective until (month and day) \_\_\_\_\_, 20\_\_\_\_\_, unless sooner revoked in writing delivered to the agent(s) noted above.

# Petra Springs Christian Camp

## Medical Information/History Form

Trip/Activity: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

It is important that **ALL** of the following questions are answered **YES** or **NO**. This information is necessary in helping camp staff be aware of each participant's medical history before going into mountainous or wilderness setting. All information will be kept confidential.

|                                                                                                                   |                      |                                                                                     |                                    |
|-------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------|------------------------------------|
| 1. Respiratory problems?<br>Asthma?<br>If yes, do you carry an inhaler?                                           | YES NO<br><br>YES NO | 2. Neurological problems?                                                           | YES NO                             |
| 3. Diabetes?<br><br>If yes, do you use insulin and how often?                                                     | YES NO<br><br>YES NO | 4. Cardiac problems? If yes, please list:                                           | YES NO                             |
| 5. Knee, hip, ankle, shoulder, arm or back injuries/operations? If yes, circle body part and list date of injury. | YES NO               | 6. Any allergies to plants? If yes, please specify on line 11.                      | YES NO                             |
| 7. Allergic to insect bites or bee stings? List below on line 11.<br><br>If yes, do you carry an epinephrine pen. | YES NO<br><br>YES NO | 7. a. Food allergies?<br>b. Dietary restrictions?<br>c. Vegetarian?                 | YES NO<br><br>YES NO<br><br>YES NO |
| 8. Allergic to any medications? If yes, please specify below on line                                              | YES NO               | 10. Are you currently taking any medications? If yes, please list below on line 12. | YES NO                             |

11. Please list any allergies to medication, food, or insects. **Write N/A if none are applicable.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Please list any medications that you are currently taking.

| Medication | Dosage (amount/frequency) | Side Effects/Restrictions |
|------------|---------------------------|---------------------------|
|------------|---------------------------|---------------------------|

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Swimming ability: \_\_\_\_\_ Non-swimmer    \_\_\_\_\_ Recreational    \_\_\_\_\_ Competitive

14. Date of last tetanus inoculation: \_\_\_\_\_

15. Are you pregnant? No    Yes    If yes, what trimester \_\_\_\_\_

16. Please specify any medical or physical problems that are not covered in the above listed questions that may affect your participation on this trip. **Write N/A if it is not applicable.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person to be notified in case of illness or injury:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Does the participant have insurance? \_\_\_\_\_

Insurance company: \_\_\_\_\_

Policy or certificate #: \_\_\_\_\_

Group #: \_\_\_\_\_

Address of insurer: \_\_\_\_\_

Dental Insurance: \_\_\_\_\_

Dental Policy #: \_\_\_\_\_

I \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_  
(Print Parent's Name) (Print Minor's Name)

do hereby consent to any x-ray examination, anesthetic, emergency dental treatment, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under provisions of the medicine practices act for the aforementioned minor. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

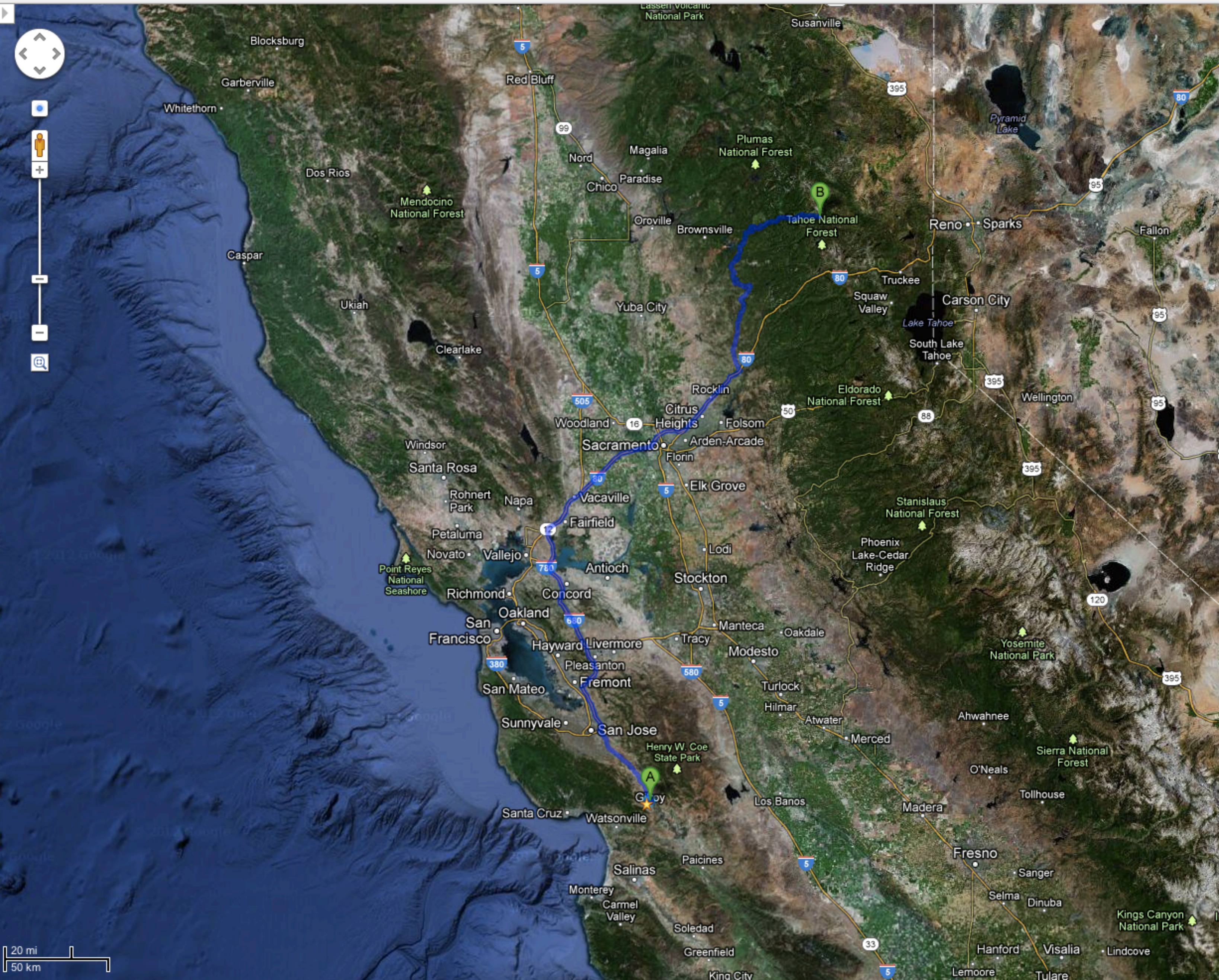
\_\_\_\_\_  
Signature of Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date







# IMITATE

Calvary Gilroy High School Summer Camp 2012  
June 25-29

Monday Morning, June 25<sup>th</sup>

Meet @ the church no later than 7:30am!

## What to Bring

An open heart and good attitude  
Camping clothes (stuff that can get dirty)  
Swimsuit (girls, modest 1piece only or tankini. Guys, board shorts, no speedos)  
Towel  
Camping chair (for lounging, campfire, etc.)  
Sleeping bag  
Pillow  
Backpack  
Bible  
Pen  
Battery operated alarm clock  
Tennis shoes/hiking boots (something sturdy/supportive)  
Water shoes (if you" have them)  
Sunscreen  
Flashlight  
Insect repellent  
Toiletries (shampoo, soap, deodorant)  
Spending money (lunch to/from camp, extra snacks)

## What NOT to Bring

Matches  
Knives  
Illegal drugs  
iPods/game systems/electronics

**Note:** There is no cell phone service available at the campground. We'll be collecting phones at the beginning of camp to keep them safe. If there is an emergency, Leaders will have long distance calling cards to contact parents if needed.

Any other questions??

Call Justin @ 408.710.7006