Price: $260

Drop off: 10 AM on Monday

Pick up: 1 PM on Thursday

Camp address: 4820 State Route 92, Lake Stevens, WA 98258

Kids Camp 2019
JULY 15TH-18TH

Kids Camp 2019 is being held at Cedar Springs Camp in Lake Stevens! The camp runs from July 15th-18th. Check-in will be at **10AM** on Monday (July 15th) and check out will be at **1 PM** on Thursday (July 18th).

Please provide your own transportation to and from camp. The address of the camp is:
4820 State Route 92, Lake Stevens, WA 98258 /
Phone: 425.334.6215 / www.cedarspringscamp.net

- **Camp fee:** see your Children's Ministry Dept.
- **Forms needed:** Campers & Jr. Leaders: Return the Registration Form, Medical Form, Foursquare Activity Release Form, and Cedar Springs Minor Waiver with full payment to your church office. Leaders 18 years & over: use VOLUNTEER APPLICATION. Please remove this page and keep for your information and packing list requirements.
- **Cancellations:** are *not fully* refundable. **All forms and money are due on June 16th, 2019,** checks made out to the church attending camp with.
- **T-Shirts**: will be provided
- **Mail**: If you'd like to send your camper mail, please do so on or before July 15th to arrive in time. Address mail as followed:

  Cedar Springs Camp
  Attn: Your Campers Name
  4820 SR 92, Lake Stevens, WA 98258

PACKING LIST

PLEASE MAKE SURE ALL ITEMS ARE MARKED WITH CAMPERS NAME

- ☐ Bible & Pen/Highlighter
- ☐ Stationary & Stamps
- ☐ Sleeping bag
- ☐ Fitted bottom twin sheet
- ☐ Pillow
- ☐ Shampoo/conditioner/soap
- ☐ Towels (2) and washcloth
- ☐ Deodorant
- ☐ Toothbrush & Toothpaste
- ☐ Small bag to take toiletries to bathroom
- ☐ Bug spray
- ☐ Sunscreen
- ☐ Water Bottle
- ☐ Flashlight & batteries
- ☐ Clothes to get wet in
- ☐ Casual clothes
- ☐ Warm jacket & sweatshirt
- ☐ Running shoes/shoes that can get wet
- ☐ Swim-suit (modest/2 piece with cover-up)
- ☐ Plastic bags for wet/dirty clothes
- ☐ Water Blasters/toys for Water War
- ☐ Small amount of snacks for free time
  please, no nuts due to allergies
- ☐ Limited spending money for candy shack

DO NOT INCLUDE: ELECTRONICS OF ANY KIND, INCLUDING, BUT NOT LIMITED TO THE FOLLOWING: DVD/CD'S, TABLETS, KINDLES, IPODS/MP3, VIDEO GAMES, RADIOS. NO KNIVES, PETS, FIREWORKS. CELL PHONES WILL BE CONFISCATED FOR USE ONLY AS NEEDED.

[ ] Camper
[ ] Jr. Leader (age 15-17)

REGISTRATION FORM

NORTH SOUND DISTRICT FOURSQUARE KIDS CAMP 2019

(Due on or before 06/16/2019)

Camper's Name: (first)_____(last)_____

Parent/Guardian Email: _____

Parent/Guardian Cell or Best Phone Number: _____

Camper's Home Address: _____

City: _____State: _____Zip: _____

Gender (please check): [ ] Male [ ] Female Date of Birth: _____Incoming Grade: _____

Roommate request: _____

Parent/Guardian Name(s): _____

Additional Emergency Contact Person: _____ Relationship: _____

Additional Emergency Cell Phone: _____

Church coming with: _____ T-Shirt Size: _____

Leaders only: CPR Certified? (not required): _____

Parent/Guardian Signature: _____Date: _____

Cedar Springs Camp - MINOR 2019

WAIVER AND RELEASE FROM LIABILITY

(TO BE COMPLETED BY PARTICIPANT)

This agreement is made this _____day of _____, 2019 between
Cedar Springs Camp and_____ ("Participant")

1. **Subject.** Participant recognizes and expressly agrees that participating in any adventure, sport or activity associated with the out-of-doors is an inherently dangerous activity. Further, Participant recognizes that certain safety precautions must be followed, yet even strict adherence to those procedures does not guarantee nor does Cedar Springs Camp guarantee Participant's safety.

2. **Waiver and Release from Liability.** Participant understands that Cedar Springs Camp assumes no responsibility for injuries or illnesses that Participant may sustain, a) as a result of Participant's physical condition, b) resulting from Participant's participation in the activity, c) as a result of another participant's or third person's actions, or d) as a result of participant's use of Cedar Springs Camp facilities, field, and/or equipment in connection with this activity.
The Participant releases and agrees to hold harmless, defend and indemnify Cedar Springs Camp and it directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or intentional conduct of Cedar Springs Camp) that the Participant may suffer as a result of his or her participation and /or enrollment in Cedar Springs Camp activities.

3. **Medical Consent.** Participant grants permission to Cedar Springs Camp and its employees and agents to take the Participant to a licensed physician for medical treatment, emergency surgery, or hospitalization if Participant becomes ill, sustains an injury, or otherwise requires medical treatment or attention and Cedar Springs Camp is unable to contact the Emergency Contact listed by Participant. The Participant gives consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve the Participant's life or health. Participant further authorizes Cedar Springs Camp to give first aid, CPR or other treatment by a qualified staff member to Participant.

4. **Property Loss**. Participant understands and agrees that Cedar Springs Camp is not responsible for personal property that is lost, damaged, or stolen in connection with this activity.

5. **Binding Effect.** This Agreement shall be binding upon Participant, his or her heirs, estate, successors, and legal representatives.

6. **Entire Agreement.** This Agreement represents the entire agreement between the parties. This Agreement shall not be modified or amended except by an agreement in writing signed by both parties.

7. **Acceptance.** If any portions of this waiver and release are held to be invalid, Participant agrees the remaining terms shall continue to be in full legal force and effect. Participant understands and agrees that this Waiver and Release is binding upon me and my heirs, estates and legal representatives.

Photo Release: I grant Cedar Springs Camp the absolute right to copyright, re-use, publish and republish by any medium, including electronically, any photos of my child or in which they may be included, that may be taken while participating in Cedar Springs Camp activities. Yes: _____ No: _____

PLEASE READ CAREFULLY. THIS DOCUMENT CONTAINS A RELEASE AND WAIVER OF LIABILITY.

I have read and voluntarily signed this Waiver and Release of Liability.

Parent Signature Date

Camper & Leader Health Questionnaire/Medication Form 2019

Name: _____**Church came with:** _____
Age: _____ Birthdate: _____Church Leader's Name: _____
Emergency Contact: _____ Phone #_____
Relationship to you: _____
Non-family Contact: _____ Phone#_____
Legal Guardians: _____ Parenting Plan in place? [ ] Yes [ ] No

Cabin #: _____ *(filled in at camp)*

I AUTHORIZE CAMP STAFF TO GIVE THE FOLLOWING TO MY CHILD AS NEEDED AT CAMP:

Antacids, acetaminophen, antibiotic ointment, antihistamine, allergy eye drops, Benadryl cream, cough drops, calamine lotion, hydrocortisone cream, ibuprofen, Sudafed PE

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

Please fill in this section with as much detail as possible or necessary:

Any allergies to the following? (Check one) [ ] NO [ ] YES If "YES", please describe below.

Food Please list foods, severity, and if EpiPen is needed:
_____ EpiPen needed? [ ] No [ ] Yes

Medications Please list all medications allergic to:
_____

Environmental Allergen/s Please list allergens, severity, and if EpiPen or inhaler is needed: Inhaler needed? [ ] No [ ] Yes
_____ EpiPen needed? [ ] No [ ] Yes

Any other special medical concerns or needs? Please describe:
_____

***Some medical conditions require pre-approval to attend camp, discuss with your Children's Pastor**

1. Write the name of medication and/or vitamin supplement your camper or Jr. Leader is/are taking, and fill in directions below.
2. Camp will have Registered Nurses onsite.
3. It is ***not necessary*** to send any pain relievers, Neosporin, or generic allergy medications to camp.
4. DO NOT send *loose* meds or vitamins – Campers may not take. Must be in original bottles. **NO EXCEPTIONS**!!!

*(**DO NOT** write in "DAY" columns!!! They get filled in at camp by medical staff)*

	Medication or Vitamin Name	Directions & Frequency	Mon	Tues	Wed	Thurs
1						
2						
3						
4						
5						

JULY 15th-18th

Foursquare North Sound Camp 2019
Activity Permission, Release and Medical Power of Attorney

1.I the lawful parent or guardian of _____(The child), give permission for my child to participate in the activity described on the reverse and release, from all liability and indemnify the International Church of the Foursquare Gospel: Northwest District, and its directors, officers, council, agents, representatives, volunteers, and employees ("NWD") from any and all liability, claims, judgments, cost or expense, including attorney fees, arising out of any damage, injury or illness incurred or caused by my child while participating in or traveling to or from the activity, or otherwise in camp custody. I understand the risks in these activities, including the possibility of unforeseen hazards, serious injury or death. I certify my child is able to participate in the activity.

2. I agree to instruct my child to cooperate with the camp and its representatives in charge of the activity and understand my child may be prohibited from participating and or sent home for any failure to follow the rules established by the NWD.

3. I appoint district representatives who are acting as leaders, or designated by such leaders as my attorney in fact to act for me in my name and my behalf, in any way that I could act if I were personally present with respect to the following matters if any injury, illness or medical emergency occurs during the activity, related travel or while my child is in camp custody.

A. To give any and all consents and authorization to any physician, dentist, hospital or other persons or institutions pertaining to any emergency actions as our medical attorney in fact shall deem necessary or appropriate for the best interest of the child.

B. I understand the NWD will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

4. I agree that the NWD may use my child's and or my own name, voice, portrait, photograph or image for promotional website, office or any other district related purpose. These may be used in any broadcast, telecast, digital or print medium, including video images, photographs, pictures or renderings, audio recordings, or other likenesses, in combination or alone.

5. My child is to be EXCLUDED from the following activities _____ and/or EXCLUDED from release to the following Persons _____.

I will notify the church immediately of any change in the information presented and agree it is valid until revoked in writing by me. I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

_____ _____

Signature of Parent or Guardian Date