2021
CCNC-N
Adult/Young Adult Summer Camp
at the
Community of the Great Commission
Church Camp at CGC Returns!

We have missed campfires, family groups, silly games, crafts, and CGC has missed us and our joyful sounds. We are willing to do the changes necessary to be in intentional Christian community this summer. This registration packet contains the information you need to make decisions and to plan and register for camp. Please read the entire packet as well as the other links to information on the CCNCN.org website. There may be updates between now and June if protocols ease. If Covid-19 numbers, CDC guidelines, or California Public Health Department indicate that camp is unworkable, we will offer full refunds.

We invite you to join in the excitement, pray for the success of camp 2021, and register for camp with great expectations.

WELCOME TO PEACE WORKS!

CGC CAMP 2021

Leanne Stump, Director of Outdoor Ministries, CCNC-N

Summer Camp 2021

At the Community of the Great Commission (CGC)

June 22 - June 26  Junior Camp (Entering 4th, 5th, and 6th grades)
June 22 - June 26  Chi Rho Camp (Entering 7th, 8th, and 9th grades)
June 26 – June 28  JOY Camp (Formerly Grandparents and Me)
                   (Entering K-3rd grade)
June 29 - July 3   CYF Camp (Entering 10th, 11th, and 12th grades and 2021 graduates)
August 5 - 8      Young Adult/Adult Camp
The Community of the Great Commission Participant COVID-19 Waiver, Release, Indemnification of all Claims & Covenant Not To Sue

Minor Participant Name: ________________________________  
(Junior, Chi Rho, and CYF camp participants not accompanied by a parent or grandparent)

Family Name: ______________________________________  
(JOY Camp participants)

Adult Participant Name: ___________________________________  
(Junior, Chi Rho, CYF, and JOY Staff and Adult Camp Participants)

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and/or any named minor’s right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation and/or the named minor’s participation in the camping program of the Christian Church (Disciples of Christ) of Northern California/Nevada Region at the Community of the Great Commission.

ACKNOWLEDGMENT OF RISK  
I, in my legal capacity as the parent/guardian of the minor named above, and/or as a participant myself, do hereby acknowledge and agree that participation in any activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with any activity or program participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with any activity or program participation and that said list in no way limits the operation of this Agreement.

CORONAVIRUS / COVID-19 WARNING & DISCLAIMER  
Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing, mask wearing, and hand washing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in the Christian Church (Disciples of Christ) of Northern California/Nevada Region at the Community of the Great Commission programs or accessing facilities that host our programming could increase the risk of contracting COVID-19. The Christian Church (Disciples of Christ) of Northern California/Nevada Region at the Community of the Great Commission in no way warrants that COVID-19 infection will not occur through participation in the Christian Church (Disciples of Christ) of Northern California/Nevada Region at the Community of the Great Commission camping programs and the facilities that host our programming.
WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE

In consideration of your participation and/or the named minor’s participation in the Christian Church (Disciples of Christ) of Northern California/Nevada Region at the Community of the Great Commission activities and programs, I, the parent/guardian of the minor named above, agree to release and on behalf of myself and/or the named minor above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the Christian Church (Disciples of Christ) of Northern California/Nevada Region at the Community of the Great Commission, its officers, directors, employees, volunteers, agents, representatives and insurers (“Releasees”) from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the Christian Church (Disciples of Christ) of Northern California/Nevada Region at the Community of the Great Commission on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of facilities/equipment or participation in the Christian Church (Disciples of Christ) of Northern California/Nevada Region at the Community of the Great Commission programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of my participation and/or the named minor’s participation in activities and programs, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my program participation and/or the named minor’s activity and program participation.

I hereby certify on behalf of myself and/or the named minor that I have full knowledge of the nature and extent of the risks inherent in any activity and program participation and that I, and/or on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and/or the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, that I and/or the named minor sustains while participating in any activities and programs and that by signing this agreement I, on behalf of myself and/or the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that I and/or the named minor is in good health and has no conditions or impairments which would preclude my/his/her safe participation in any activities and programs.

I further certify I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Minor Participant(s) Name(s): ______________________________________

_________________________________________________________________

Adult Participant(s) Name(s) (over age 18): ______________________________

_________________________________________________________________

Date: ____________________________________________________________

Parent/Guardian Signature: ___________________________________________

Parent/Guardian Name (Print Clearly): __________________________________
Name: First ___________________ Middle ___________________ Last ___________________

Street Address ______________________ City __________________ State _______ Zip __________

Home Phone ______________________ Work Phone ___________________ Cell Phone ______________________

Email Address ______________________ Gender: __________

Home Church ______________________ City __________________

Day & Time of Arrival ______________________ Day & Time of Departure ______________________

Special Dietary Needs (please be very specific) _____________________________________________

Participant’s Signature ______________________ Date ______________________

*Smoking: 1) is unhealthy, 2) interrupts camp community by isolating individuals, and 3) represents a serious fire danger at C.G.C. Therefore, the Outdoor Ministries committee has decided that all regional camps at CGC will be smoke-free for all campers and staff (regardless of age).

Accommodations:

There are three choices of accommodations for Adult Camp. Space is limited for RVs and Claar House, so reservations for these areas will be accepted on a first come, first served basis. All others will stay in the Holland Area summer cabins. All campers will share meals together in the Irvin Dining Hall.

**Holland Area Summer Cabins:** In the summer cabin area, there are 5 cabins that sleep 10 people on bunk beds. There is a short walk to a bath house with sinks, toilets, and showers. Cabins will house either male or female campers.

**Claar House:** This is a retreat facility with semi-private rooms for 13 persons (bedding provided). Restrooms are either in the room or down the hallway.

**Tents:** There are areas where a tent can be utilized for those wishing to do tent camping.

**Regional Scholarship Request:** Please fill out a scholarship request if financial support is sought.

**Camp Cost:** Fees cover three nights of lodging and 8 meals. Each price is per person.

<table>
<thead>
<tr>
<th>FEES:</th>
<th>3 Nights</th>
<th>2 Nights</th>
<th>Payment Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holland Area Cabin Accommodations:</td>
<td>$200</td>
<td>$160</td>
<td></td>
</tr>
<tr>
<td>Claar House Accommodations:</td>
<td>$265</td>
<td>$225</td>
<td></td>
</tr>
<tr>
<td>Tent Accommodations</td>
<td>$140</td>
<td>$100</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL**
CANCELLATIONS/ REFUNDS: For cancellations, call the regional office. A camper who cancels two weeks prior to the first day of camp will receive a refund of their camp fee, less a $100 cancellation fee. **IF CANCELLING WITH LESS THAN 2 WEEKS NOTICE, CAMPER IS RESPONSIBLE FOR FULL PAYMENT.**

**2021 – IF CANCELLING WITH COVID-19 CONCERNS OR ILLNESS, CAMPER WILL RECEIVE A FULL REFUND.**

All registrations must include full cost of camp unless applying for a scholarship.

Please contact Tina Heck at 530-265-6636 or tinasueheck@yahoo.com with any questions you may have.
Health Form for Adult/Young Adult Participants including JOY Camp

CCNC-N Summer Camp 2021 at the Community of the Great Commission

(All information is required)

| Name | First__________________________________ Middle __________________________ Last ________________ |
|------|----------------------------------------|--------------------------------------------------|
| Address | ___________________________________________ City __________________________ State ___ Zip__________ |
| Age_______ | Date of birth __________________________ Gender ________________ |

The following information is required to ensure that your individual needs are met while attending camp. Information is confidential and will be made available only to those people who are directly responsible for your well-being. In the event of an emergency, every effort will be made to reach the emergency contact. No person will be allowed to attend camp without a completed, signed copy of this form.

HEALTH HISTORY: Have you been subject to any of the following? Please check all that apply.

<table>
<thead>
<tr>
<th>Condition</th>
<th>In past year</th>
<th>More than 1 year ago</th>
<th>In past year</th>
<th>More than 1 year ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Epilepsy</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Heart disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td></td>
<td></td>
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<tr>
<td>Chicken pox</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Whooping cough</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Scarlet fever</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
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</tr>
<tr>
<td>Encephalitis</td>
<td></td>
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<tr>
<td>Emotional problems</td>
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</tbody>
</table>

Do you have any allergies? ____________________________________________________________

Are your immunizations up to date? Date of last tetanus booster: Date of last DPT booster: 

(Last Tetanus booster should be within 10 years.)

Usual source of care: Physician __________________________ Phone no. __________________________

Dentist __________________________ Phone no. __________________________

Eye Doctor __________________________ Phone no. __________________________

Do you wear Glasses? Contact Lenses? __________________________ __________________________

Health Insurance Carrier and no.: __________________________ __________________________

Are you currently under care of a physician? Counselor? If yes, please give additional information: __________________________ __________________________

Do you have any special dietary needs? (Please specify food allergies, if vegetarian, etc.) __________________________

Is there additional information which would be of help in promoting your welfare while at camp? __________________________
Getting around at camp requires extensive walking on gravel roads and dirt trails. Due to the nature of this camp the use of walkers, crutches or wheelchairs is not appropriate. Some transportation by car is possible around the camp grounds.

**As-needed Medications**

If you do not wish to be treated using the following medications in the event of the presence of the symptoms indicated, please check the “No” column. If the treatment listed below is acceptable for the corresponding symptoms, do not bring the listed medication. These non-prescription drugs will be provided. (Generic brands may be substituted for name brands listed here.) Please bring these over the counter medications if you take them regularly.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Treatment</th>
<th>NO</th>
<th>Symptoms</th>
<th>Treatment</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Abdominal Pain</td>
<td>Liquid Maalox (aluminum hydroxide)</td>
<td></td>
<td>Fever, Flu; Headache</td>
<td>Advil (ibuprofen) or Tylenol (acetaminophen)</td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td>Maalox (aluminum hydroxide)</td>
<td></td>
<td>Menstrual Cramps</td>
<td>Advil (ibuprofen) or Tylenol (acetaminophen)</td>
<td></td>
</tr>
<tr>
<td>Allergy, Hives, Bites</td>
<td>Chlorpheniramine, Benadryl (diphenhydramine)</td>
<td></td>
<td>Muscle Spasm</td>
<td>Advil (ibuprofen) or Tylenol (acetaminophen)</td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td>Milk of Magnesia (magnesium hydroxide)</td>
<td></td>
<td>Poison</td>
<td>Ipecac syrup or activated Charcoal</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Doctor will be called first</td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td>Robitussin DM (dextromethorphan guaifenesin)</td>
<td></td>
<td>Rash</td>
<td>Cortaid Cream (hydrocortisone cream)</td>
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<td></td>
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<td></td>
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<tr>
<td>Cuts</td>
<td>Hibiclens and Polysporin (bacitracin polymyxin</td>
<td>Sinusitis</td>
<td>Sinutab (loratadine chlorpheniramine phenylephrine)</td>
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<tr>
<td></td>
<td>ointment)</td>
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</tr>
<tr>
<td>Diarrhea</td>
<td>Imodium AD (loperamide)</td>
<td></td>
<td>Sore Throat</td>
<td>Throat Lozenge, (acetaminophen, ibuprofen)</td>
<td></td>
</tr>
<tr>
<td>Earache</td>
<td>Auralgan (if not allergic to –caines), Sinutab, Afrin (benzocaine, antipyrine ointment) (oxymetazoline nasal spray)</td>
<td>Sunburn</td>
<td>Solar Cane (if not allergic to –caines) (Ibuprofen &amp; lidocaine spray)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Irritation</td>
<td>Visine AC Tetrahydrozoline HCl eye drops</td>
<td></td>
<td>Vomiting</td>
<td>Pedialyte (oral fluid and electrolyte solution)</td>
<td></td>
</tr>
</tbody>
</table>

**Medications:** Please list amount and times for each medication that you take on a regular and as needed basis. (Inhaler, Adrenaline, EpiPen) This information can be updated at any time or when you arrive at camp. All medications must be in their original packaging and may be administered by the adult camper. The information provided here will be kept confidential, but may be used to provide important information in the case of a health emergency.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Interval</th>
<th>Purpose</th>
</tr>
</thead>
</table>

**Medical Release Statement (MUST be signed)**

I ______________ am in good health. I will notify the camp director if I am exposed to any communicable disease during the two weeks prior to attending camp.

For Summer 2021 - I agree to abide by any and all special COVID Nonpharmaceutical Interventions (NPI) deemed appropriate by the Outdoor Ministries Committee during in-person camps. These will include but not be limited to wearing approved mask types, maintaining physical distances, frequent hand washing/sanitizing, smaller group and cabin sizes, being outdoors for most activities, providing optimum ventilation, as well as alternate bathroom and dining protocols as directed by camp Directors.

In case of medical emergency, I give my permission to the physician selected by the Camp Director, Camp Medical Care Provider, or other authorized camp staff member to secure proper treatment for, hospitalize and order injection, anesthesia or surgery for me. 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 and power on the part of our aforesaid agent(s), especially in case of emergency, to give specific consent to any such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his or her judgment may deem advisable. I agree to pay for any medical, dental, surgical, or hospital diagnosis, treatment, or care rendered to me.

Signature ___________________________ Printed Name__________________________ Date __________

In case of medical emergency, please contact __________________________ Relation __________________________

Other Emergency Contact Phone Numbers: __________________________

<table>
<thead>
<tr>
<th>Home</th>
<th>Office</th>
<th>Mobile</th>
</tr>
</thead>
</table>
Camp Scholarship Information

CCNC-N Summer Camp 2021 at the Community of the Great Commission
(All information is required)

The Christian Church of Northern California-Nevada is pleased to be able to offer scholarship assistance for children, youth and adults participating in our summer camp program. This is made possible by the Ben Bohren Scholarship Fund, the Galt Scholarship Fund, the San Lorenzo Scholarship Fund, and the Cal Underwood Camp Scholarship Endowment Fund.

- The Outdoor Ministries Committee recommends a 3-way division of payment for campers wishing financial assistance. If possible, the camper, the local congregation, and the region should each pay 1/3 of the total cost. Check with your pastor to find out if your church can contribute. Some churches will pay as much as 50-100%.
- The camper contribution includes the contribution from camper and parent/guardian, as well as the amount fundraised by the camper, which is highly encouraged.
- The local congregation contribution is the amount of scholarship freely given by the church.
- The balance requested from Regional Scholarship funds is the regional contribution.
- Maximum scholarship amount granted will be half of the cost of the camp fees for youth campers. Maximum scholarship amount granted for Adult Camp is $100.
- Before filling out the scholarship application, please read the following information carefully, paying close attention to deadlines.
- The scholarship request must accompany the completed camp registration form.

Criteria for Scholarship Assistance

1) Applicants for scholarships must have demonstrated involvement in the local church.

2) A pastoral letter must accompany the application. “If your church is currently without pastoral leadership, another leader such as Board Chair or Elder Chair will suffice.”

The letter must include the following information that will remain confidential:
- Confirmation of the applicant’s financial need (source of income, extenuating family circumstances, etc.)
- State whether your congregation will give scholarship assistance. If yes, please state how much.
- Confirm the youth’s involvement in the local church.

Applications lacking any of the above information will not be considered.

Timeline for Process

* Scholarship applications must be submitted with the online registration by May 25.
* * Pastoral letters can be emailed to lataunya@ccncn.org or mailed to:
  Christian Church of Northern California-Nevada
  9260 Alcosta Blvd., Suite C-22
  San Ramon, CA 94583-4143

No late applications will be considered. Applicants will receive notification by June 8 that will state the request that has been considered and the dollar amount of assistance given.
Camp Scholarship Application

CCNC-N Summer Camp 2021 at the Community of the Great Commission
(All information is required)
Application Deadline: May 25, 2021

Please be sure to read Camp Scholarship Information above before filling out this form.

Camper Information:

Camper’s Name
Birth date (MM/DD/YY)

Street Address/City/State/Zip Code

Home Phone Number

Camp planning to attend (please circle):
JOY           Junior        Chi Rho      CYF
Adult/Young Adult

Name of Local Congregation/City

Has the camper attended summer camp before? (please circle):   Yes   /   No
If yes, please list camps attended: ________________________________

Has the camper received a scholarship previously? (please circle): Yes / No   How many times? ____________

Will there be other children from your family attending the CCNCN Regional summer camp and conference program? (please circle): Yes / No   Will they be seeking scholarship assistance as well?   Yes / No
If yes, how many children? ______ Which camps? ____________________________

Parent/Guardian Information:

Name
Phone Number

Street Address/City/State/Zip Code (if different than above)

Occupation

Scholarship Information:

Individual contribution: $________________
Local church scholarship: $________________
Amount of scholarship you are requesting: $________________
(up to half of cost)
Other sources of support for camp: $________________

Signature of Parent/Legal Guardian or Adult Camper ____________________________ Date __________________