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

Peace Works
Empowering the Next Generation of Peacemakers

NEW!
Expanded Worship Section
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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. 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)

<table>
<thead>
<tr>
<th>Dates</th>
<th>Camp Description</th>
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<tbody>
<tr>
<td>June 22 - June 26</td>
<td>Junior Camp (Entering 4th, 5th, and 6th grades)</td>
</tr>
<tr>
<td>June 22 - June 26</td>
<td>Chi Rho Camp (Entering 7th, 8th, and 9th grades)</td>
</tr>
<tr>
<td>June 26 – June 28</td>
<td>JOY Camp (Formerly Grandparents and Me) (Entering K-3rd grade)</td>
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<tr>
<td>June 29 - July 3</td>
<td>CYF Camp (Entering 10th, 11th, and 12th grades and 2021 graduates)</td>
</tr>
<tr>
<td>August 5 - 8</td>
<td>Young Adult/Adult Camp</td>
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</table>
Invite a friend to register with you!

Congregational Camp Registrar Information

Each congregation recruits a Congregational Camp Registrar who will:

1. Promote a CCNC-N Camp Awareness Month of April and note the Registration Due Date on Tuesday, May 25, 2021.

2. Encourage and help parents and campers to 1) complete online registration forms, 2) complete online Regional Camp Scholarship Form if needed, 3) print out and complete Covid Waiver Form, 3 pages of health forms, 2 pages of covenant and pastor information, and 4) understand the portion of camp registration costs that will be paid by the congregation and the registration balance due by campers before designated due dates.

MAY 25 DUE DATE for online registrations for Early Bird registration fee:
$400 for Chi Rho and CYF and $380 for Junior Camp
1. Complete online CGC Registration

<table>
<thead>
<tr>
<th>MAY 25</th>
<th>2. Complete all online Regional Camp Scholarship requests – Scholarship requests will not be accepted after May 25.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>Print, complete and give to Congregational Camp Registrar the Covid-19 Waiver, 3-page Health Form and the Covenant and Pastor Signature pages.</td>
</tr>
<tr>
<td>4.</td>
<td>Registrations between May 26 and June 1 will be accepted online for a $500 registration fee.</td>
</tr>
</tbody>
</table>

May 26-June 1 FINAL DEADLINE for all Community of the Great Commission Camps at $500. No registrations will be accepted after this date!

July 15 DUE DATE for Adult Camp Registrations

Work with the Pastor:

- To determine what amount of camp registration fee parents/campers owe
- To determine what amount the congregation will pay
- To determine whether a Regional Camp Scholarship is needed. Have parents (if a youth camper) or adult (if adult camper) fill out Regional Camp Scholarship form online.
  The required accompanying Pastoral letters documenting financial need and church involvement 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

3. Request from the church treasurer ONE CHECK for the congregational portion of all campers’ fees. Send check, Health Forms, Covid Waiver Forms, Pastor signature page, Covenants and Registrar’s Worksheet to the Regional Office with Attn: Camp Coordinator.

4. Do a happy dance to be sending youth and adults to camp!!!
This section to be completed by your Pastor:

I have read the covenant and am familiar with the CCNC-N policies and procedures. I affirm the efforts of the leaders to provide a safe camp experience and to create a positive Christian community. I expect the directors to communicate with me any serious violations of the covenant. I am satisfied that the campers from my congregation meet the age requirements of the camp, and I recommend that they be registered for the camp requested.

I have further information that would be helpful in assisting the camp staff, and I would like a phone call from the director.

This information will be kept confidential.

Pastor's Signature ___________________________________________________________ Date __________________________

Pastor's Phone ___________________________ _________________________________

Office                                                                 Mobile
### Congregational Camp Registrar’s Worksheet

<table>
<thead>
<tr>
<th>Name</th>
<th>Camp Designator</th>
<th>Family Payment</th>
<th>Church Scholarship</th>
<th>Regional Scholarship Request</th>
<th>Total Payment</th>
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Registrars, please use this worksheet to track camper payments, church scholarships and regional scholarship requests. Send this sheet to the Regional Office with your check for church scholarships by the POSTMARK DEADLINE of May 20. All regional...
2021 Camp Information

August 5-8 - Young Adult/Adult Camp at Community of the Great Commission
(Inability to attend all of Young Adult/Adult Camp does not prevent participation; indicate arrival date and type of housing desired)

For the following camps attendance for the whole week IS required of participants:
Invite a friend to register with you!

Community of the Great Commission
(Give Health Forms, Covenants, and Covid Waiver Forms, to your Congregational Camp Registrar)

<table>
<thead>
<tr>
<th>Date</th>
<th>Camp Description</th>
<th>Time</th>
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<tbody>
<tr>
<td>June 22 – June 26</td>
<td>Junior Camp (Entering 4th, 5th, and 6th grades)</td>
<td>Tuesday 3:00 – Saturday 11:00</td>
</tr>
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<td>June 22 – June 26</td>
<td>Chi Rho Camp (Entering 7th, 8th, and 9th grades)</td>
<td>Tuesday 3:00 – Saturday 11:00</td>
</tr>
<tr>
<td>June 26 – June 28</td>
<td>JOY (Formerly Grandparents &amp; Me) (Entering Kindergarten, 1st, 2nd, and 3rd grades)</td>
<td>Saturday 2:00 – Monday 11:30</td>
</tr>
<tr>
<td>June 29 – July 3</td>
<td>CYF Camp (Entering 10th, 11th, and 12th grades and 2021 high school graduates)</td>
<td>Tuesday 3:00 – Saturday 11:00</td>
</tr>
</tbody>
</table>

MAY 25 Due Date for CGC Online Registrations for the Early Bird Price:
$400 registration fee for Chi Rho and CYF and $380 for Junior Camp.

1. Complete CGC Online Registration

2. **Online Regional Camp Scholarship requests** – Scholarship requests will not be accepted after May 25.
3. Print, complete, and give to Congregational Camp Registrar the Covid-19 Waiver, 3-page Health Form, the Covenant, and Pastor Signature pages. Registrations arriving between May 26 and June 1 will be accepted Online for a $500 registration fee.

May 26-June 1 FINAL DUE DATE for all Youth Community of the Great Commission Camps

Registrations Online between May 26 and June 1 will be accepted for a $500 registration fee (No registrations will be accepted after June 1.)

JULY 15 Due Date for Adult Camp Registrations
Information about Camp at the Community of the Great Commission

Keep this page to help you plan for camp.

At the Community of the Great Commission, campers enjoy swimming, hiking, crafts, games, fun activities, and campfires under the stars. Worship, singing, Bible study, group discussions, and time for personal devotion enrich campers' lives throughout the week. Compared to other camps, CGC is small. Our focus is on building relationships with each other and with God. Camp staff members are chosen for their spiritual maturity and their commitment to outdoor ministry. They are adults who are themselves on a faith journey, and their desire is to encourage others to grow in faith. For the safety of all children and youth campers, each adult counselor and director submits to a criminal background check. Additional forms and information about camp can be found on the regional church website at www.ccncn.org.

Location
CGC is located at 4,000 feet on the western slope of the Sierra Nevada Mountains, 25 miles east of Auburn. Although cooler than the Sacramento/San Joaquin Valleys, summer temperatures are still quite warm. Campers sleep in cabins that have wooden bunk beds with mattresses. In the Bobbitt area each cabin has a toilet and a shower. The summer cabins share a bath house. The camp has a beautiful swimming pool, trails for hiking, program buildings, athletic facilities and a dining hall.

Medical Care & Emergencies
Medical care is provided by a Camp Medical Supervisor who is an RN and/or certified in First Aid and CPR. The nearest hospital to camp is in Auburn. There is a doctor’s office located in Forest Hill. In case of emergency there are paramedic units located in Foresthill, about seven miles away. All medical costs incurred during camp are to be paid by parents/guardians or adult campers if not covered by personal or camp insurance. The camp phones are for emergencies and camp business only. If there is an emergency and you need to contact someone at camp, the camp phone number is: 530-367-2370 (the camp business line). Claar is 539-367-2387 and Bobbitt is 530-367-2378 where you may reach an answering machine.

Mail at Camp
Campers (and counselors!) love to receive mail. Address letters and postcards to: Camper's Name, Name of Camp (Adult, CYF, Chi Rho, Junior or JOY Camp (Formerly Grandparents & Me Camp) Community of the Great Commission, 30303 Chicken Hawk Road, Foresthill, CA 95631. Please be sure your mail has the correct postage and is mailed before Wednesday in order to arrive at CGC by Friday. Remember, letters and postcards must be no smaller than 5 x 3 ½ inches. For items sent overnight or by FedEx, please sign the waiver so that it may be delivered without a signature. Do not send packages with food or other items inappropriate for camp (see below).

Arrival/Departure
The development of a special camp “community” begins the moment campers arrive at CGC. Campers who arrive late or leave early disrupt that development. All children and youth campers must arrive on time and stay through the end of camp.

Adult camp begins at 3:00pm on Thursday and ends at 11:30am on Sunday.
Junior, Chi Rho, and CYF camps begin Tuesday with arrival at 3:00pm and no later than 5:00pm. Camp will end on Saturday at 11:00am.
JOY Camp (Formerly Grandparents and Me) begins Saturday at 2:00pm and ends Monday at 11:30am.
What to bring to camp

- Bible
- 5 Face Masks (Surgical, Fabric, or N95 that does not allow sunlight through) Gaiters and face shields are not considered face masks
- Sleeping bag (or sheets and blanket) & pillow
- Clothes (keep in mind the warm afternoons and cool nights at CGC as well as the red dirt!)
- Pajamas
- Appropriate swimwear
- Extra socks (they get dirty fast!)
- Long pants & long-sleeved shirt and sweatshirt or jacket for evenings
- Closed-toed shoes and water shoes for pool wear
- Water Bottle
- Sun block, hat
- Lip balm with sunscreen
- Small stick of antiperspirant (eases itch from mosquito bites)
- Insect Repellent
- Towel (for showers & swimming)
- Toiletries – soap, shampoo, toothpaste, brush, etc.
- Flashlight
- Letters to home kit (paper, envelopes, pen and stamps)
- Money for offering
- Prescription Medication in original containers with clearly readable name and dosage to be given to camp nurse
- Any other items indicated by the camp director in a director’s letter sent out before camp begins
- A note signed by your parent or guardian stating who will drive you to camp and who will drive you back home from camp

Please do not bring any food items, chewing gum, or valuables with you to camp. Having food in the cabins will attract the animals that live at CGC. Cabins are for people, not bugs, raccoons, bears, or deer!

New Cell Phone Policy for Chi Rho and CYF Campers:
Phones will be collected on Tuesday at check in. Campers will have thirty minutes to an hour each day, Wednesday through Friday during free time to access their phones. We want our campers to be present at camp as much as possible, but also understand the realities of technology in our lives.

Junior Campers are asked to leave phones at home or the Directors will lock phones in a safe place for the week and return them at the end of camp. If your child or youth is homesick or having difficulties, one of the Directors will contact you to help resolve the situation.

Please do not bring any other electronic devices including computers, tablets, and game systems.

The Christian Church of Northern California-Nevada is not responsible for loss or theft of items or money brought to camp.

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.**
Directions to CGC
Take I-80 to Auburn. Just east of Auburn, take the Foresthill (Auburn Ravine Rd.) exit. Turn right, crossing the American River on California’s highest bridge. Continue up the mountain through Foresthill. Approximately four miles past Foresthill, where you’ll see the Baker Ranch Bar (on the left), turn right onto Michigan Bluff Road. Follow this steep winding road until you see the signs for the Community of the Great Commission. Travel times: from Auburn – 45 minutes, from Sacramento – 1.5 hours, from San Francisco – 3 hours, from Redding – 4 hours.

In the case that you might hear of fire or other emergency situation that would affect camp communities, please check at the UCCCR.org opening page at the bottom right “Current Conditions” for up to date information.

For more information:
Contact the regional office at 925-556-9900 or Jim Thomas, jim@ccncn.org.

Christian Church (DOC) of Northern California/Nevada Region
The Outdoor Ministry Committee of the Christian Church (DOC) of Northern California/Nevada Region has oversight for the Region’s summer camp program at the Community of the Great Commission. The Region will use a layered approach to creating a safe space for summer camp. As we continue to live through the COVID-19 pandemic, the Outdoor Ministry Committee will review these procedures that will enable the Region to offer summer camp. All participants, volunteer adults and campers, that attend a camp experience this summer will covenant to follow these procedures.

The Outdoor Ministry Committee will work with the site staff of the Community of the Great Commission (CGC) and United Camps Conferences and Retreats (UCCR) to ensure that the camp management understands the Region’s procedures, coordinates with the volunteer staff who run the camp programs, and abides by the regulations set by The State of California and the Department of Public Health and COVID-19 protocols.

We anticipate that, as the science changes and the pandemic is under more control, revisions will be made to these procedures. If that happens, information will be sent to congregations, clergy, and those registered for summer camp at CGC. Thank you for your patience and prayers.

I) Pre-Camp: Health Awareness for Volunteer Staff

- 14 days before camp, site staff and volunteer staff must begin to daily take their temperature and monitor health for COVID-19 symptoms through a health log which will be provided. They must record their temperature and check mark if they have had any of these symptoms: fever, sore throat, respiratory issues, vomiting, and diarrhea. They must also share if they or their family have been out of the country in the last month. This log will be given to the nurse upon arrival at camp.

- It is the strong preference of the Outdoor Ministry Committee and the Christian Church (DOC) of Northern California/Nevada Region, that, if possible and available to them, the site staff and volunteer staff should be vaccinated prior to camp. The camp nurse should also be vaccinated prior to camp.

- Masks are required for all staff. Gaiters and face shields are not considered masks and cannot be used. Masks containing ventilation devices or valves are also not allowed. Bring at least 5 masks for the week that are KN95, fabric or surgical masks that sunlight cannot be seen through.

II) Pre-Camp: Health Awareness for Campers:

- 14 days before camp, campers must begin to daily take their temperature and monitor health for COVID-19 symptoms through a health log which will be provided. They must record their temperature and check mark if they have had any of these symptoms: fever, sore throat, respiratory issues, vomiting, and diarrhea. They must also share if they or their family have been out of the country in the last month. This log will be given to the nurse upon arrival at camp.

- Masks are required for all campers. Gaiters and face shields are not considered masks and cannot be used. Masks containing ventilation devices or valves are also not allowed. Bring at least 5 masks for the week that are KN95, fabric or surgical masks that sunlight cannot be seen through.

- A supplemental packing list will be emailed to all registered campers for items to bring to their camp and items to leave at home.
III) First Day of Camp Check-In

- Parents/Guardians or congregation representatives will not be able to tour the camp when dropping off their camper(s).
- Campers will arrive as close as possible within a designated time frame assigned to them. Parent/Guardians and campers will remain in their vehicle at a designated parking area until the check-in staff comes to their car.
- The camp nurse will meet individually with each camper at their vehicle to go over their medical form, to check in their medications, to answer any questions the camper or their parents/guardians may have, and hear any concerns. All campers will also have their temperature taken, and will have a COVID-19 health screening at this time.
- When a camper checks in at camp, his/her family will not be allowed to the cabins or other areas of the site. Once a camper completes the check in process, they say good-bye at the car and will go to their cabin and remain with their small group and counselors either in their cabin or another designated area.

IV) During Camp:

- Monitoring – We will have daily temperature checks and health screening every morning and evening as a part of ongoing monitoring of the health and safety of the campers, counselors, staff, and volunteers.
- All activities, including play, prayer, worship, study, and service will include mask wearing, distancing, and frequent hand washing/sanitizing.
- Masks are required at all times indoors, unless you are showering or brushing your teeth. There will be mask breaks outdoors.
- Large group activities, (worship, keynote, games, meals) will be structured so that small groups stay together and distanced from other small groups.
- If a camper or counselor shows symptoms of COVID-19 during camp, that individual will be isolated from their small group, with proper supervision, while awaiting a parent/guardian to arrive to take the camper home. It matters not if that is day 1, hour 1 or day 4, hour 18. For the well-being of their small group and the entire camp, campers or counselors with symptoms of COVID-19 will be required to leave the property. The camp nurse will work with the family, director, and site manager to determine next steps.
- Campers or Counselors with medical conditions that could present as COVID-19 will be first monitored, and then in consultation with medical staff, the camp directors will determine if that camper should leave camp.
- Camp bathrooms and shared spaces (i.e. Dining Hall) will be cleaned and disinfected daily. There will be signs encouraging safe practices posted around camp (i.e. handwashing, not leaving toiletries on counter tops, etc.)
- There will be adjustments to the facilities to allow for social distancing and open air spaces. The Dining Hall, Bobbitt Hall, and Claar Hall will have all the doors opened and fans circulating air through the building.
- As far as possible, campers will be asked to sleep alternatingly in upper and lower bunks, providing as much social distancing as possible.
- Contact During the Week – Parents/Guardians will be required to give a phone number that is the best way to reach them in the event of an emergency. As we will be on high alert regarding possible COVID risks, we ask that parents/guardians are especially attentive to calls from Camp so that we may be able to address any possible issues as rapidly as possible.
- Small Group Life - While this impacts some camp programs more than others, we will be having cabin groups stay together for most of the week. This would include meal-times and study groups.
- We are asking that siblings who identify as the same gender be put in the same cabin, and that as much as possible, cabin groups will be occupied by those who traveled to Camp together (i.e. if your church drove up together, all of the people who identify as the same gender would be asked to stay in the same cabin).
• Mealtimes – The tables will be distanced from one another and we will make use of outdoor picnic tables and some staggered meal times can be established, but the whole cabin will sit together for all meals. Cleaning will be carried out by camp staff after every meal. UCCR and site staff are continuously working on the safest food service procedures and will follow state and CDC guidelines for food service.
• Singing can be a large part of the camp experience. The camp directors will determine the times and places for singing. Masks (as always) will be required during singing.

V) Last Day / Pick Up at Camp

• When parent/guardian or congregational transportation arrives to pick up campers, they will be directed to a designated parking area and asked to remain in their vehicles.
• When confirmed that transportation is on site, camper(s) will be released from their small group to their parent/guardian or congregational transportation.
• Sign out procedures will be conducted at the parent’s/guardian’s car or congregational transportation.

VI) Post Camp Notification

• If a camper/counselor is sent home with COVID-19 symptoms they agree to get a COVID-19 test and report results to the camp director.
• Parents will receive an email and/or text reminder that if your camper shows COVID-19 symptoms in the next week, please contact the camp director.
• If a camper receives a positive COVID-19 test within a week of leaving camp, the camper’s parent/guardian must contact the camp director.
• If a counselor or director receives a positive COVID-19 test within a week of leaving camp, they must report to the camp director and the CCNC/N Region
• Contact tracing will begin if it is deemed to do so by the Health Department, the Christian Church (DOC) of Northern California/Nevada Region, or United Camps Conferences and Retreats.

VII. Isolation Protocols and Procedures for Testing

• If an individual meets the requirements for isolation, they will be accompanied immediately by a nurse to an isolation area. Their parent/guardian will be asked to pick them up, and the rest of the cabin will enter into isolation within their cabin as the director determines next steps.
• If this is the case, our campers, counselors, and site staff will be monitored regularly for symptoms. All of the camp will be cleaned thoroughly.
• We will contact the parents/guardians of those who are planning to attend in the coming weeks to let them know if there has been a positive case of COVID-19 at any camp session. Of course, if they do not feel comfortable sending their child to camp, we will offer a full refund for their registration.
• If there are multiple positive cases of COVID-19 from across the camp, CGC will be closed for assessment and the Health Department and the Center for Disease Control will be notified.
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 SU

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 am the parent/guardian of the minor named above, agree to release and on behalf of myself and/or the minor named 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): __________________________________

3/12/2021
United Camp, Conferences and Retreats (UCCR)

Information for Providing a Safe and Healthy 2021 Program and Camp

Prior to camp: Available for you from UCCR-
- Sample letter to parents explaining Covid-19 pre-cautions for camp to include: packing, keeping personal items in one place during camp, staying with cabin group for duration of camp, foodservice, lodging, bathroom/shower use, outdoor activities, arrival and departure procedures.
- 14 days prior to camp temperature reading instructions and form.
- Conversations with UCCR Site Director about pre-cautions; Site Director is be available for call/zoom with all your staff if helpful.
- Upon request a copy of UCCR’s Communicable Disease Plan (CDP).

What you can expect from UCCR

Food service:
- Distanced waiting for plated food
- Food will be plated and handed to each guest.
- Cabin groups will have their own table and will eat as a cabin group for all meals.
- Refreshments will be on table.
- Eating utensils will be on the table.
- Condiments will be packets on the table.

Food service prep:
- All employees will complete a questionnaire and have temperature taken when reporting to work each day.
- Employees that have come into contact with a COVID-19 positive person will not be allowed to work.
- Employees with an above average temperature will not be allowed to work.
- Employees wear masks when preparing, handling food, and in the kitchen.
- As always employees wear sterile gloves when preparing and handling food.

Cleaning:
- Daily disinfecting of lodging.
- Twice daily cleaning and disinfecting of bathrooms.
- Cleaning and disinfecting of dining hall after each meal.
- Twice per day disinfecting of common touch surfaces such as door handles.

During Camp

Lodging:
- Each cabin group will stay together for the duration camp.
- CDC/ACA proposed guidelines recommend no more than a ratio of 14 campers to 1 or 2 counselors as a cabin group.
- Cabin use will be maximized for distanced sleeping.
- In lodging where required sleeping will be toe-to-toe or toe-to-head; sleeping will never be head-to-head.
- Personal belongings must stay in participants bag/suitcase.
Bathroom use:
- Campers can share bathroom if they are 6 ft apart.
- Campers will be instructed on how to use disinfectant to spray down handles such as faucet and door handles after use.

Outdoor recreation areas:
- Areas will be disinfected as needed.
- CDC has determined that chlorine prohibits the transmission of COVID-19.
- Water does not transmit COVID-19.
- Swimmers will be encouraged to stay 6 ft apart.

Health administration:
- Upon arrival, each group will take and record temperature of each participant.
- Daily, the temperature of each participant will be taken and recorded by the group.
- Campers with above average temperature will be isolated and parents called to pick up child.
- UCCR Resource Guide for Health Providers will be revised to include pre-cautions and health and safety of all participants with regard to COVID-19.

General:
- Masks will be worn by all guests and staff when not eating, bathing, sleeping.
- Masks will be worn when outdoors.
- Maintain 6ft apart when possible such as waiting for meals, when in classroom settings and sitting together
Child/Youth Registration
CCNC-N Summer Camp 2021 at the Community of the Great Commission
(All information is required)

Camper’s name: first ______________________________ middle ______________________________ last ______________________________

Parent/guardian name(s) __________________________________________________________________________________________________

Address ____________________________________________________ City ______________________________ State ______ Zip _____________

Home Phone ________________________ Parent/guardian work phone _______________________ Parent/ Guardian Cell __________________

Camper’s email ____________________________________________ Parent/guardian email __________________________________________

Age_________ Completed Grade _____________ Gender: ____________ Birth date __________________

Church _____________________________________________________________ City ______________________________________________

The camp for which you are registering (check one):   ______    Junior (Entering grades 4, 5 and 6) June 22 – June 26
______ Chi Rho (Entering grades 7, 8, and 9) June 22 – June 26
______ CYF (Entering grades 10, 11, 12, and 2021 graduates) June 29 – July 3

Camp Fee     $400 Chi Rho and CYF    $380 Junior Camp  (Prices Include Camp Photo)

Your child will receive an 8x10 camp photo before the end of camp and on which autographs of campers and staff can be collected.

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 FOR COVID-19 CONCERNS OR ILLNESS, CAMPER WILL RECEIVE A FULL REFUND.

All registrations and payments are due online by May 25 for the Early Bird-registration fee of $400 Chi Rho and CYF Camp and $380 Junior Camp.

Church registrars will postmark or deliver all congregational portions of camp fees by May 25 to the Regional Office.
 Registrations will be accepted Online from May 26 through June 1 for a $500 registration fee. No registrations will be accepted
after June 1. No scholarship requests will be accepted after May 25.

This section to be completed by Camper.
The best thing to happen to me recently: _____________________________________________________________________________________

______________________________________________________________________________________________________________________

The low point of the past twelve months: _____________________________________________________________________________________

__________________________________________________________________________________________

I want to go to camp because: _____________________________________________________________________________________________

______________________________________________________________________________________________________________________

Have you had any major changes in your life this year? (moved, new school, birth of brother/sister, parents’ divorce, death of a loved one, etc.)

______________________________________________________________________________________________________________________
Camp Covenant

In order to help create an environment in which faith may be deepened and Christian community experienced, all youth and adults are asked to abide by this covenantal agreement...

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 Codirectors.

I agree to take care of the grounds and buildings of C.G.C.

I understand that I (or my parents) will be held financially responsible for any damages I cause.

I will not bring food or gum, as they attract and are harmful to wildlife.

I agree to take care of my fellow campers.

I will not use offensive language.

I will not engage in disrespectful, abusive or violent physical or verbal behavior toward others.

I will not bring weapons or fireworks to camp.

I will not enter any cabin other than my own.

I agree to take care of myself.

I will not bring or use illegal drugs or alcohol.

I will not bring or use tobacco products, E-cigarettes, or vapor cigarettes.

I will bring and take all medications regularly taken for success in group learning situations.

I will check in all prescribed and over the counter medications and vitamins listed on my health form to the health supervisor upon arrival. Medications or vitamins found in the possession of a camper will be grounds for being sent home.

I will not engage in sexual behavior.

I will not hike alone.

I agree to help make camp the best it can be.

I will not bring valuables and will turn in to the director, ALL electronic equipment, including cell phones, MP3 players, i-pods, droids, etc.

I will use the phone only in case of emergency and with permission of the director.

I understand that visitors and pets are not permitted.

I understand that late arrivals and early departures are not permitted.

I will remain on site for the duration of camp and will participate fully in all camp activities, including meals.

If I drive to camp, I will turn in my keys to the camp director.

I have read and agree to abide by the Camp Covenant.

In addition, I certify that I am registering for the right camp for my grade level.

I understand that serious violation of this covenant may result in being sent home, and I or my parents (whichever is applicable) will be responsible for transporting me home should that occur.

*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).

Camper’s Covenantal Agreement

I have read and agree to abide by the Camp Covenant. I understand that serious violation of this covenant may result in my being sent home from camp.

- I have read and understand CCNC-N’s Cyber Policy and I will seek to uphold the responsibilities and procedures outlined in this policy.

_________ (Initial)

Camper Signature ___________________________ Date ___________________________
This section to be completed by Parent/Guardian:

- I give my consent for my child _____________________________ to attend and participate fully in Summer Camp 2021 at the Community of the Great Commission. I hereby voluntarily and absolutely release and discharge Christian Churches of Northern California and Nevada (hereinafter referred to as CCNC-N) and United Camps, Conferences and Retreats (hereinafter referred to as UCCR), its constituent organizations and their officers, agents, employees, including volunteers, from any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death that my child may suffer as a result of his/her participation in the above-mentioned activity, including transportation to or from the event, or occurring by the use of facilities or equipment; whether or not such injuries or damages are caused by the negligence (active or passive) of any of the entities or individual named above.
- I agree to direct my child to cooperate and conform to the directions and instructions of personnel responsible for the activities. I have read the camp covenant, and I understand that if my child violates the covenant, I will be responsible for my child’s early transportation home. _________ (Initial).
- I promise that I (or an emergency contact person) will be available by phone and in person in case of an urgent situation during the week of camp.
- I give my permission for the registrant to be photographed for educational/publicity purposes (with the possibility of the pictures being published on the Regional Website or Facebook page). I have read and understand CCNC-N’s Cyber Policy and I will seek to uphold the responsibilities and procedures outlined in this policy. _________ (Initial)

Parent/Guardian signature: __________________________________________________________________________ Date ___________________

Camper’s Covenantal Agreement if 18 or older

- I agree to cooperate and conform to the directions and instructions of personnel responsible for the activities.
- I have read and agree to abide by the Camp Covenant. I understand that violation of this covenant may result in my being sent home from camp and that I will be responsible for my early transportation home. _________ (Initial)
- I agree to attend and participate fully in Summer Camp 2021 at the Community of the Great Commission. I hereby voluntarily and absolutely release and discharge Christian Churches of Northern California and Nevada (hereinafter referred to as CCNC-N) and United Camps, Conferences and Retreats (hereinafter referred to as UCCR), its constituent organizations and their officers, agents, employees, including volunteers, from any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death that I may suffer as a result of my participation in the above-mentioned activity, including transportation to or from the event, or occurring by the use of facilities or equipment; whether or not such injuries or damages are caused by the negligence (active or passive) of any of the entities or individual named above.
- I give my permission to be photographed for educational/publicity purposes (with the possibility of the pictures being published on the Regional Website). I have read and understand CCNC-N’s Cyber Policy and I will seek to uphold the responsibilities and procedures outlined in this policy. _________ (Initial)

Camper Signature: __________________________________________________________________________ Date ___________________
Health Form for Child/Youth Camps

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

Camper’s Last Name_______________________________ First Name ______________________________ Middle Name ___________________

Camper’s Address____________________________________________City______________________State________Zip_________________

Age______ Date of birth ____________ Gender__________ Camp (circle one):  Junior    Chi Rho     CYF      JOY(GP&M)     Adult/Young Adult

The following information is required to ensure that your child’s individual needs are met while attending camp. It is vitally important that you provide our camp Registered Nurse, EMT, and/or CPR trained camp medical care supervisor with the most accurate information with regard to your child’s health issues including any Special Needs that your child has. Withholding information prevents our camp staff from ensuring that your child has the best week of summer camp ever. Information is confidential and will be made available only to those people who are directly responsible for your child’s well-being. In the event of an emergency, every effort will be made to contact the parent/guardian. **No person will be allowed to attend camp without a completed and signed copy of this form.** All medications must be listed including those for impulse control, behavior management and group learning situations providing enough to last through evening programming. Camp is not a time for a medication holiday.

**HEALTH HISTORY:** Has your child been subject to any of the following? Please check all that apply.

<table>
<thead>
<tr>
<th></th>
<th>In past year</th>
<th>More than 1 year ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td>Hyperactivity</td>
</tr>
<tr>
<td>Epilepsy</td>
<td></td>
<td>Convulsions</td>
</tr>
<tr>
<td>Heart disease</td>
<td></td>
<td>Fainting spells</td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td></td>
<td>Tires easily</td>
</tr>
<tr>
<td>Chicken pox</td>
<td></td>
<td>Nosebleeds</td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td>Eye/ear problems</td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td>Fractures</td>
</tr>
<tr>
<td>Whooping cough</td>
<td></td>
<td>Muscle sprains</td>
</tr>
<tr>
<td>Scarlet fever</td>
<td></td>
<td>Bed wetting</td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td>Depression</td>
</tr>
<tr>
<td>Encephalitis</td>
<td></td>
<td>Other (specify)</td>
</tr>
<tr>
<td>Emotional problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does your child have any allergies? ____________________________________________________________

Are immunizations up to date? _______ Date of last tetanus booster: ____________________
(Tetanus booster should be within last 10 years.) Date of last DPT booster: ____________________

Usual source of care:  
Physician_________________________________________ Phone no.______________________________

Dentist_________________________________________ Phone no.______________________________

Eye Doctor ______________________________________ Phone no.______________________________

Glasses? ___________ Contact Lenses? ___________

Health Insurance Carrier and no.: _____________________________________________________________

Is your child currently under care of a physician? ___________ Counselor? ___________ If yes, please give additional information: ________________________________

(Health Form continued on next page)
Does your child have any special dietary needs? (Please specify food allergies, if vegetarian, etc.) ____________________________________
___________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

Is there additional information, which would be of help in promoting your child’s welfare while at camp?

Does your child have special needs that require an IEP or 504 Plan? What is that need and can you attach a summary of the IEP?

__________________________________________________________________________________________________________________-

What are emotional and/or physical triggers for your child?

____________________________________________________________________________________________________________________

Please attach extra pages as needed to detail needs of your child and techniques and strategies to help them be successful at camp.

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

Are there activities your child should not participate in while at camp? □ Yes □ No If so, please explain__________________________________________

___________________________________________________________________________________________________________________

Will this be the first time your child has been away from home alone? □ Yes □ No

A pre camp 14 day at home health check form will be emailed to all camp registrants. This form must be completed with temperature and well-being entered daily. Please bring this form to the first day of camp to check in with the camp nurse.

Transportation

Transportation will be provided from home to camp by:
(List all possibilities for drivers who have your permission to transport your child to camp.)
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

Transportation will be provided from camp to home by:
(List all possibilities for drivers who have your permission to transport your child from camp to home.)
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
As-needed Medications

If you do not wish to have your child 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 leave the column blank. These non-prescription drugs will be provided on an as needed basis. (Generic brands may be substituted for name brands listed here.) Please send over the counter medication that is taken on a regular basis.

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

Medications: Please provide and list amount and times for each prescription medication that your child takes on a regular basis. Please provide inhalers and adrenaline, epinephrine (EpiPen) and instructions on an as needed basis. Please provide any over the counter medication taken regularly. This information can be updated at any time or when your child arrives at camp. All medications must be in their original packaging and will be administered by the medical supervisor during camp only as prescribed by a doctor on the prescription bottle label. All prescription and over the counter medicines, including vitamins, must be turned over to the camp medical care supervisor. All medications must be listed including those for impulse control, behavior management and group learning situations providing enough to last through evening programming. All listed medications must be taken. A camper keeping medication in their belongings in the cabin has chosen not to participate fully at camp and has chosen to go home. If a camper comes without the regular daily medication and causes disruption in community, it is grounds to be sent home. Camp is not a time for a medication holiday. Parents must sign for medications brought on the first day of camp that are not on this list.

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

Medical Release Statement (MUST be signed)

My Child __________________________________ is in good health. I will notify the camp director if my child is exposed to any communicable disease during the two weeks prior to attending camp.

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 my child/myself (if over 18). 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 my child/myself (if over 18).

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Printed Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Numbers:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Parent/Guardian Phone:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
JOY Camp – Formerly Grandparents & Me  
(Joining Older and Younger)  
Adult and Child Registration

CCNC-N Summer Camp June 26-28, 2021 at the Community of the Great Commission

All information is required; Child may submit this registration online with the parents separately from accompanying adults. 
Adults fill out the adult health form; parents of children fill out a child/youth health form.

<table>
<thead>
<tr>
<th>Title</th>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Adult Name</td>
<td>First _________________________________</td>
<td>M.I. ________</td>
<td>Last ___________________________________</td>
<td></td>
</tr>
</tbody>
</table>

Street Address__________________________________ City ____________________________ State _____ Zip ______________

Home Phone _________________________ Work Phone ______________________ Cell Phone ___________________________

Email Address _____________________________________________ Gender __________

Home Church ______________________________________________ City ___________________________________________

<table>
<thead>
<tr>
<th>Title</th>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Adult Name</td>
<td>First___________________________________</td>
<td>M.I.________</td>
<td>Last _________________________________</td>
<td></td>
</tr>
</tbody>
</table>

Street Address__________________________________ City ________________________ State ______ Zip _____________

Email Address _____________________________________________ Gender __________

Home Church ______________________________________________ City ___________________________________________

<table>
<thead>
<tr>
<th>Title</th>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Child</td>
<td>First Name ______________________________</td>
<td>M.I. _______</td>
<td>Last _________________________________</td>
<td></td>
</tr>
</tbody>
</table>

Street Address ______________________________________ City ________________________ State _____ Zip _____________

Home Church _______________________________________ City ______________________________ Gender ______________

This section to be completed by Parent/Guardian of child.

- I give my consent for ______________________________ to attend and participate fully in JOY Camp 2021 at the Community of the Great Commission.

- I give my permission for my child to be photographed for educational or publicity reasons (with the possibility of the pictures being published on the Regional website).

Parent/Guardian signature ______________________________________________________ Date _______________________

<table>
<thead>
<tr>
<th>Title</th>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Child</td>
<td>First Name ______________________________</td>
<td>M.I. ________</td>
<td>Last _________________________________</td>
<td></td>
</tr>
</tbody>
</table>

Street Address ______________________________________ City ________________________ State _____ Zip _____________

Home Church _______________________________________ City ______________________________ Gender ______________

This section to be completed by Parent/Guardian of child.

- I give my consent for ______________________________ to attend and participate fully in JOY Camp 2021 at the Community of the Great Commission.

- I give my permission for my child to be photographed for educational or publicity reasons (with the possibility of the pictures being published on the Regional website).

Parent/Guardian signature ______________________________________________________ Date _____________________
ACCOMMODATIONS for JOY Camp

There are four choices of accommodation.

1) Claar House: Twin beds (some in private rooms and some in shared rooms). Bathrooms are in room or down the hall.
2) Your own RV: 3 spaces available. One has water and electrical hook-up, one has electrical only, and one has no hook-ups.
3) Your own tent: Tent spaces are close to a bathhouse and campfire circle.
4) Holland Area Summer Cabins: 5 cabins with bunk beds and bathhouse access.

Reservations for all types of accommodation will be on a first come, first served basis. Register early!

All meals will be provided at the Irvin Dining Hall. Most special needs can be accommodated. Note yours on Health Forms!

CAMP COST: Fees cover two nights and five meals. Each price is per person.

<table>
<thead>
<tr>
<th></th>
<th>1st Adult</th>
<th>2nd Adult</th>
<th>1st Child 6-9</th>
<th>2nd Child 6-9</th>
<th>Child under 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claar House</td>
<td>$130.00</td>
<td>130.00</td>
<td>85.00</td>
<td>85.00</td>
<td>Free</td>
</tr>
<tr>
<td>RV or Tent</td>
<td>$80.00</td>
<td>80.00</td>
<td>60.00</td>
<td>60.00</td>
<td>Free</td>
</tr>
<tr>
<td>Holland Area Summer Cabins</td>
<td>$110.00</td>
<td>110.00</td>
<td>70.00</td>
<td>70.00</td>
<td>Free</td>
</tr>
</tbody>
</table>

Sub-total

Total Cost

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.**
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>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td>Hyperactivity</td>
</tr>
<tr>
<td>Epilepsy</td>
<td></td>
<td>Convulsions</td>
</tr>
<tr>
<td>Heart disease</td>
<td></td>
<td>Fainting spells</td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td></td>
<td>Tires easily</td>
</tr>
<tr>
<td>Chicken pox</td>
<td></td>
<td>Nosebleeds</td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td>Eye/ear problems</td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td>Fractures</td>
</tr>
<tr>
<td>Whooping cough</td>
<td></td>
<td>Muscle sprains</td>
</tr>
<tr>
<td>Scarlet fever</td>
<td></td>
<td>Depression</td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td>Other (specify)</td>
</tr>
<tr>
<td>Encephalitis</td>
<td></td>
<td></td>
</tr>
</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>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Abdominal Pain</td>
<td>Liquid Maalox (aluminum hydroxide)</td>
<td>NO</td>
<td>Fever, Flu; Headache</td>
<td>Advil (ibuprofen) or Tylenol (acetaminophen)</td>
</tr>
<tr>
<td>Nausea</td>
<td>Maalox (aluminum hydroxide)</td>
<td>NO</td>
<td>Menstrual Cramps</td>
<td>Advil (ibuprofen) or Tylenol (acetaminophen)</td>
</tr>
<tr>
<td>Allergy, Hives, Bites</td>
<td>Chlortrimeton, Benadryl (diphenhydramine)</td>
<td>NO</td>
<td>Muscle Spasm</td>
<td>Advil (ibuprofen) or Tylenol (acetaminophen)</td>
</tr>
<tr>
<td>Constipation</td>
<td>Milk of Magnesia (magnesium hydroxide)</td>
<td>NO</td>
<td>Poison</td>
<td>Ipecac syrup or activated Charcoal Doctor will be called first</td>
</tr>
<tr>
<td>Cough</td>
<td>Robitussin DM (dextromethorphan guaifenesin)</td>
<td>NO</td>
<td>Rash</td>
<td>Cortaid Cream (hydrocortisone cream)</td>
</tr>
<tr>
<td>Cuts</td>
<td>Hibactens and Polysporin (bacitracin polymyxin ointment)</td>
<td>NO</td>
<td>Sinusitis</td>
<td>Sinutab (loratadine chlorpheniramine phenylephrine)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Imodium AD (loperamid)</td>
<td>NO</td>
<td>Sore Throat</td>
<td>Throat Lozenge, (acetaminophen, ibuprofen)</td>
</tr>
<tr>
<td>Earache</td>
<td>Auralgan (if not allergic to –caines), Sinutab, Afrin (benzocaine, antipyrine ointment) (oxymetazoline nasal spray)</td>
<td>NO</td>
<td>Sunburn</td>
<td>Solar Caine (if not allergic to –caines) (ibuprofen &amp; lidocaine spray)</td>
</tr>
<tr>
<td>Eye Irritation</td>
<td>Visine AC Tetrahydrozoline HCl eye drops</td>
<td>NO</td>
<td>Vomiting</td>
<td>Pedialyte (oral fluid and electrolyte solution)</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>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</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: ____________________________ ____________________________ ________

Home     Office     Mobile

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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 ____________________________