

Northwest Summer Camp 2024



July 24-28

Cost: \$350

Deadline to register: July 4, 2024

Macleay Conference & Retreat Center
2887 74th Ave SE,
Salem, OR 97317

Questions? Contact Ally
allyt@gracefoursquare.org

REGISTRATION CHECKLIST

- Online registration form & payment:

<https://brushfire.com/thefoursquarechurch/NWCamp2024/575991>

Instructions to register

Visit link and click “register”. Click the top button that says “join group” and select Grace Church. **The password for the group is G2CAMP24.** You will be given options to register- select the \$350 option under Grace Foursquare Church Camas. Follow the prompts given to complete registration.

- Medical Release Form: attached to the back of this packet is the Medical Release form. Please fill out and return to Ally to complete your registration.
- Medication Check-in Form (If your child requires any kind of medication while at camp):

https://docs.google.com/forms/d/e/1FAIpQLSeHuWzUt3Bilh1qiYVa7ZQnIDJg4nsogh-XHkAhVuV7_dKLCQ/viewform

Please fill out this Google Form if your student has any medications or vitamins they will be taking at camp. Along with this google form we will have a medication check in on the day that we leave so that each student gets assigned the correct medications.

TRAVEL

Leaving for camp:

Buses will be leaving at 12 pm from the Grace Church parking lot on July 24st. **Please arrive at the church by 11:15 am** to submit any medications and make sure students aren't rushed to board the bus. We will not be stopping for any lunch on the way to camp so please bring your own food if you would like to eat before dinner.

Coming home:

Buses will be departing from camp at 11am and will **arrive at Grace Church at approximately 1pm**. Any change in arrival time due to traffic or other factors will be communicated by Pastor Erica. ***If you are planning on picking your student up early from camp, those arrangements must be communicated with Ally prior to July 1st.***

Phones:

On both bus rides, students will be allowed to have their phones but upon arrival to camp they will be asked to give up their phone to disconnect for the week. Leaders will still have their phones during camp and if there is an emergency needed for communication please contact Pastor Erica as she will be our point of contact for the week of camp. **(360) - 521 3804**

CAMP RULES

1. Be where you need to be at all times
2. Rule of three (ex. Leader + 2 students)
3. Respect camp leaders and staff
4. Respect campgrounds
5. Do not bring anything illegal (knives, fireworks, firearms, vapes, cigarettes, etc.)
6. No bullying of any type.
7. No boys in or around girls' cabins & no girls in or around boys' cabins
8. No one is allowed in the pool without leadership supervision.
9. No wandering off campgrounds.
10. Submit all medications to camp leaders before arrival to camp.
11. HAVE FUN!

All rules will be strictly enforced. Students in violation of the rules are subject to immediate dismissal from the camp, depending on the offense. All pranks, fighting,

bullying and any other abusive act will result in the immediate dismissal of a student from the camp. If a parent/guardian is called to pick up a student that has been dismissed from camp, it will be at the parent/guardian's expense.

WHAT TO BRING

Packing Tips:

- Please do not bring anything that is irreplaceable and label everything
- Students may bring one suitcase/big bag, sleeping bag/pillow trash bag, 1 small bag (purse, backpack, fanny pack)

Please Bring:

- Bible, notebook & pens
- Sleeping bag and pillow or any other bedding you need (in a trash bag marked with your name and church)
- Clothing for 5 days and 4 nights (The nights can get cool, so please bring a light jacket or sweater)
- A large, strong trash bag for dirty and wet clothes
- Bath towel, shower sandals, and toiletries (toothbrush, shampoo, deodorant, sunblock, etc.)
- Swimsuit and towel. Girls, only one-piece suits or a two-piece suit with a dark shirt to cover will be allowed. Boys, no speedos.
- Flashlight
- Refillable water bottle
- Color wars colors

Do NOT Bring:

- Fireworks
- Weapons of any kind or airsoft guns
- Tobacco products, lighters, matches, or vapes
- Prank materials of ANY kind
- No pets (except for certified service animals)
- Drugs or Alcohol

Camp Colors & Cabin Assignments:

Your students cabin assignments and team colors will be sent out in another email later this week so please be on the lookout for that.

HEALTH & MEDICAL INFORMATION

All medication and vitamins, both students' and leaders', must be turned in to the camp nurse upon arrival at camp.

- The **ONLY** exception to this rule is inhalers and epipens.
- Medication should be in its original packaging properly labeled with the student's first and last name, the dosage and when the medication should be taken.
- Please note: *is not legal for the nurse to give medications out of a medication minder container.*

It is the responsibility of the student to make sure that medication is taken on time. Please make sure your students are aware of the medications that they are needing to take while at camp.

Please fill out this Google Form if your student has any medications or vitamins they will be taking at camp. Along with this google form we will have a medication check in on the day that we leave so that each student gets assigned the correct medications.

https://docs.google.com/forms/d/e/1FAIpQLSeHuWzUt3Bilh1qiYVa7ZQnIDJg4nsogh-XHkAhVuV7_dKLCQ/viewform

If there is a change in medical circumstances prior to the start of camp, please make sure that all updates are communicated to the camp staff. Please email allyt@gracefoursquare.org with any changes.

Food Restrictions: if you have food restrictions of any kind please contact Ally. We will deal with those on an individual basis as we receive more information from the camp.

For students with medically necessary assisting devices, such as wheelchairs or crutches, we advise them to take any necessary precautions if attending camp. If you do have students in wheelchairs, on crutches, etc., please make sure to communicate with us ahead of time so that we can properly accommodate those students.

PLEASE DO NOT SEND A STUDENT TO CAMP IF:

- They have had an infectious or contagious disease within two (2) weeks of the start of camp.
- They have a fever or have had a fever within 24 hours of the start of camp.
- They have or recently have had lice. (See below)

LICE CHECKS

Please make sure to check your students for lice prior to our arrival at camp. This is for the health and safety of all students, cabin leaders and staff on the campgrounds.

In close quarters, such as vans, cars, or camp cabins, lice can spread very quickly. Please help us limit exposure by checking your students and leaders before you leave your church campus.

- Students and leaders may be subject to a lice check by the camp nurse and staff upon arrival.
- If a student or leader is found to have lice, they will not be allowed to participate in the camp and will be sent home without a refund.

We are so excited for your student to get the opportunity to go to camp with us this year! We know God will do some amazing things through this camp and we can't wait to see the good that comes from it! If you have any questions please don't hesitate to contact us!

God bless,

The G2 Team

Allyt@gracefoursquare.org

Ericac@gracefoursquare.org

FOURSQUARE EVENTS & CAMPS - PARENTAL CONSENT AND RELEASE FORM

Information in this document is protected by HIPAA privacy laws and should be handled accordingly

Each signed form is only good for travel during and attendance at a specific event and must be completed for each event.

Event name: Northwest Summer Camp **District/Ministry Name:** Northwest District

7/24/24-

Date: 7/28/24

Note to Parent/Guardian: The Foursquare Church wants your child's experience at this event to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have your child's current and past medical history and medical insurance information.

Child's Name: _____ Birthdate _____ Gender: Male Female

Parent/Legal Guardian Name: _____ Email: _____

Home Address: _____ Cell Phone: _____

Work Address: _____ Work Phone: _____

If not available in an emergency, notify: _____ Cell Phone: _____

ACCIDENT COVERAGE:

I understand that my personal insurance will be primary coverage for any accidents and that Foursquare's Insurance, which only covers medical expenses, is secondary up to a maximum of \$50,000, and does not cover illness. I also understand that if I have questions, I must contact ICFG Insurance at (213) 989-4400.

My Insurance Provider: _____ Policy Number: _____

Insurance Company

Address: _____ Not currently

insured - ICFG reserves the right to subrogation if it is later determined that personal medical insurance was in place.

The child is currently under the care of a physician for the following condition(s): _____

Chronic or recurring illness or medical condition (including behavioral conditions): _____

Operations or serious injuries (including dates): _____

Has the participant been immunized for Tetanus and Diphtheria? Yes No Date of last immunization _____

List any activities from which the participant should be excluded: _____

List any medication/treatment to be administered during the event (specify dosages and intervals/times): _____

Family Physician or Medical Group: _____ Phone: _____

ALLERGIES, MEDICAL NEEDS, PHYSICAL AND DIETARY RESTRICTIONS (List any food, drug, plant, insect or other allergies)

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FOURSQUARE EVENTS & CAMPS - PARENTAL CONSENT AND RELEASE FORM AUTHORIZATIONS

COVID-19 I verify that I or child named above has not been diagnosed with COVID19 and that I/my child does NOT have nor has had any of the following symptoms of COVID19 in the past 14 days: Coughing or shortness of breath or difficulty breathing or at least two of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell. I recognize that a national emergency was declared because of the COVID-19 outbreak and that different states and/or counties/cities may be in various states of emergency. I recognize that even if The Foursquare Church has taken reasonable actions in light of COVID-19 and other coronaviruses, there is no guarantee that me or my child will not contract/transmit COVID-19 while participating, or traveling to and from, the Event and I release The Foursquare Church in the event of such an occurrence. The Center for Disease Control has identified that certain individuals are at higher risk of severe illness if they become ill with COVID-19. This includes those who have chronic lung disease, moderate/severe asthma, a serious heart condition, are immunocompromised, or have severe obesity, diabetes, or chronic kidney/liver disease or who are over the age of 65. Based on the CDC's High Risk criteria, please acknowledge your understanding and willingness to accept this risk and release The Foursquare Church from any and all liability should you or your child become ill during any part of this Event.

SIGN > Signature of parent/guardian: _____ Date: _____

SIGN >

PROTECTIVE CUSTODY ARRANGEMENTS

Is there a court order in place that lists certain persons who are not authorized to pick up your child? [] Yes [] No If yes, the following people are NOT allowed to pick up my child: _____ If yes, the following people ARE allowed to pick up my child: _____

SIGN >

SIGN > Signature of parent/guardian: _____ Date: _____

AUTHORIZATION FOR TREATMENT This health history is correct to the best of my knowledge, and the child herein named has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director, to order X-rays, routine tests, treatments; to maintain and/or release any medical records necessary for medical treatment or for insurance purposes as outlined under the HIPAA regulations; and, to provide or arrange necessary related transportation for me or my child. In an emergency, I hereby give permission and authorize the physician selected by The Foursquare Church to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed or deemed appropriate for the child named herein. I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of my child, and said physician or dentist to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment. In addition, I authorize my child to carry emergency medications and to use as directed; I also authorize the camp to hold and administer my child's medications in accordance with my directions.

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees. I further agree that in giving this permission and authorization, The Foursquare Church does not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or other medical fees which may be incurred. The completed forms may be photocopied and maintained by authorized personnel for trips outside of Foursquare facilities.

SIGN > Signature of parent/guardian: _____ Date: _____

SIGN >

ACKNOWLEDGEMENT OF INHERENT RISK/ WAIVER AND RELEASE I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH MANY EVENT ACTIVITIES, AND I UNDERSTAND IT IS NOT PRACTICAL FOR THOSE RISKS TO ALL BE LISTED HERE. WITH THE COVID-19 GLOBAL PANDEMIC, IT HAS REMINDED US THAT ONE SUCH RISK IS EXPOSURE TO INFECTIOUS SICKNESS, DISEASES, PANDEMICS AND THE LIKE. I WILL ASSUME ALL OF THE VARIOUS RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME OR MY CHILD AT THIS TIME. I RECOGNIZE THAT MY

CHILD'S ATTENDANCE AT A FOURSQUARE CHURCH EVENT IS A PRIVILEGE, AND AS A CONSIDERATION FOR THIS PRIVILEGE, MY CHILD AND I RELEASE THE FOURSQUARE CHURCH, INCLUDING ITS EMPLOYEES, AGENTS REPRESENTATIVES AND VOLUNTEERS, FROM RESPONSIBILITY FOR MY CHILD'S ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH OR ILLNESS, AND LOSS OF PERSONAL PROPERTY WHILE AT THIS EVENT OR DURING FOURSQUARE CHURCH SPONSORED TRAVEL TO AND FROM THE EVENT ASSOCIATED WITH THIS CONSENT. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MINE AND MY CHILD'S FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS. I GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL SPECIAL TRIPS OFF THE EVENT VENUE WITH PROPER STAFF SUPERVISION.

INDEMNIFICATION BY SIGNING BELOW, I AGREE TO INDEMNIFY, DEFEND AND HOLD THE FOURSQUARE CHURCH HARMLESS FROM ANY CLAIM ASSERTED BY MY CHILD AGAINST THE FOURSQUARE CHURCH, INCLUDING ITS EMPLOYEES, AGENTS, REPRESENTATIVES AND VOLUNTEERS, IF MY CHILD ATTEMPTS TO REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD.

PHOTO RELEASE I HEREBY GRANT PERMISSION TO THE FOURSQUARE CHURCH THE RIGHT TO USE, REPRODUCE, AND/OR DISTRIBUTE PHOTOGRAPHS, FILMS, VIDEOTAPES, AND SOUND RECORDINGS OF MY CHILD, WITHOUT COMPENSATION OR APPROVAL RIGHTS, FOR USE IN MATERIALS CREATED FOR PURPOSES OF PROMOTING THE ACTIVITIES OF THE FOURSQUARE CHURCH.

Signature of parent/guardian: _____ **Date:** _____

SIGN >