

2012 FAMILY CAMP MIDDLE HIGH, SENIOR HIGH AND GENESIS INFORMATION

REGISTRATION:

GENESIS program includes high school graduates who may or may not be attending college or undergraduates attending college who are age 23 or younger. You should be unmarried and w/o children. Those over 23 must register in the Young Adult or Adult program.

A **separate** registration form must be filled out for **each** youth. Completed forms must be mailed on or after March 19, 2012 (NOT before). Priority will be determined by date of postmark, not date of receipt. **No part-timers** will be accepted unless there is space. Forms must be postmarked by June 15, 2012 to avoid a \$60 late fee. **Last day to register is June 30.**

EVERYONE must sign a **Liability Form**. Parents/guardian must co-sign if camper is a minor.

CHECK LIST:

1. Completed Registration Form (*be sure to sign form*)
2. Completed Health Form signed by parent/guardian
3. Liability Form signed by camper AND parent/guardian
4. Check for **full payment** made out to "PCJC Family Camp"
5. Email address **OR** a self-addressed, STAMPED #10 envelope so we can send confirmation

MAIL TO: PCJC Family Camp, c/o S. Kashitani, 3433 W. 229th Place, Torrance, CA 90505

STAFF APPLICANTS:

Those applying to serve on core staff or as cabin leader should complete a *Staff Application Form*. Get form from your pastor, youth director or go to the PCJC website.

PAYMENT:

Full payment must be mailed with registration form. Exception: Those with **4** or more family members attending camp may send 50% of amount due with the registration form with **final payments** being sent no later than **June 15** to avoid late fee. Only one check is needed to pay for all the youths in one family, but a separate check must be sent for Adult/Family registration.

FAMILY DISCOUNT will be given to families with 3 or more children attending camp. Children must all be from same **immediate** family (no cousins or friends). A \$15 discount will be given for the 3rd child and \$20 discount each for the 4th, 5th, 6th, etc. child.

\$60 LATE FEE will be assessed for registrations postmarked after June 15 and for final payments postmarked after June 15, 2012.

\$60 CANCELLATION FEE will be assessed for cancellations made after June 15, except for medical excuse or family emergency. **NO REFUNDS CAN BE GIVEN FOR CANCELLATIONS MADE (FOR ANY REASON) AFTER JULY 1, 2012.**

Make checks payable to "PCJC Family Camp." We will send a confirmation via email. Must enclose self-addressed, **stamped** #10 envelope if you do not have email.

MEDICAL & SPECIAL NEEDS:

EVERYONE in youth programs, including Genesis, must fill out a health form. Minors (17 or younger) must have a parent or guardian sign the bottom half of form. Minors with serious food allergies requiring special diets or with other significant conditions will not be accepted unless cleared by their pastor and their respective program director.

Those requiring an inhaler or any medication must complete a "**Contract for Permission to Carry Inhaler**" and/or "**Medication Authorization**" form(s). Pastor or youth director should have a supply of these forms or go to PCJC website.

HEALTH SCREENING:

We are now required by law to do a Health Screening of all campers within 24 hrs. of arrival to camp. This means that if you are ill or have a fever, you will not be allowed to attend camp. For those coming by bus, someone will screen you either as you get on the bus or as you get off at camp. If they feel you are too sick to be allowed on the campgrounds, they will call your parents to take you home and you will receive a full refund. It is suggested that you be sure you are up-to-date on your **tetanus** immunization in case you are injured at camp.

MISCELLANEOUS INFORMATION:

Youths will be housed in cabins with bunk beds for 8-9 persons (including counselors). Youth campers have to **BRING** their own bedding (pillow, blanket, sleeping bag), towels and soap. All cabins have their own private bathroom. **Only first-timers may request roommates.**

You must **arrange your own transportation** to Family Camp. Some of the churches will hire buses. Contact your pastor for information regarding this.

RECAP OF DATES:

- March 19 -- Registration opens
- June 15 -- Last day to register without paying late fee
- June 15 -- Last day to cancel without paying cancellation fee
- June 15 -- Last day to pay without late fee.
- June 30 -- Last day to register for camp
- June 30 -- All payments must be made by this date.
- July 01 -- Last day cancellations will be accepted.

IMPORTANT, PLEASE READ

Disregard of any of the Camp Rules may result in the camper being sent home. There will be no refund and the camper may not be allowed to attend camp the following year

FAMILY CAMP RULES

- Minors (under 21) will not be allowed to drive cars to camp w/o permission from their pastor. Car keys are to be turned in to Youth Program Coordinator for the duration of camp.
- Smoking, alcoholic beverages, narcotic or unlawful drugs of any type are NOT allowed on the grounds.
- Modesty and good taste in dress will be observed while on the grounds. Only modest one-piece bathing suits are to be worn at the swimming pool and at recreation areas (no two-piece suits, no cutoffs, no low-cut swimsuits, no tight-fitting "Speed-O" type swim shorts).
- To help ensure a quiet atmosphere on the grounds, guests will forego the playing of radios, televisions, CD players, I-Pods, etc. for personal enjoyment.
- Tennis shoes with "wheelies," bicycles, skateboards, roller skates and in-line skates are NOT permitted on the grounds.
- The use of water guns and water balloons will not be permitted unless part of an organized recreational activity. **No cans of "silly string" will be allowed.**
- No pets are allowed on the grounds except guide dogs.
- Coffee pots or hot plates are NOT permitted in rooms.
- Minors are not allowed to leave the grounds unless they have permission of program director and must be accompanied by a responsible adult. Juniors must never leave their area without their cabin leader.
- All campers are expected to attend all regularly scheduled meetings and activities.
- No guys are allowed in girls' cabins and no girls in guys' cabins.
- No youth is allowed outside of cabins after 11 p.m. If he/she has to leave because of an emergency, he/she must be accompanied by an adult and have the permission of the cabin leader.
- Explosive devices of any kind (including fire crackers) are not permitted on the campgrounds.
- Violation of any civil or criminal law is prohibited.

2012 PCJC FAMILY CAMP

July 22-28, 2012

MIDDLE HIGH / SENIOR HIGH / GENESIS REGISTRATION FORM

Please type or print **legibly** using **black** or blue pen. **Use separate form for each person.** If you are applying to be on the Youth Program staff as a director, staff member or cabin leader, use special Youth Program Staff Application Form.

Name _____ Male ☐ Female ☐

Address _____ Home Phone (____) _____

City _____ State _____ Zip _____ Work Phone (____) _____

Birthdate (Mo/Day/Yr) _____ Age in Sept. _____ Parent's E-mail _____

Camper's E-mail _____ (Please write legibly or confirmation cannot be sent.)

Church registering through _____ 1st time attending PCJC camp? Yes ☐ No ☐

Roommate request (only 1st timers who have never attended a camp before may request roommate): _____

PROGRAM:**GRADE/YEAR YOU WILL BE IN SEPTEMBER:****COST**

☐ Middle High ☐ 6th ☐ 7th ☐ 8th (includes \$10 for t-shirt) \$375 = \$ _____

☐ Senior High ☐ 9th ☐ 10th ☐ 11th ☐ 12th \$365 = \$ _____

☐ Genesis ☐ Frosh ☐ Soph ☐ Junior ☐ Senior+ ☐ Other \$395 = \$ _____

(See Information Sheet on who qualifies to be in the Genesis program.)

Add ☐ Camp Picture(s) \$8.50 ea = \$ _____

If you register after June 15, Add ☐ Late Fee \$60 = \$ _____

FAMILY DISCOUNT: If 3 or more children in same family are attending, deduct

\$15 from 3rd child's fee, \$20 each from 4th, 5th, etc. child's fee.

Check one: _____ 3rd child _____ 4th child _____ 5th child _____ 6th child Less Family Discount \$ _____

SCHOLARSHIP:

TOTAL AMOUNT DUE = \$ _____

Less Amount Enclosed = \$ _____

(Name of church giving scholarship)

(Amount of scholarship)

Make check payable to "PCJC Family Camp"

BALANCE DUE (IF ANY) = \$ _____

T-SHIRT ORDER FOR MIDDLE HIGH ONLY:

_____ Youth Medium _____ Youth Large _____ Adult Small

_____ Adult Medium _____ Adult Large _____ Adult X-Large _____ Adult XX-Large

SPECIAL NEEDS: Is there anything the program staff should know to help us better serve your child? (List any dietary needs, limitations, special housing needs, etc.)

ALLERGY INFORMATION: Please list any allergies, especially if you are allergic to certain foods, penicillin or any type of medication.

BE SURE TO READ AND SIGN THE BACK OF THIS REGISTRATION FORM.

Read attached information sheet for important registration instructions and Camp Rules. **Send FULL payment** with this registration form. (**Exception:** Those with **FOUR (4)** or more family members attending camp may send 50% of payment with registration and send **final payment** postmarked no later than **Friday, June 15, 2012, to avoid \$60 late fee**).

Online registration with payment by credit card is available for a 2.5% fee. Check PCJC website for information and instructions.

Mail registrations on or after **March 19, 2012**, but before June 15 to avoid late fee. Be sure to put enough postage on your envelope if you are mailing more than one set of registration forms. Registration forms mailed after June 15 will be assessed a \$60 LATE FEE. A \$60 CANCELLATION FEE will be assessed for all cancellations made after June 15, except for medical or family emergency. **NO REFUNDS CAN BE GIVEN FOR CANCELLATIONS (FOR ANY REASON) MADE AFTER JULY 1, 2012.**

Confirmations will be sent via email so please write your email address LEGIBLY. If you do not have email, you must enclose a self-addressed, **stamped** (4 1/8" x 9 1/2") #10 envelope with your registration form or we cannot send you a confirmation notice.

LAST DAY TO REGISTER IS JUNE 30, 2012.

SIGNATURE REQUIRED

CAMPER'S AGREEMENT: I understand that this is a Christian camp with Christian values and I will follow the rules below and standards set by the PCJC camp program and by Redwood Christian Park.

I understand and agree to a health screening upon 24 hours of arrival to camp (see *Information Sheet for explanation of health screening*).

Signature _____

- ~~~~~
- Mail following items:
- (1) Registration Form (*remember to sign it*). Don't return instruction sheets.
 - (2) Health Form (*remember to have parents sign it*).
 - (3) Liability Form (*you & parent must sign*)
 - (4) Full payment
 - (5) **Only** if you do not have email, send a **stamped**, self-addressed #10 legal size envelope (4 1/8" x 9 1/2" **NOT** a large manila envelope).

NOTE: *If you are sending more than one set of forms, be sure to put enough postage on your envelope or it may not get delivered.*

**Mail to: PCJC Family Camp
c/o Setsuko Kashitani
3433 W. 229th Place
Torrance, CA 90505**

*If you have any questions, contact
Setsuko Kashitani at (310) 325-6572
or email <camp@pcjcfm.org>*

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**RECAP OF DATES:**

- March 19 -- Registration opens
- April 12 -- Last day of priority housing for first timers
- June 15 -- Last day to register without paying late fee
- June 15 -- Last day to pay without paying late fee
- June 15 -- Last day to cancel without paying cancellation fee
- June 30 -- Last day to register for camp
- June 30 -- All payments must be made by this date.
- July 01 -- Last day cancellations will be accepted

# Medication Authorization for Minors

**(To be filled out ONLY if camper is minor and needs to take medication to camp.)**

No camper age 17 or under will be allowed to self-administer any medication—whether it is an over-the-counter medicine (such as Tylenol, cold remedy, etc.) or a prescription drug.

All medications must be turned in to the camp doctor/nurse upon arrival at camp, along with this form. (The only exception will be for inhalers, for which a “Contract for Permission to Carry an Inhaler” must be completed and turned in to the camp doctor/nurse--see reverse.)

For prescription medications, the dose and frequency of administration must be clearly indicated on the container/bottle. Otherwise, write instructions on this form and provide any special instructions or other necessary information. (Mail form to address on reverse side.)

## TO BE COMPLETED BY PARENT

Camper's Name \_\_\_\_\_ Male ☐ Female ☐

Birthdate (Mo/Day/Yr) \_\_\_\_\_ Parent(s) attending camp? Yes ☐ No ☐

I authorize the PCJC Family Camp medical personnel to administer the medication(s) indicated below to the above-named camper:

1. \_\_\_\_\_  

*Name of Medication*
*Purpose of Medication*

*Dosage Prescribed*
*Time Schedule*
*Form (Tablet, Liquid, Inhaler, etc.)*

*Precise method of administering medication*
2. \_\_\_\_\_  

*Name of Medication*
*Purpose of Medication*

*Dosage Prescribed*
*Time Schedule*
*Form (Tablet, Liquid, Inhaler, etc.)*

*Precise method of administering medication*
3. \_\_\_\_\_  

*Name of Medication*
*Purpose of Medication*

*Dosage Prescribed*
*Time Schedule*
*Form (Tablet, Liquid, Inhaler, etc.)*

*Precise method of administering medication*

Other Instructions / Information: \_\_\_\_\_

I also authorize the PCJC to communicate with the physician below regarding my child's medical condition and/or medication:

\_\_\_\_\_  
*Physician's Name* *Physician's Telephone*

\_\_\_\_\_  
*Parent's / Guardian's Signature* *Date*

*2012 PCJC Family Camp*

## FOR MIDDLE HIGH, SENIOR HIGH AND GENESIS PROGRAMS

*(Everyone in above programs **incl. all youth staff members**, must complete and return this form.)*

***(Please print clearly)***

Name \_\_\_\_\_ Male ☐ Female ☐  
(Last) (First)

Address \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell/Work No. ( \_\_\_\_\_ ) \_\_\_\_\_

Birthdate (Mo/Day/Yr) \_\_\_\_\_ Age (in Sept) \_\_\_\_\_ Program \_\_\_\_\_  
(Middle High / Senior High / Genesis)

Conference church through which you are registering: \_\_\_\_\_

**Special Needs:** List any medical limitations, allergies, dietary needs, medications taken or if you have a learning or behavioral disability (ADD, dyslexia, etc.) Use back of medical form, if needed. If you will be using **an inhaler or taking** any prescription or over-the-counter **medications**, you must also fill out a **Medication/Inhaler Authorization Form**, which can be obtained from your church office or the PCJC website.

**Have you had a tetanus shot within the last ten years?** Yes ☐ No ☐ Give date if known: \_\_\_\_\_

We are doing everything on our end to avoid a flu epidemic. We encourage you to take preventative measures such as getting a flu shot as a precaution.

Name of primary person who holds the insurance: \_\_\_\_\_

Name of medical insurance carrier: \_\_\_\_\_

Group/Family No: \_\_\_\_\_ Medical Record No. \_\_\_\_\_

Physician's name: \_\_\_\_\_ Physician's phone number: (\_\_\_\_) \_\_\_\_\_

**NOTE TO THE PARENT(S):** If your child has emotional needs/issues and/or is receiving counseling, please enclose a “Confidential” letter addressed to the Camp Director explaining the situation. He/she may call you or request a meeting with you to discuss how to handle any problems that may arise while your child is at camp.

### Parent's Agreement & Authorization for Medical Treatment *(for conferees age 17 and under)*

I, the undersigned parent (or guardian) of the above-named minor, do hereby give my permission for him/her to attend the PCJC Family Camp. I have read the camp rules and agree to pay all expenses in the event the above-named child needs to be sent home. I also hereby give my permission for any medical treatment needed in the event of an emergency.

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*Print Name*

Parent(s) attending camp? Yes ☐ No ☐ If parent(s) not attending camp, please fill out information below:

Mother's Daytime Phone: ( ) Evening Phone: ( )

Father's Daytime Phone: ( ) Evening Phone: ( )

Cell Phone: ( ) \_\_\_\_\_ Beeper No.: ( ) \_\_\_\_\_

If parent(s) cannot be reached, give name and phone number(s) of an additional person to contact in case of emergency:

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

Daytime Phone: ( ) Evening Phone: ( )

## LIABILITY RELEASE FORM

**EVERYONE** must sign a *Liability Form* if you will be in the Junior, Middle High, Senior High, Genesis, Young Adult or Adult program. **Parents or guardians must also sign form for youths 17 years and younger.**

By signing below, I hereby hold harmless the management, staff and trustees of Redwood Christian Park (RCP) and the coordinators and staff members of the Pacific Coast Japanese Conference of the Free Methodist (PCJC) for any and all events of said conference, and I understand that any accidents or sickness incurred by myself or anyone that I am responsible for as participants of this particular event will not be covered by either organization.

I understand that all recreational activities have the inherent possibility of injury to person or property and may result from my participation in any activities on the Redwood Christian Park premises, such as swimming, hiking, volleyball, basketball, paintball, climbing wall, activities on the ropes course and all other available recreational options and activities. I also understand that there are inherent issues of safety as related to the mountainous terrain of Redwood Christian Park and that I am responsible for my own actions in this regard.

I understand that this Liability Release constitutes a full and complete release from liability insofar as Redwood Christian Park is concerned, and by signing below, I hereby hold harmless the management and trustees of Redwood Christian Park, Pacific Coast Japanese Conference and the RCP and PCJC camp staff of responsibility for any and all injury or damage to me, any member of my family, or any person whom I am responsible for at this camp.

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*Date*

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*Camper's Signature*

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*Print Name*

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*Spouse's Signature (if applicable)*

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*Print Name*

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**Junior** *Camper's Signature*

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*Print Name*

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*Parent/Guardian's Signature if Camper is a Minor*

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*Print Name*

## Contract For Permission To Carry An Inhaler

Camper's Name \_\_\_\_\_ Male ☐ Female ☐

Address \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parent(s) at camp? Yes ☐ No ☐

Birthdate (Mo/Day/Yr) \_\_\_\_\_ Church registering through \_\_\_\_\_

**NAME OF MEDICATION**

**DOSE**

**FREQUENCY**

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

### Camper's Agreement

- I understand that I am to keep this inhaler in my room, backpack or fanny pack at all times except when in use.
- I will not share this inhaler with anyone under any circumstances.
- I agree that after two puffs, if there is not marked improvement, I will go to the Camp Nurse/Doctor immediately.

\_\_\_\_\_  
*Camper's Signature*

\_\_\_\_\_  
*Date*

### Parental Permission

I give permission for my child to carry the inhaler described above. I understand that he/she must follow the rules listed above.

\_\_\_\_\_  
*Parent's / Guardian's Signature*

\_\_\_\_\_  
*Date*

MAIL FORM DIRECTLY TO:

PCJC FAMILY CAMP  
c/o S. Kashitani, Registrar  
3433 W. 229<sup>th</sup> Place  
Torrance, CA 90505