2020
CCNC-N
Summer Camps
at the
Community of the Great Commission
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Peace Works

Camp 2020

Daily Themes: Diversity of Voices
Each daily theme invites campers to think about peace and peacemaking from a different perspective. Various cultural and ethnic expressions and voices are brought together to make peace more than a clichéd dream. The hospitality of aloha, connectivity of ubuntu, self-awareness of heiwa, and the passion of sí se puede remind us that peace pushes us to change, grow, and unite.

Day 1
Aloha
Hospitality
Luke 14
Great Banquet

Day 2
Ubuntu
Community
1 Corinthians 12:1–27
Body of Christ

Day 3
Shalom
Responding to Conflict
Genesis 27:1–26
Jacob and Essau’s Conflict

Day 4
Agape
God’s Reconciling Love
John 13:17
Last Supper and Foot Washing

Day 5
Heiwa
Self-sacrifice for Unity of All
Mark 12:28–31
Great Commandment

Day 6
Sí Se Puede
Active Peacemaking
Good Samaritan

Day 7
Aloha
Going Out
John 14:25–27
My Peace I Give to You
**Summer Camp 2020**  
**At the Community of the Great Commission (CGC)**

<table>
<thead>
<tr>
<th>Dates</th>
<th>Camp Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 4 - June 7</td>
<td>Young Adult/Adult Camp</td>
</tr>
<tr>
<td>June 21 - June 27</td>
<td>Junior Camp (Graduates of 3&lt;sup&gt;rd&lt;/sup&gt;-5&lt;sup&gt;th&lt;/sup&gt; grades)</td>
</tr>
<tr>
<td>June 21 - June 28</td>
<td>Chi Rho Camp (Graduates of 6&lt;sup&gt;th&lt;/sup&gt;-8&lt;sup&gt;th&lt;/sup&gt; grades)</td>
</tr>
<tr>
<td>June 27 – June 29</td>
<td>JOY Camp (Formerly Grandparents and Me)</td>
</tr>
<tr>
<td></td>
<td>(Entering K-3&lt;sup&gt;rd&lt;/sup&gt; grade)</td>
</tr>
<tr>
<td>June 28 - July 4</td>
<td>CYF Camp (Graduates of 9&lt;sup&gt;th&lt;/sup&gt;-12&lt;sup&gt;th&lt;/sup&gt; grades)</td>
</tr>
</tbody>
</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 Sunday, May 17, 2020.

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 3 pages of health forms and 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.

<table>
<thead>
<tr>
<th>MAY 10</th>
<th>DUE DATE for Adult Camp Registrations</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAY 17</td>
<td>DUE DATE for online registrations for Early Bird registration fee:</td>
</tr>
<tr>
<td></td>
<td>$450 for Chi Rho and CYF and $430 for Junior Camp</td>
</tr>
<tr>
<td></td>
<td>1. Complete online CGC Registration</td>
</tr>
<tr>
<td></td>
<td>2. All online Regional Camp Scholarship requests – Scholarship requests will not be accepted after May 17.</td>
</tr>
<tr>
<td></td>
<td>3. Print, complete and give to Congregational Camp Registrar the 3-page Health Form and the Covenant and Pastor Signature pages.</td>
</tr>
<tr>
<td></td>
<td>4. Registrations between May 18 and May 30 will be accepted online for a $500 registration fee.</td>
</tr>
</tbody>
</table>

May 30 FINAL DEADLINE for all Community of the Great Commission Camps at $500. No registrations will be accepted after this date!

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, Pastor signature page, Covenant page, 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>Church</th>
<th>Check No.</th>
<th>Amount</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Camp Designator</th>
<th>Online</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adult Jr Chi Rho JOY CYF</td>
<td>$</td>
</tr>
</tbody>
</table>

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
2020 Camp Information

June 4-June 7 - 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 Pastor Signature pages to your Congregational Camp Registrar)

<table>
<thead>
<tr>
<th>June 21 – June 27</th>
<th>Junior Camp/CCF (completed 3rd - 5th grades) Sunday 3:00 – Saturday 11:00</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 21 – June 27</td>
<td>Chi Rho (completed 6th - 8th grades) Sunday 3:00 – Saturday 11:00</td>
</tr>
<tr>
<td>June 27 – June 29</td>
<td>JOY (Formerly Grandparents &amp; Me) (Kindergarten – 3rd grade) Saturday 2:00 – Monday 11:30</td>
</tr>
<tr>
<td>June 28 – July 4</td>
<td>CYF Camp (completed 9th - 12th grades and 2020 high school graduates) Sunday 3:00 – Saturday 11:00</td>
</tr>
</tbody>
</table>

MAY 10 Due Date for Adult Camp Registrations
MAY 17 Due Date for CGC Online Registrations for the Early Bird Price:
$450 registration fee for Chi Rho and CYF and $430 for Junior Camp.

1. Complete CGC Online Registration
2. All Online Regional Camp Scholarship requests – Scholarship requests will not be accepted after May 17.
3. Print, complete, and give to Congregational Camp Registrar the 3-page Health Form, the Covenant, and Pastor Signature pages.
   Registrations arriving between May 18 and May 30 will be accepted Online for a $500 registration fee.

May 30 FINAL DUE DATE for all Community of the Great Commission Camps
Registrations Online between May 18 and May 30 will be accepted for a $500 registration fee (No registrations will be accepted after this date!)
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 Sunday 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
✓ Sleeping bag & pillow
✓ Clothes (keep in mind the warm afternoons and cool nights at CGC as well as the red dirt!)
✓ Appropriate swimwear
✓ Extra socks (they get dirty fast!)
✓ Long pants & long-sleeved shirt/sweatshirt for evenings
✓ Closed-toed shoes
✓ Sun block
✓ Lip balm with sunscreen
✓ Small stick of antiperspirant (eases itch from mosquito bites)
✓ Bug spray
✓ Towel (for showers & swimming)
✓ Toiletries
✓ Flashlight
✓ 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!

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.**
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@ccnrcn.org.
Child/Youth Registration

CCNC-N Summer Camp 2020 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/CCF (completed grades 3, 4, 5) June 21 – June 27
       ______    Chi Rho (completed grades 6, 7, 8) June 21 – June 27
       ______    CYF (completed grades 9, 10, 11, 12) June 28 – July 4

Camp Fee     $450 Chi Rho and CYF    $430 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.**

All registrations and payments are due online by May 17 for the Early Bird registration fee of $450 Chi Rho and CYF Camp and $430 Junior Camp.

Church registrars will postmark or deliver all congregational portions of camp fees by May 20 to the Regional Office.
Registrations will be accepted Online from May 18 through May 30 for a $500 registration fee. No registrations will be accepted after May 30. No scholarship requests will be accepted after May 17.

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...

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 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. *
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 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 2020 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 2020 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 2020 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 ______ SS # __________________ 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>In past year</th>
<th>More than 1 year ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>Hyperactivity</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>Convulsions</td>
</tr>
<tr>
<td>Heart disease</td>
<td>Fainting spells</td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td>Tires easily</td>
</tr>
<tr>
<td>Chicken pox</td>
<td>Nosebleeds</td>
</tr>
<tr>
<td>Rubella</td>
<td>Eye/ear problems</td>
</tr>
<tr>
<td>Mumps</td>
<td>Fractures</td>
</tr>
<tr>
<td>Whooping cough</td>
<td>Muscle sprains</td>
</tr>
<tr>
<td>Scarlet fever</td>
<td>Bed wetting</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>Depression</td>
</tr>
<tr>
<td>Encephalitis</td>
<td>Other (specify)</td>
</tr>
<tr>
<td>Emotional problems</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: 

<table>
<thead>
<tr>
<th>Physician</th>
<th>Phone no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist</td>
<td>Phone no.</td>
</tr>
<tr>
<td>Eye Doctor</td>
<td>Phone no.</td>
</tr>
<tr>
<td>Glasses?</td>
<td>Contact Lenses?</td>
</tr>
</tbody>
</table>

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

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></td>
<td></td>
<td></td>
<td></td>
<td>Poison</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Activated Charcoal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Poison Control Center will be called first</td>
</tr>
<tr>
<td>Constipation</td>
<td>Milk of Magnesia (magnesium hydroxide)</td>
<td></td>
<td>Rash</td>
<td>Cortaid Cream (hydrocortisone cream)</td>
</tr>
<tr>
<td>Cough</td>
<td>Robitussin DM (dextromethorphan guafenesin)</td>
<td></td>
<td>Sinusitis</td>
<td>Sinutab (loratadine chlorpheniramine phenylephrine)</td>
</tr>
<tr>
<td>Cuts</td>
<td>Hibadens and Polysporin (bacitracin polymyxin ointment)</td>
<td></td>
<td>Sore Throat</td>
<td>Throat Lozenges, (acetaminophen, ibuprofen)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Imodium AD (loperamide)</td>
<td></td>
<td>Sunburn</td>
<td>Solar Caine (if not allergic to – caines) (ibuprofen &amp; lidocaine spray)</td>
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<td>Earache</td>
<td>Auralgan (if not allergic to –caines), Sinutab, Afrin (benzocaine, antipyrine ointment) (oxymetazoline nasal spray)</td>
<td></td>
<td>Vomiting</td>
<td>Pedialyte (oral fluid and electrolyte solution)</td>
</tr>
<tr>
<td>Eye Irritation</td>
<td>Visine AC Tetrahydrozoline HCl eye drops</td>
<td></td>
<td></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: ____________________________ ____________________________ ____________________________

Additional Parent/Guardian Phone: ____________________________ ____________________________ ____________________________
Young Adult/Adult Camp Registration

CCNC-N Summer Camp June 4-7, 2020 at the Community of the Great Commission
(All information is required)
PLEASE COMPLETE ADULT HEALTH FORM ALSO (All information is required)
DUE DATE MAY 10, 2020

Name: First ______________________   Middle ______________________   Last ______________________
Street Address ______________________ City ______________________ State _______ Zip _______
Home Phone _______________ Work Phone ______________________ Cell Phone ______________________
Email Address ______________________ Gender: ____________
Home Church ______________________ City ______________________
Day & Time of Arrival ______________________ Day & Time of Departure ______________________
Special Dietary Needs (please be very specific) _______________________________________________________
Participant’s Signature ______________________ Date ______________________

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

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

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

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

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

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

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

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

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

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 – To more fully acknowledge adoptive grandparents) 
Adult and Child Registration

CCNC-N Summer Camp 2020 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 2020 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 2020 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>1&lt;sup&gt;st&lt;/sup&gt; Adult</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Adult</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Child 6-9</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; 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.**
Health Form for Adult/Young Adult Participants including JOY Camp

CCNC-N Summer Camp 2020 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>
<th>In past year</th>
<th>More than 1 year ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicken pox</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whooping cough</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scarlet fever</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encephalitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional problems</td>
<td></td>
<td></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>Chlortrimatron, Benadryl (diphenhydramine)</td>
<td></td>
<td>Muscle Spasm</td>
<td>Advil (ibuprofen) or Tylenol (acetaminophen)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Poison</td>
<td>Ipecac syrup or activated Charcoal Doctor will be called first</td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td>Milk of Magnesia (magnesium hydroxide)</td>
<td></td>
<td>Rash</td>
<td>Cortaid Cream (hydrocortisone cream)</td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td>Robitussin DM (dextromethorphan guaifenesin)</td>
<td></td>
<td>Sinusitis</td>
<td>Sinutab (loratadine chlorpheniramine phenylephrine)</td>
<td></td>
</tr>
<tr>
<td>Cuts</td>
<td>Hibadens and Polysporin (bacitracin polymyxin ointment)</td>
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<td>Sore Throat</td>
<td>Throat Lozenges, (acetaminophen, ibuprofen)</td>
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<td>Diarrhea</td>
<td>Imodium AD (loperamide)</td>
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<td>Sunburn</td>
<td>Solar Caine (if not allergic to –caines) (ibuprofen &amp; lidocaine spray)</td>
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<td>Auralgan (if not allergic to –caines), Sinutab, Afrin (benzocaine, antipyrine ointment) (oxymetazoline nasal spray)</td>
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<td>Vomiting</td>
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<td>Eye Irritation</td>
<td>Visine AC Tetrahydrozoline HCl eye drops</td>
<td></td>
<td></td>
<td></td>
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</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>
</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.

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: ____________________________ ____________________________ ________
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 17.
* 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 2020 at the Community of the Great Commission
(All information is required)
Application Deadline: May 17, 2020

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  Tamarack

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 ____________________________