JOY Camp
2020
CCNC-N
Summer Camp
at the
Community of the Great Commission

Peace Works
Empowering the Next Generation of Peacemakers

NEW!
Expanded Worship Section
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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!
2020 Camp Information

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 to CCNC-N, 9260 Alcosta Blvd., Suite C-22, San Ramon CA 94583-4143

June 27 – June 29 JOY (Formerly Grandparents & Me) (Kindergarten – 3rd grade)
Saturday 2:00 – Monday 11:30

MAY 17 Due Date for CGC Online 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 3-page Health Forms and Pastor Signature page then give to your Congregational Camp Registrar or mail to CCNC-N, 9260 Alcosta Blvd., Suite C-22, San Ramon CA 94583-4143.

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 an additional $50 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@ccncn.org.
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 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 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)

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

Sub-total

Total Cost

CANCELLATIONS/ REFUNDS: For cancellations, call the regional office. A camper who cancels two weeks prior to the first day of camp will receive a refund of their camp fee, less a $100 cancellation fee. **IF CANCELLING WITH LESS THAN 2 WEEKS NOTICE, CAMPER IS RESPONSIBLE FOR FULL PAYMENT.**
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></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>Hyperactivity</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>Convulsions</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>Fainting spells</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>Tires easily</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>Nosebleeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Eye/ear problems</td>
<td></td>
<td></td>
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<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fractures</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>Muscle sprains</td>
<td></td>
<td></td>
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<tr>
<td>Scarlet fever</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Bed wetting</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Encephalitis</td>
<td></td>
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<tr>
<td>Other (specify)</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>

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

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>
<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>
<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>
<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>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td>Milk of Magnesia (magnesium hydroxide)</td>
<td>RASH</td>
<td>Cortaid Cream (hydrocortisone cream)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td>Robitussin DM (dextromethorphan guaifenesin)</td>
<td>SINUSITIS</td>
<td>Sinutab (loratadine chlorpheniramine phenylephrine)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cuts</td>
<td>Hibadens and Polysporin (bacitracin polymyxin ointment)</td>
<td>SORE THROAT</td>
<td>Throat Lozenge, (acetaminophen, ibuprofen)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Imodium AD (loperamide)</td>
<td>SUNBURN</td>
<td>Solar Caine (if not allergic to – caines) (ibuprofen &amp; lidocaine spray)</td>
<td></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>VOMITING</td>
<td>Pedalyte (oral fluid and electrolyte solution)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Irritation</td>
<td>Visine AC Tetrahydrozoline HCI eye drops</td>
<td></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>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Medical Release Statement (MUST be signed)

My Child ___________________________ is in good health. I will notify the camp director if my child is exposed to any communicable disease during the two weeks prior to attending camp. In case of medical emergency, I give my permission to the physician selected by the Camp Director, Camp Medical Care Provider, or other authorized camp staff member to secure proper treatment for, hospitalize and order injection, anesthesia or surgery for my child/myself (if over 18). It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s), especially in case of emergency, to give specific consent to any such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his or her judgment may deem advisable. I agree to pay for any medical, dental, surgical, or hospital diagnosis, treatment, or care rendered to my child/myself (if over 18).

Parent/Guardian Signature ___________________________ Printed Name ___________________________ Date ___________________________

Phone Numbers: ___________________________ ___________________________ ___________________________

Additional Phone: ___________________________ ___________________________ ___________________________

13
Health Form for 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>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td>Hyperactivity</td>
</tr>
<tr>
<td>Epilepsy</td>
<td></td>
<td>Convulsions</td>
</tr>
<tr>
<td>Heart disease</td>
<td></td>
<td>Fainting spells</td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td></td>
<td>Tires easily</td>
</tr>
<tr>
<td>Chicken pox</td>
<td></td>
<td>Nosebleeds</td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td>Eye/ear problems</td>
</tr>
<tr>
<td>Mumps</td>
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<td>Fractures</td>
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<tr>
<td>Whooping cough</td>
<td></td>
<td>Muscle sprains</td>
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<tr>
<td>Scarlet fever</td>
<td></td>
<td>Depression</td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td>Other (specify)</td>
</tr>
<tr>
<td>Encephalitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you have any allergies? __________________________________

Are your immunizations up to date? ___________ Date of last tetanus booster: ___________ Date of last DPT booster: ___________

(\Last Tetanus booster should be within 10 years.\)

Usual source of care:
Physician __________________________________ Phone no.
Dentist __________________________________ Phone no.
Eye Doctor __________________________________ Phone no.

Do you wear Glasses? _________________ Contact Lenses? _________________

Health Insurance Carrier and no.: ______________________________________

Are you currently under care of a physician? ___________ Counselor? ___________ If yes, please give additional information: ______________________________________

Do you have any special dietary needs? (Please specify food allergies, if vegetarian, etc.) ______________________________________

Is there additional information which would be of help in promoting your welfare while at camp? ______________________________________

Getting around at camp requires extensive walking on gravel roads and dirt trails. Due to the nature of this camp the use of walkers, crutches or wheelchairs is not appropriate. Some transportation by car is possible around the camp grounds.
As-needed Medications

If you do not wish to be treated using the following medications in the event of the presence of the symptoms indicated, please check the “No” column. If the treatment listed below is acceptable for the corresponding symptoms, do not bring the listed medication. These non-prescription drugs will be provided. (Generic brands may be substituted for name brands listed here.) Please bring these over the counter medications if you take them regularly.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Treatment</th>
<th>NO</th>
<th>Symptoms</th>
<th>Treatment</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Abdominal Pain</td>
<td>Liquid Maalox (aluminum hydroxide)</td>
<td></td>
<td>Fever, Flu, Headache</td>
<td>Advil (ibuprofen) or Tylenol (acetaminophen)</td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td>Maalox (aluminum hydroxide)</td>
<td></td>
<td>Menstrual Cramps</td>
<td>Advil (ibuprofen) or Tylenol (acetaminophen)</td>
<td></td>
</tr>
<tr>
<td>Allergy, Hives, Bites</td>
<td>Chlortrimaton, 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</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>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>
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<td></td>
<td></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>Hibasens and Polysporin (bacitracin polymyxin ointment)</td>
<td></td>
<td>Sore Throat</td>
<td>Throat Lozenge, (acetaminophen, ibuprofen)</td>
<td></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>
<td></td>
</tr>
<tr>
<td>Earache</td>
<td>Auralgan (if not allergic to – caines), Sinutab, Afrin (benzocaine, antipyrine ointment ) (oxymetazoline nasal spray)</td>
<td></td>
<td>Vomiting</td>
<td>Pedialyte (oral fluid and electrolyte solution)</td>
<td></td>
</tr>
<tr>
<td>Eye Irritation</td>
<td>Visine AC Tetrahydrozine HCl eye drops</td>
<td></td>
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</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>
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</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:

<table>
<thead>
<tr>
<th>Home</th>
<th>Office</th>
<th>Mobile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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@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

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 ______________________