

What's missing?

YOU!

\$330

Kids entering 2nd-6th Grade

junior camp /

August 16th-21st

koinonia conference grounds



CAMP KOINONIA IS HERE!!!

Yahoo!

Kids entering 2nd – 6th grade are headed for Camp Koinonia for the greatest week of the year. Although Dustin is no longer working at Creekside, he will STILL be at Camp the same week we will be there, ministering and teaching the kids! We will meet at Creekside Community Church at 7:00am Monday August 16th and return around 12:00 noon Saturday August 21st. We will be requesting help with transportation as needed to help get the group to Camp and back. The cost is \$330 per camper.

Location

Camp Koinonia is located at Eureka Canyon Road Watsonville, CA in the hills above Santa Cruz. The grounds are beautifully landscaped with separated boy and girl cabins. The camp has many opportunities to choose from; Giant slide, Challenge course/ropes course for a fee of usually \$5, baseball ball field, basketball courts, horse shoe pits, sand volleyball pit, archery, play ground, large pool, open snack bar, Gift shop, outside and inside amphitheater, trails to walk on when accompanied by a counselor, and much more.

Safety First

Staff that accompanies the students have gone through our interview and safety process, and currently work with our kids at Creekside. The ratio for counselor to student is 2 to 12. Scheduled events are planned each day for the students including a 45 min. cabin time ©. For emergencies, you may call (831) 722-8222 or (831)722-1472.

www.gotoCamp.org

Sign Up Today

What an excellent time for growing in relationships and having summer fun. Early sign-ups are important so organization can be smooth. Deadline is Sun. August 8th. Full payment is due by the deadline unless arrangements have been approved. Give a \$25.00 deposit today to hold your child's spot. Check out the Video from last year to see some of the crazy activities that the kids get to do, and hear about how much they grow in their personal relationship with Jesus!

**THIS IS NOT THE SAME AS CAMP CREEKSIDE (OUR VBS PROGRAM)
THIS WILL HAPPEN A MONTH AFTER VBS)**

Questions? Contact Diana Ewin at 820-9031 or e-mail dewin@creeksidechurch.com

What to Pack

- Sleeping bag
- Extra blanket for outside amphitheater
- Flash light
- Pillow
- PJ's
- Undergarments (at least 5 of each)
- Toiletries
- Towels 2 one for pool one for shower
- Modest swim suit (no bikinis)
- Sun screen
- Pool shoes
- At least 5 pairs of pants or sweats (am and pm are cooler)
- Shorts
- Sweat shirt
- Jacket
- At least 5 shirts
- Sneakers are a must for hikes
- Medications= Give all medications with instructions to Dustin the morning we leave for Camp. He will give them to the camp nurse upon arriving in Koininia to ensure that they are handled and distributed with care.
- Snack bar and gift shop money= prices range from .50 small candy- \$2.50 Ice cream, nachos for snacks, Gift shop \$2 small trinket, (\$15-25) T-shirts and \$30 sweatshirts. \$7 for the ropes course.
- Money forms= for those that will not be in charge of their own money. Please fill out and hand all items in the day we are off for camp To Dustin. Your child's counselor will be responsible for dispersing funds.
- For Fun☺ surprise your child with a care package and a Card form you☺
- Stationary and envelopes marked with address and stamped to be mailed out.
- Bible
- Pen
- Note pad

No battery or electronic devises are aloud!!! Thank You

Camp Registration Form

Office use only

Cabin # _____

Counselor _____

Campers Name _____

Age _____ Grade going into _____ Church Name _____

Name of person camper lives with _____ Relationship to Camper _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Address _____ City _____ Zip _____

EMERGENCY CONTACTS (please list two)

Name	Relationship	Phone w/area code

HEALTH INFORMATION

Primary Care Physician Name _____ Phone () _____

Insurance (HMO, PPO, Medi-Cal) Name and Policy# _____

Allergies: []NO []YES (please describe, include medicine allergies) _____

Does camper know how to swim? []YES []NO Camper may participate in supervised swimming []YES []NO

PLEASE CHECK ALL THAT APPLY:

My child has a tendency to wander _____ My child sleepwalks _____ My child has a learning disability _____
 My child has had seizures _____ My child has ADD/ADHD _____ My child is prone to headaches _____

If YES to any of the above questions please provide additional information, as to how you deal with these behaviors.

Is camper taking any medication? []YES []NO Is camper taking any behavior altering medication (i.e. Ritalin) []YES []NO

What happens if a dosage is missed? _____

MEDICATION NAME	Dose: (How much is given each time)	FREQUENCY	What is medication given for?

Are the campers immunizations up to date? Yes _____ No _____ Date of last tetanus shot _____

Acceptance Conditions

Northern California Junior Camp reserves the right to refuse to provide services to any individual when the camp staff determines that the individual cannot be provided with adequate support. These decisions are made on an individual basis, by the Camp Director. Parent's/Guardians will be notified in the event of any serious injury or illness not requiring more than basic first aid. Should it become necessary for the camper(s) to leave camp for any reason, I (the parent/guardian) will make provisions to bring the camper(s) home.

I hereby give permission for the above child to attend the camp conducted by the Northern California District of Open Bible Churches and to participate in activities, including the NO FEAR ZONE'S high and low ropes course if available. I will not hold Open Bible Churches or its agents liable for accident, sickness, or emergency treatment given. In the case of medical emergency, I understand that every effort will be made to contact a responsible parent or guardian of the camper. In the event that contact with a responsible parent or guardian cannot be made, I hereby give permission to secure proper treatment including, transportation, hospitalization, and to order any such injection, anesthesia, or operation as may be required for this child. I give permission to Northern California District of Open Bible Churches to use video or photography of my child for camp video and or promotions.

Signature

Relationship to Camper

Date

Liability and Medical Release

In consideration for being accepted by Creekside Community Church for participation in

Camp Koinonia 2010

we, being the parent(s) or legal guardian(s) of _____, do release

Print Name of Child

and agree to hold harmless Creekside Community Church and the director thereof from any and all liability, claims, or demands for personal injury, as well as damage and expenses, of any nature that may be incurred by the parent/guardian and child-participant that occur while the child is participating in the above described trip or activity.

We, on behalf of our child-participant, assume all risk of personal injury, damage and expense as the result of participation in recreational activities involved.

Authorization and permission are given to said church to furnish any necessary transportation, food and lodging for our child-participant.

We, as parents/legal guardians of the child-participant, give our permission for him/her to participate fully in the trip/activity. We give our permission to take said participant to a doctor or a hospital and authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. We understand that we will be contacted if at all possible and that our family physician will be contacted if possible, but in the event that he/she cannot be reached, the trip leader may choose a reputable physician.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we assume all transportation costs.

Please check here to indicate your approval for your child's photo to be used in future Creekside Community Church publications. Thank you!

(Print name of child)

(Parent/Guardian Phone Number)

Mother/Legal Guardian Signature Date

Health Insurance _____ Yes _____ No Policy Number _____

Insurance Company _____ Phone () _____

Physician _____ Phone () _____

Emergency Phone Numbers _____

Allergies _____

Other Notes _____
