CCNC-N
Junior, Chi Rho, and CYF
Summer Camps 2021
at the
Community of the Great Commission
Church Camp at CGC Returns!

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

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

WELCOME TO PEACE WORKS!

CGC CAMP 2021

Leanne Stump, Director of Outdoor Ministries, CCNC-N

Summer Camp 2021

At the Community of the Great Commission (CGC)

June 22 - June 26   Junior Camp (Entering 4th, 5th, and 6th grades)
June 22 - June 26   Chi Rho Camp (Entering 7th, 8th, and 9th grades)
June 26 – June 28   JOY Camp (Formerly Grandparents and Me)
                      (Entering K-3rd grade)
June 29 - July 3    CYF Camp (Entering 10th, 11th, and 12th grades and 2021 graduates)

August 5 - 8       Young Adult/Adult Camp
The Community of the Great Commission Participant COVID-19 Waiver, Release, Indemnification of all Claims & Covenant Not To Sue

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

Family Name: ______________________________________
(JOY Camp participants)

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

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

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

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

In consideration of your participation and/or the named minor’s participation in the Christian Church (Disciples of Christ) of Northern California/Nevada Region at the Community of the Great Commission activities and programs, I 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): __________________________________
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.
Any medications or vitamins brought to camp that are not listed on the health form must be signed in by a parent or guardian and checked in with 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 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>
<th>In past year</th>
<th>More than 1 year ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
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<tr>
<td>Epilepsy</td>
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<td>Heart disease</td>
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<td>Rheumatic fever</td>
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<td>Chicken pox</td>
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<td>Rubella</td>
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<tr>
<td>Mumps</td>
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<td>Whooping cough</td>
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<td>Scarlet fever</td>
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<td>Hepatitis</td>
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<tr>
<td>Encephalitis</td>
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<tr>
<td>Emotional problems</td>
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<tr>
<td>Diarrhea</td>
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<tr>
<td>Convulsions</td>
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<tr>
<td>Fainting spells</td>
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<tr>
<td>Tires easily</td>
<td></td>
<td></td>
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<tr>
<td>Nosebleeds</td>
<td></td>
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<tr>
<td>Eye/ear problems</td>
<td></td>
<td></td>
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<tr>
<td>Muscle sprains</td>
<td></td>
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<tr>
<td>Bed wetting</td>
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<tr>
<td>Depression</td>
<td></td>
<td></td>
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<tr>
<td>Other (specify)</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</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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 polymyxin 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 Lozenge, (acetaminophen, ibuprofen )</td>
<td></td>
</tr>
<tr>
<td>Earache</td>
<td>Auralgan (if not allergic to –caines), Sinutab, Afrin (benzocaine, antipyrine ointment ) (oxymetazoline nasal spray)</td>
<td>Sunburn</td>
<td>Solar 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>
</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: _____________________________ _____________________________ _____________________________

Home        Work              Mobile

Additional Parent/Guardian Phone: _____________________________ _____________________________ _____________________________

Home        Work              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.

* 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