Adult/Young Adult Camp

2020

CCNC-N

at the
Community of the Great Commission

This I Believe
# Table of Contents

2020 Adult Camp Information ................................................................................................................................. 4
Information about Camp at the Community of the Great Commission ................................................................. 5
Young Adult/Adult Camp Registration ................................................................................................................... 8
Health Form for Adult/Young Adult Participants ................................................................................................. 10
Pastor Signature Page ............................................................................................................................................... 12
Camp Scholarship Information ............................................................................................................................ 13
Camp Scholarship Application ............................................................................................................................. 14
Summer Camp 2020
At the Community of the Great Commission (CGC)

June 4 - June 7       Young Adult/Adult Camp
June 21 - June 27     Junior Camp (Graduates of 3rd-5th grades)
June 21 - June 28     Chi Rho Camp (Graduates of 6th-8th grades)
June 27 – June 29     JOY Camp (Formerly Grandparents and Me)
                      (Entering K-3rd grade)
June 28 - July 4      CYF Camp (Graduates of 9th-12th grades)

Invite a friend to register with you!
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)

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**Invite a friend to register with you!**

**Community of the Great Commission**

*Give Health Forms and Pastor Signature page to your Congregational Camp Registrar or mail them to*

Christian Church of Northern California-Nevada  
9260 Alcosta Blvd., Suite C-22  
San Ramon, CA 94583-4143

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### MAY 10  Due Date for Adult Camp Registrations

1. Complete CGC Online Registration

2. All **Online Regional Camp Scholarship requests** – Scholarship requests will not be accepted after May 17.

3. Print and complete the 2-page Health Form and Pastor Signature page and give them to your Congregational Camp Registrar or mail them to CCNC-N, 9260 Alcosta Blvd., Suite C-22, San Ramon, CA 94583-4143

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### May 30  FINAL DUE DATE for Adult Camp at Community of the Great Commission

Registrations Online between May 11 and May 30 will be accepted for an additional **$50 registration fee** *(No registrations will be accepted after this date!)*
Information about Camp at the Community of the Great Commission

Keep this page to help you plan for camp.

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

Location

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

Medical Care & Emergencies

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

Mail at Camp

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

Arrival/Departure

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

**Adult camp begins at 3:00pm on Thursday and ends at 11:30am on Sunday.**

**Junior, Chi Rho, and CYF camps begin 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@ccncn.org.
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></th>
<th>3 Nights</th>
<th>2 Nights</th>
<th>Payment Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holland Area Cabin Accommodations:</td>
<td>$200</td>
<td>$160</td>
<td></td>
</tr>
<tr>
<td>Claar House Accommodations:</td>
<td>$265</td>
<td>$225</td>
<td></td>
</tr>
<tr>
<td>Tent Accommodations</td>
<td>$140</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CANCELLATIONS/ REFUNDS: For cancellations, call the regional office. A camper who cancels two weeks prior to the first day of camp will receive a refund of their camp fee, less a $100 cancellation fee. **IF CANCELLING WITH LESS THAN 2 WEEKS NOTICE, CAMPER IS RESPONSIBLE FOR FULL PAYMENT.**

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

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

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 History</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>Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td>Other (specify)</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>
</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>Chlortrimeton, 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>Poison</td>
<td>Ipecac syrup or activated Charcoal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Doctor 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 guaifenesin)</td>
<td></td>
<td>Sinusitis</td>
<td>Sinutab (loratadine chlorpheniramine phenylephrine)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(ibuprofen)</td>
</tr>
<tr>
<td>Cuts</td>
<td>Hibadens and Polysporin (bacitracin polymyxin ointment)</td>
<td></td>
<td>Sore Throat</td>
<td>Throat Lozenge, (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>
</tr>
<tr>
<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 list amount and times for each medication that you take on a regular and as needed basis. (Inhaler, Adrenaline, EpiPen) This information can be updated at any time or when you arrive at camp. All medications must be in their original packaging and may be administered by the adult camper. The information provided here will be kept confidential, but may be used to provide important information in the case of a health emergency.

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

Medical Release Statement (MUST be signed)

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

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
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
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@cccnen.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 ___________________________

Home Phone Number ___________________________

Camp planning to attend (please circle):

JOY  Junior  Chi Rho  CYF

Adult/Young Adult  Tamarack

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 ___________________________