

**WINTER CAMP – FEBRUARY 17-20, 2012  
PLEASE FILL OUT FOR PASTOR GUY – THANKS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Camp is going to be great this year!!!**

**CAMP QUESTIONS**

**YES** I plan to go to Winter Camp and I don't really have any questions.

**YES** I plan to go to Winter Camp, but please call me because my parents and I have some questions.

**MAYBE** I'm still not sure about Winter Camp. Please call me with more information.

**NO** I can't go to Winter Camp this year, sorry.

Thanks for letting me be your Youth Pastor!

Love,  
Pastor Guy

REMEMBER TO GET YOUR CAMP DEPOSIT IN BY Mon. Jan. 23<sup>rd</sup> - \$70  
\$70 will hold your spot

**FUND RAISERS**

Car Wash Saturday, Feb. 4<sup>th</sup> 10:00 a.m. - 3:00 p.m.

Yes  No

Enchilada Ticket Sales (Tickets & money due back Wed. Jan. 25<sup>th</sup>)

Yes  No

I can help at the dinner on Sat. Jan. 28<sup>th</sup>. You can count on me!

Yes  No

**The dinner is served Saturday, January 28, from 11:30 a.m. – 1:30 p.m.**

***PICK UP YOUR DINNER TICKETS***

***Invite a friend to come to camp with us!!***

**\*SEE NEXT PAGES\*.....**

Be the Change  
**CAMP SUGAR PINE**  
**2012**  
**WINTER CAMP**  
**February 17 - 20**

**Mandatory Camp Meeting... For Everyone**

**Monday night February 13<sup>th</sup> 8-9 p.m.**

**(Right after Youth Group)**

We will be doing housing, collecting money, medical release forms are due by  
Monday, February 13<sup>th</sup>. *See You There!!!*

**PARENTS ARE INVITED TO JOIN US AT THIS MEETING (not mandatory)  
IF YOU HAVE ANY QUESTIONS OR NEED MORE INFORMATION**

**Purpose of Meeting:**

- \* Turn in money and permission slips
- \* Sign up for cabins.
- \* Sign up for what van or bus you will ride in to Camp.
- \* Pray together.
- \* Talk about what is expected from you at Camp.
- \* Tell you what you need to bring to Camp and what you need to leave home.

**Just a reminder: Permission Slips due Mon. Feb. 13<sup>th</sup>.  
Final payment due by Monday, Feb. 13<sup>th</sup>**

*We are going to have a great Camp!*

Pray for snow!!!... Pray for each other!!

**Please pick up "Most Common Asked Questions about Camp.**

Be the Change

**CAMP SUGAR PINE**

**2012**

*WINTER CAMP*

**February 17<sup>th</sup> – 20<sup>th</sup>**

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# Medical Release Form

Please print clearly

Name: \_\_\_\_\_ Gender: Male Female  
(Last) (First)

Address: \_\_\_\_\_ Age: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
Birth Date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
Church: \_\_\_\_\_ City: \_\_\_\_\_  
Pastor: \_\_\_\_\_ Youth Pastor: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
(Last) (First)

Address: ( If different than camper) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
In Emergency Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Day Phone: ( ) \_\_\_\_\_ Night Phone: ( ) \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Do you carry family medical/hospital insurance? Yes No  
Medical Insurance Carrier's Name: \_\_\_\_\_  
Policy or Group #: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## OVER

1. Has camper received the following immunization? *Diphtheria* (yr.\_\_\_\_), *Whooping Cough* (yr.\_\_\_\_),  
*Polio* (yr.\_\_\_\_), *Tetanus* (yr.\_\_\_\_)
2. Has camper had Measles: Yes No, Polio: Yes No, Mumps: Yes No, Chicken Pox: Yes No,  
Scarlet Fever: Yes No
3. Does camper have Heart Trouble Yes No, Ear Trouble Yes No, Hernia Yes No, Skin Trouble Yes No  
Lung Trouble Yes No, Diabetes Yes No, Convulsions Yes No, Bleeding/Clotting Trouble Yes No,  
Hypertension Yes No, Mononucleosis Yes No, Allergies Yes No, Asthma Yes No
4. Does camper have allergies to: Penicillin Yes No, Insect Stings Yes No, Any other drugs Yes No  
If yes to any of the above please specify:  
\_\_\_\_\_  
\_\_\_\_\_
5. Are there any activities, handicaps or restrictions for camper? Yes No  
If yes please specify:  
\_\_\_\_\_  
\_\_\_\_\_
6. Are there any medication(s) that camper will bring to camp? Yes No  
If yes please specify:  
\_\_\_\_\_  
\_\_\_\_\_

\* All medications including non-prescription must be given to the camp nurse in the prescription bottle labeled with instructions and will be administered by the camp nurse (per California State Code).

7. Does camper have your permission to be transported off-site during free time? (Campers may only leave the campground with the youth pastor/leader) Yes No Please Mark this Yes

**\* Churches may have the option to go as a church youth group off the premises during free time. Students will not be allowed to leave the premises without adult supervision (their youth pastor/leader only). The District office staff will notify the youth pastor/leader at camp of students whose parents do not wish for their child to leave the campground. It is the responsibility of the youth pastor/leader to see that the student is properly supervised during this time off the camp premises.**

### **IMPORTANT**

The following section **MUST** be completed in order for camper to be admitted to camp, otherwise arrangements will be made for the responsible party to come and pick the camper up.

### **AUTHORIZATION FOR TREATMENT**

I understand that parent/guardian/church is responsible for complete medical charges should injury or illness occurs. I understand that the Southern California District of the Assemblies of God's policy, however, will provide for emergency First Aid coverage as a courtesy within its limits, but only if the camp office has been informed and the person receives medical treatment while at camp. I hereby give permission to the medical personnel selected by the camp, to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes and to provide and arrange necessary related transportation for me or camper. In the event I cannot be reached in any emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. To the best of my knowledge all history is correct. The person herein described has permission to engage in all prescribed camp activities, except as noted. This completed form may be photocopied by our church to carry during off-site free time.

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Signature of Parent/Legal Guardian or Camper

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Date