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

Peace Works
Empowering the Next Generation of Peacemakers

NEW! Expanded Worship Section

INSIDEOUT
Christian Resources for Outdoor Ministries
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 all other links to camp 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)

<table>
<thead>
<tr>
<th>Dates</th>
<th>Camp Type</th>
</tr>
</thead>
<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)</td>
</tr>
<tr>
<td></td>
<td>(Entering K-3rd grade)</td>
</tr>
<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>
</tr>
</tbody>
</table>

Invite a friend to register with you!
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 am 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): __________________________________
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.

1st Adult Name: First _________________________________ M.I. _______ Last ___________________________________
Street Address____________________________________ City ____________________________ State _____ Zip ______________
Home Phone _________________________ Work Phone ______________________ Cell Phone ___________________________
Email Address _____________________________________________ Gender __________
Home Church _____________________________________________ City ____________________________________________

2nd Adult Name: First ___________________________________ M.I. _______ Last _________________________________
Street Address____________________________________ City ____________________________ State _____ Zip ______________
Email Address _____________________________________________ Gender __________
Home Church _____________________________________________ City ____________________________________________

1st Child: First Name ______________________________ M.I. _______ Last _________________________________
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 _______________________

2nd Child: First Name ______________________________ M.I. _______ Last _________________________________
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>$130.00</th>
<th>2nd Adult</th>
<th>$130.00</th>
<th>1st Child 6-9</th>
<th>$85.00</th>
<th>2nd Child 6-9</th>
<th>$85.00</th>
<th>Child under 6</th>
<th>Free</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claar House</td>
<td>1st Adult</td>
<td>$130.00</td>
<td>2nd Adult</td>
<td>$130.00</td>
<td>1st Child 6-9</td>
<td>$85.00</td>
<td>2nd Child 6-9</td>
<td>$85.00</td>
<td>Child under 6</td>
<td>Free</td>
</tr>
<tr>
<td></td>
<td>RV or Tent</td>
<td>1st Adult</td>
<td>$80.00</td>
<td>2nd Adult</td>
<td>$80.00</td>
<td>1st Child 6-9</td>
<td>$60.00</td>
<td>2nd Child 6-9</td>
<td>$60.00</td>
<td>Child under 6</td>
</tr>
<tr>
<td></td>
<td>Holland Area Summer Cabins</td>
<td>1st Adult</td>
<td>$110.00</td>
<td>2nd Adult</td>
<td>$110.00</td>
<td>1st Child 6-9</td>
<td>$70.00</td>
<td>2nd Child 6-9</td>
<td>$70.00</td>
<td>Child under 6</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 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>
<th>In past year</th>
<th>More than 1 year ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td>Hyperactivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td></td>
<td>Convulsions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart disease</td>
<td></td>
<td>Fainting spells</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td></td>
<td>Tires easily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicken pox</td>
<td></td>
<td>Nosebleeds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td>Eye/ear problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td>Fractures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whooping cough</td>
<td></td>
<td>Muscle sprains</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scarlet fever</td>
<td></td>
<td>Bed wetting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td>Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encephalitis</td>
<td></td>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does your child have any allergies? _______________________________________________________________________________________

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

(Tetanus booster should be within last 10 years.)

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 Symptoms</th>
<th>Treatment</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Abdominal Pain</td>
<td>Liquid Maalox (aluminum hydroxide)</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>Menstrual Cramps</td>
<td>Advil (ibuprofen) or Tylenol (acetaminophen)</td>
<td></td>
</tr>
<tr>
<td>Allergy, Hives, Bites</td>
<td>Benadryl (diphenhydramine)</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>Poison</td>
<td>Activated Charcoal Poison Control Center will be called first</td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td>Robitussin DM (dextromethorphan guaifenesin)</td>
<td>Rash</td>
<td>Cortaid Cream (hydrocortisone cream)</td>
<td></td>
</tr>
<tr>
<td>Cuts</td>
<td>Hibiclens and Polysporin (bacitracin polymixin ointment)</td>
<td>Sinusitis</td>
<td>Sinutab (loratadine chlorpheniramine phenylephrine)</td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Imodium AD (loperamide)</td>
<td>Sore Throat</td>
<td>Throat Lozenges, (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 Caine (if not allergic to –caines) ( ibuprofen &amp; lidocaine spray)</td>
<td></td>
</tr>
<tr>
<td>Eye Irritation</td>
<td>Visine AC Tetrahydrozoline HCl eye drops</td>
<td>Vomiting</td>
<td>Pedialyte (oral fluid and electrolyte solution)</td>
<td></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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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).

Parent/Guardian Signature_______________________ Printed Name________________________ Date________

Phone Numbers: _____________________________ __________________________ __________________________

Additional Parent/Guardian Phone: _____________________________ __________________________ __________________________

Parent/Guardian Signature_______________________ Printed Name________________________ Date________

Phone Numbers: _____________________________ __________________________ __________________________

Additional Parent/Guardian Phone: _____________________________ __________________________ __________________________
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>Health Issue</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>
<tr>
<td>Emotional problems</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>
<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>Chlortrimeton, 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 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>
<td></td>
</tr>
<tr>
<td>Cuts</td>
<td>Hibiclens and Polysporin (bacitracin polymyxin ointment)</td>
<td></td>
<td>Sinusitis</td>
<td>Sinutab (loratadine chlorpheniramine phenylephrine)</td>
<td></td>
</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></td>
<td>Sunburn</td>
<td>Solar Caine (if not allergic to –caines) ( ibuprofen &amp; lidocaine spray)</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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</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
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.

Please turn your competed Registration form to the Congregational Registrar.
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

Camp planning to attend (please circle):

JOY  Junior  Chi Rho  CYF

Adult/Young Adult

Home Phone Number

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 ____________________