



# **YOUTH CAMP HANDBOOK**

**WINTER + SUMMER**





# RULES & WHAT TO BRING

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## WINTER CAMP

### Winter Camp Rules

1. Respect the leaders and students, including their belongings.
2. Be at all scheduled mandatory events and stay in bounds.
3. No illegal stuff allowed. (Refer to the "Do Not Bring" list below)
4. No boys in or around girls' cabin and no girls in or around boys' cabins.
5. You break it, you bought it.

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. Camp Cedar Crest imposes a \$500 fine for all graffiti. Please look below for a list of items that students or group leaders may not bring to the camp or camp grounds.

### Packing Tips:

Please do not bring anything that irreplaceable.

Label everything using a permanent marker.

### Please Bring:

Bible, notebook & pens

Sleeping bag and pillow (in a trash bag marked with your name and church)

Send a large, strong trash bag for dirty and wet clothes

Warm clothing for 3 days and 2 nights

Bath towel, toiletries (toothbrush, shampoo, deodorant, sunblock, etc.)

Flashlight

Spending money for snack bar

Refillable water bottle

### Do Not Bring:

Gum

Fireworks

Weapons of any kind or airsoft guns

Cigarettes, lighters, matches or vapes

Prank materials of any kind

No pets

### Sending Mail/Packages:

Parents, you may send mail to your student. We suggest mailing letter 3 days prior to the beginning of camp.

Please send mail to:

Camp Cedar Crest

(Camper's Name - Camper's Church)

PO Box 179

Running Springs, CA 92382

Emergency Phone : (909) 867-7363

## 9.12. Activity Information

*To Be Completed By Church – Please Print*

This Activity form (with §9.11) is to be used for 1) any activity specifically listed below, 2) any high risk activity, and 3) any off-site activity. It is not required otherwise.

For recurring on-site activity only, complete Section A, and the form may then be signed once annually but must be re-signed each year. "Recurring" means an activity with a consistent date, time and location. If in doubt, complete Section B and have a new form completed and signed each time the activity occurs. If two parents have legal custody of the child, both should sign. **Please complete ALL blanks below.** If information doesn't apply, insert "N/A."

### A. On-Going Program (complete only if activity has a consistent date, time, and location)

Local church legal name		Church address
Name(s) of group leader(s)		Telephone number
Starting date	Ending date	Registration fee
Usual activity location (address)		Usual day and time

**Recurring Activity** (check *ALL* that apply) ☐ Skateboarding ☐ Rollerblading ☐ Roller Skating ☐ Rock Climbing  
☐ Boating/Rafting ☐ Swimming ☐ Hiking ☐ Contact Sports (e.g., basketball, etc.) ☐ Super Slide or other inflatable apparatus ☐ Other \_\_\_\_\_

☐ Offsite Activity (check only if activity is off Church grounds)

Other information \_\_\_\_\_

☐ Check here if any additional information is attached. (Note: any additional activity information (e.g., schedule, list of specific activities, etc.) may be attached to further information parent(s) or guardian(s).)

### B. One-Time Activity

Pasadena Foursquare Church		174 N. Harkness Ave. Pasadena, CA 91106	
Local church legal name		Church address	
Pastor Max Boyle		626-792-1803	
Name(s) of group leader(s)		Telephone number	Cost
Camp Cedar Crest 33325 Green Valley Lake Rd,		626-755-1284	\$150.00
Activity location (address)		Emergency telephone number	
Running Springs, CA 92382		Pasadena Foursquare Church	
Starting date and time		Meeting place	
Feb 28 @ 12pm		Pasadena Foursquare Church	
Ending date and time		Meeting place	
March 1 @ 12pm			

**Activity** (check *ALL* that apply) ☒ Skateboarding ☒ Rollerblading ☐ Roller Skating ☒ Rock Climbing ☒ Boating/Rafting  
☒ Swimming ☐ Hiking ☒ Contact Sports (e.g., basketball, etc.) ☒ Super Slide or other inflatable apparatus  
☒ Other snow \_\_\_\_\_ Other \_\_\_\_\_

☒ Offsite Activity (check only if activity is off Church grounds)

Cars

Type of transportation (if any)

See pasadenafoursquare.org/youth-winter-camp

Other information \_\_\_\_\_

☐ Check here if any additional information is attached. (Note: any additional activity information (e.g., schedule, list of specific activities, etc.) may be attached to further information parent(s) or guardian(s).)

## 9.11. Activity Permission, Release and Medical Power of Attorney

1. I, the lawful parent or guardian of \_\_\_\_\_ (the "child"), give permission for my child to participate in the activity described on the reverse and release from all liability and indemnify the International Church of the Foursquare Gospel d/b/a \_\_\_\_\_ (local church, camp, or school legal name) and its directors, officers, council, agents, representatives, volunteers, and employees ("Church") from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any damage, injury or illness incurred or caused by my child while participating in or traveling to or from the activity, or otherwise in Church custody. I understand the risks in these activities, including the possibility of unforeseen hazards, serious injury or death. I certify my child is able to participate in the activity.
2. I agree to instruct my child to cooperate with the Church and its representatives in charge of the activity and understand my child may be prohibited from participating and/or sent home for any failure to follow the rules established by the Church.
3. I appoint Church representatives who are acting as leaders, or designated by such leaders, as my attorney in fact to act for me in my name and my behalf, in any way that I could act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity, related travel or while my child is in Church custody.
  - a. To give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency transportation, medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our medical attorney-in-fact shall deem necessary or appropriate for the best interest of the child.
  - b. I understand the Church will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.
4. My child is to be **excluded** from the following activities \_\_\_\_\_ and/or from release to the following persons \_\_\_\_\_  
 \_\_\_\_\_ (IF LEFT BLANK, NO ACTIVITIES OR PERSONS ARE EXCLUDED.)
5. I agree that the Church may use my child's and/or my own name, voice, portrait, photograph or image for promotional, website, office or any other church related purposes. These may be used in any broadcast, telecast, digital or print medium, including video images, photographs, pictures or renderings, audio recordings, or other likenesses, in combination or alone.

I will notify the Church immediately of any change in the information presented and agree it is valid until revoked in writing by me. I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

\_\_\_\_\_  
 Signature of parent or guardian (*individually and as parent/guardian*)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of parent or guardian (*individually and as parent/guardian*)

\_\_\_\_\_  
 Date

### Medical Information — Completed by Parent or Guardian — Please Print

\_\_\_\_\_  
 Child's name

\_\_\_\_\_  
 Birth date

\_\_\_\_\_  
 Allergies

\_\_\_\_\_  
 Medications

\_\_\_\_\_  
 Chronic/other medical conditions (e.g. epilepsy, diabetes, asthma, heart, etc.)

\_\_\_\_\_  
 Medical insurance company

\_\_\_\_\_  
 Policy number

\_\_\_\_\_  
 Parent/guardian name (print)

\_\_\_\_\_  
 Emergency phone number

\_\_\_\_\_  
 Parent/guardian name (print)

\_\_\_\_\_  
 Emergency phone number

\_\_\_\_\_  
 Family doctor

\_\_\_\_\_  
 Phone number

(See reverse side for form instructions and activity information)