



Dear Houseboats Parents and Students,

We at Creekside believe that our trips are life changing. Students return home inspired to make healthy choices and with matured attitudes about themselves, their future, their family, and their faith. We also hope that your student will return home with new friendships. The type of positive friendships that every teenager needs to make healthy decisions in a “youth culture” that can be very negative and even dangerous.

On Creekside trips, students gather as a group each night and hear powerful messages like, “How choices that we make today can stay with us into the future.” “The importance of surrounding yourself with good friends.” And also, “The importance in growing in your personal relationship with God.” Thank you for considering sending your student with us!

Our Houseboats 2010 trip will be organized and run by a non-profit called *Sonshine Specialized Camping Ministry*. www.sonshineministries.com Each week all summer long Sonshine hosts 10-20 church youth groups houseboat trips on the Delta and Lake Shasta.

Each houseboat is staffed with two Sonshine staff and two adult Creekside Leaders. The Sonshine staff prepare all of the meals, drive the houseboats and ski boats (which they own and provide), and provide leadership to our overall program. Since 1975, Sonshine has a proven track record of providing organized, responsible, and most importantly, safe boating trips to teenagers. I trust them to provide us another high quality experience this year.

Please review the information provided so you can be prepared for the trip. If you have any questions or concerns that this sheet does not answer, please contact me, I would love to talk with you.

I need every student to please read the “CTY Top Ten List”. This list gives students the top ten rules and guidelines for the trip.

Note: Bring all necessary forms with them when they arrive at Creekside on August 9th.

If you have any questions please contact me – I would love to talk to you.

Your Friend,

Sean Donohue
High School Minister
Creekside Community Church
sdonohue@creeksidechurch.com
925-820-9031 x118

CTY Houseboats - What to Bring

*****EAT BREAKFAST AT HOME ON MONDAY MORNING *****

Pack Light!

- Sleeping Bag, Pillow, Sleeping Pad (optional) -you will be sleeping on the roof of the houseboat.
- Lawn chair – every camper needs to bring a folding beach/lawn chair.
- Warm clothes, Swimsuit (**Ladies – 1 piece suit only. There are no bikinis allowed. Tankinis and tank tops over are okay.**)
- Tennis Shoes/Sandals- Most hikes involve swimming – please bring shoes that can get wet and will attach to your foot in water – i.e. shoes, Tevas.
- Toiletries – **Sun Screen**, Chapstick, toothbrush, biodegradable soap/ shampoo.
- Towel, Sunglasses, Camera, Flashlight
- Bible, Notebook or Journal, Pen
- Cards
- \$\$\$ for Captain Fun’s goodies and *for lunch to the lake and on the ride home.*
- It’s okay to bring your own wakeboard or skis if you’d like.
- Floaties! **Don’t forget a floatie** – you will be bummed if you don’t have one!
- Personal re-fillable water bottles (optional)
- Fishing Pole (optional)

What NOT to Bring

- Ipods, CDs with explicit lyrics, video games, laptop, video game system
- Heavy suitcases
- Anything Electronic (Blow Dryers, Coffee Makers, etc)
- Any motorized water vessel (jet ski, ski boats) unless prearranged.

Bring the 3 Sonshine Forms and the 1 Creekside form to the church on August 9th....

1. Creekside Community Church Permission Slip (Note: If your student went on the CTY Beach Camping Trip—we have it already)
1. Registration and Medical Consent Form (**2 Signatures and 1 initial needed- Don’t miss them!**)
2. Release and Waiver of Liability and Indemnity Form
3. Acknowledgement of Risk Form

Campers will not be permitted to board without a signed medical release form.

Parent, please email Sean *if* your student has special needs and needs to complete a *Special permission Slip* - Campers falling into “Special High Risk” areas as described on the medical release must have a special permission slip signed as well. Students with an epileptic condition will be required to wear a life vest during all water activities.

CTYHOUSEBOATS

Monday

10:30 Meet at Creekside

3pm Arrive at Shasta

Sonshine Orientation
6pm dinner

7:30
Program and Small Groups

11:00
Night-Night

Tuesday

Session 1

8:00 Breakfast
Morning Devotion

Watermelon
Water-polo

12:30 Lunch

Session 2

5:30 Dinner

6:30 Group Meeting
Small Groups

11:00 Night Night

Wednesday

Session 1

8:00 Breakfast
Morning Devotion

Co-Ed
Houseballin

12:00 Lunch

Session 2

Hike

5:30 Dinner

6:30 Group Meeting
Small Groups

11:00 Night Night

Thursday

8:00 Breakfast
8:30 M. D.

9-11
Visit Marina

Work on
your Skit

12:00 Lunch

12:30 Games

Skits!

Session

6:00 Dinner

6:30 Sonshine Meeting
Small Groups

Ooga Booga

11:00 Night Night

Friday

7:30 Rise

8:00
Breakfast

8:00-9:00
Quiet Time

12:00 Lunch

Session 1

5:00
Dinner

6:00 Awards Ceremony,
Program,
SGs,

9:00 Dance Party

Saturday

8:00 Breakfast

8:30 Pack and
Clean Up

10:00 Docks

1:00 Lunch on
the road

4-6pm
Home to
Creekside

CTY TOP TEN LIST

TOP TEN RULES AND GUIDELINES FOR HOUSEBOATS 2010

- Respect, listen, and obey all Adult Leaders at all times.
- Be on time and wear a shirt for ALL meetings and meals.
- Do not dive off of or rough house on the HB. You will not float or wander out of site of the Houseboats.
- No drugs, alcohol, or smoking will be tolerated.
- Cds with explicit lyrics, drug or sexual references will not be played on Houseboats. (No Ipods are allowed)
- Your language will be kind, honest, and you will express yourselves without cussing and without coarse joking.
- You break it, you pay.
- You will clean up after yourself and keep your clothes section organized.
- A guys and girl couple will not wander off together, be in a HB alone together, sleep or lay down near each other, or practice PDAs (public displays of affection).
- You will find yourself in the parking lot waiting for your parents to pick you up if you do not follow this Top Ten List or if Leaders find that you have a bad attitude.

Creekside Community Church Medical Release
(For time period June 26, 2010 – June 26, 2011)

Student Name: _____ Age _____ Birthday _____

Year in School _____ Male _____ Female _____ Parent E-mail _____

Address _____ City _____ ST _____ Zip _____

Home Phone _____ Cell _____

Medical Insurance Co. _____ Policy # _____

Mother's name _____ Contact # _____

Father's name _____ Contact # _____

Other emergency contact _____ Contact # _____

Please list any allergies: _____

Are there any conditions that might hinder your student from participating in any activities: (asthma, epilepsy / seizure disorder, heart trouble, diabetes, physical handicap . . .) _____

Parent/Guardian Permission

The Medical Release and Parent/Guardian Permission slip is good for the period of June 26, 2010 until June 26, 2011.

(name of student) _____ has my permission to attend all youth activities sponsored by Creekside Community Church, Alamo. Any activities from which your student should not participate must be submitted in writing to the High School Minister prior to that event.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Creekside Community Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Creekside Community Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and /or hospital personnel designated by the church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian Signature: _____ Date: _____

SONSHINE SPECIALIZED CAMPING MINISTRIES INC. REGISTRATION & MEDICAL CONSENT FORM

Please complete the following questions on all campers. This form becomes part of SSCM permanent file in compliance with California Law. Those 18 years and older may fill out and sign themselves. Those under 18 must have a parent or guardian sign this form.

Name: _____ Age: _____ Sex: _____ Grade: _____ Phone Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Dates of Camp: _____ Church: _____

Emergency Information

Parents/Guardian: _____ Phone (H) _____ (W) _____
Medical Insurance company and policy #: _____
Alternate contact: _____ Phone: _____

Health History (check all that apply)

Allergies:	Major Problems:	If you have checked any of the conditions please give details: _____
____ Drug Allergies	____ Diabetes	_____
____ Asthma	____ Cardiac	_____
____ Hay Fever	____ Chronic Asthma	Activity Restriction: _____
____ Insect Stings	____ Nervous Disorder	_____
____ Other	____ Epilepsy*	Date of last Tetanus Shot: _____
	____ Physical Handicap	
	____ Emotional Handicap	
	____ Mental Handicap	
	____ Seizure Disorder	
	____ Other	

IMPORTANT: please notify SSCM and your Group if your child has been exposed to a communicable disease in the 3 weeks prior to camp.

This health history is correct, so far as I know, and the person herein described has permission to engage in all camp activities except as noted below in the Activity Exclusion Section.

SSCM DOES NOT CARRY ANY MEDICAL OR HOSPITALIZATION INSURANCE. It is the responsibility of the sponsoring church, group or individual's family to obtain health/medical insurance. Sickness is the responsibility of the parents involved. Parent, camper or group member acknowledges that they have their own medical insurance and releases Sonshine Specialized Camping Ministries from any and all liability for the expenses of any medical care rendered, or the actions or inactions of SSCM related to seeking, or failing to seek, medical care. The parent and camper acknowledge that the campers are under the sole custody and control of the Church Group, Youth Group or Individual signing the SSCM Program Service Contract, and who are acting as the campers' guardians during the camp.

In the event that I cannot be reached in an emergency during the camp dates noted on this form, I hereby give my permission to the physician or dentist selected by my Group or SSCM to hospitalize, secure proper treatment, including injection, anesthesia or surgery for my child as deemed necessary by the physician. I authorize the supervising personnel to administer medical aid as required for illness or injury under a physician's order.

The parties to this registration agreement agree that any and all disputes will be litigated only in San Joaquin County and that the prevailing party is entitled to recover reasonable attorney fees.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

Activity Exclusion Section

Child will be in an open water swimming environment in a river or lake (not a pool). By checking this box I am requesting that my child wear a flotation device at all times when in the water (ski vest or PFD). **I have communicated this request to my child and to the Group taking my child to camp which is acting as my child's guardian during this trip.** *Any camper with a history of seizures or epileptic history is required to wear a ski vest or personal flotation device in the water at all times. Noncompliance with this policy will result in dismissal from the camp program.

Parent requests child **not** participate in any of the following activities and acknowledges: (check those that apply)

____ Water Skiing Sports ____ Kayaking ____ Hiking ____ Diving ____ Swimming ____ Rock Jumping

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

Special Note - - Important!

Out of concern for the safety of children with special handicaps, (physical, mental or emotional), we require that you please take the following steps to cover such situations:

1. Call or write SSCM's registrar for a special permission form at least three weeks prior to camp

2. Complete and return the special form as soon as possible to enable a decision to be made on the advisability of the child's attendance.

If a handicapped child appears on SSCM boats without written authorization, the group or party bringing the child will be asked to return this child to his/her home. Please follow this procedure to save embarrassment and pain for the child, SSCM, and yourself.

Acknowledgement of Risk Form

A certain amount of risk is involved for individuals engaging in most activities on National Forests. Forest visitors engaging in these activities are expected to assume these unusual risks.

I (we) recognize the element of risk in any adventure, sport or activity associated with the outdoors. I (we) am (are) fully aware of the risks and dangers inherent in our scheduled activity such as, but not inclusive, of: boating, swimming, water skiing, wake boarding, wading, hiking, diving.

Knowing the risks and danger, I (we) understand the possible consequences of participating in such activity are as follows: severe injury or death.

I (we) certify that I (we) have the necessary skills and ability to participate in the said activity and assume full responsibility for myself (ourselves) for bodily injury, death and loss of personal property and expenses.

I (we) also agree to abide by the rules or instructions given to (us) either verbally or in writing by Sonshine Specialized Camping Ministries, Inc. I (we) further understand that Sonshine Specialized Camping Ministries, Inc. reserves the right to refuse to allow any person to participate who is judged to be incapable of meeting the rigors and requirements of participating in the said activity.

I (we) have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me (us) during the entire period of participation in the said activity.

Signature of Parent/Guardian

Date

**SONSHINE SPECIALIZED CAMPING MINISTRIES, INC.
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

FOR AND IN CONSIDERATION of being permitted to utilize the facilities, equipment, services and programs of Sunshine Specialized Camping Ministries, Inc. (or for such children identified below to so participate) for any purpose, including, but not limited to observation, use of the facilities or equipment, or receiving instruction, training, or supervision, participation in any program with, on behalf of, or affiliated with Sunshine Specialized Camping Ministries, Inc. (hereafter SSCM), THE UNDERSIGNED, for himself or herself and as parent or guardian of any such children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has either personally inspected and considered, or relied upon the affiliated Group's inspection and careful consideration of, such premises, facilities, equipment and programs. It is further warranted that such occupation and/or use of SSCM premises, facilities and equipment or participation in any program constitutes an acknowledgment that such premises, facilities, equipment, and programs, have been inspected and/or carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such use or participation by the undersigned and such children and assumes the risks arising from the conditions of the premises, facilities, equipment and programs.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER ONTO ANY PREMISES OR FACILITIES, USE EQUIPMENT, OR PARTICIPATE IN SSCM CAMPING ACTIVITIES FOR ANY PURPOSE, INCLUDING, BUT NOT LIMITED TO, OBSERVATION, USE OF FACILITIES OR EQUIPMENT, RECEIVING INSTRUCTION OR TRAINING, OR PARTICIPATING IN ANY PROGRAM AFFILIATED WITH SSCM, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE SSCM, its directors, officers, employees, volunteers and agents (hereinafter referred to as "releasees") from all liability to the to the undersigned and participating children and all their personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property, or resulting in death of the undersigned or such children, **whether caused by the negligence of the releasees or otherwise while the undersigned, or participating children are in, upon, or about any SSCM-related premises or facilities, or using any SSCM-related equipment or participating in any program affiliated with SSCM, including, but not limited to boating and all related activities including, but not limited to water skiing, wake boarding and any other towing activities such as banana boating or inner tubing; swimming; wading; kayaking, hiking, diving, rock jumping, games, and skits.** In consideration of accepting the registration and permitting the voluntary participation of the undersigned or such children in SSCM programs, **for myself and on behalf of the participant, I hereby release, discharge and agree to hold harmless SSCM, its employees, volunteers, officials, sponsors, and the agents, employees, officers, and directors of said persons or entities from any and all claims, demands, costs, expenses, and compensation arising out of or in any way related to any injury or damage that may result to said participant, including any physical or other injury or death caused by the negligence of any person or entity described above.**
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them, from any loss, liability, damage, or cost releasees may incur, including reasonable attorney fees and costs, due to the presence of the undersigned or such children in, about, or upon the premises of SSCM or in any way observing, or using the facilities, or equipment, or participating in any program affiliated with SSCM **whether caused by the negligence of releasees or otherwise.**
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned and such children due to the negligence of releasees or otherwise while in, about, or on any premises associated with SSCM and/or while using any premises, facilities or equipment or participating in any program affiliated with SSCM. The UNDERSIGNED, for myself and on behalf of such children, our heirs, assigns and next of kin, acknowledge that participation in such outdoor activities as boating, water skiing, wake boarding, other towing activities such as banana boating or inner tubing; swimming; wading; kayaking, hiking, diving, rock jumping necessarily involves physical risks including risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For myself, and on behalf of such children, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Any disputes will be litigated in the County of San Joaquin and the prevailing party is entitled to reasonable attorney fees and costs.

THE UNDERSIGNED IS OF LEGAL AGE, HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, AND FURTHER AGREES THAT NO ORAL MODIFICATIONS, REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

I HAVE READ THIS RELEASE.

Date: _____

Signature of Adult Participant or Parent

Name of Child in Program