

Winter Camp 2012

TAKE **O** AIM

*Grades 6-8 * January 6-8, 2012*

WINTER CAMP REGISTRATION FORM

NAME _____	PHONE _____	GENDER _____	BIRTH DATE ____/____/____	GRADE _____
ADDRESS _____	CITY _____	STATE _____	ZIP _____	
PARENTS'/GUARDIAN NAMES _____	EMAIL ADDRESS _____			
HEALTH INSURANCE _____	POLICY # _____			
KNOWN ALLERGIES _____				
LIST MEDICATIONS CURRENTLY TAKING _____				
PHYSICAL RESTRICTIONS OR CONDITIONS _____				

MY CHURCH _____

MY CHURCH LEADER _____

FRIEND (WE'LL DO OUR BEST TO PUT FRIENDS TOGETHER.) _____

Frequently Asked Questions

WHO:
6th grade through 8th grade students.

WHAT:
Three days of "TOTAL AWESOMENESS!" We want students to Take Aim at what is important in life, the weekend will equip them to

WHERE:
All students will meet at CCV, 13701 Stockdale Hwy, 93314 at the scheduled time. We will caravan to Sierra Christian Service Camp. The camp number is 661-536-9323.

WHEN:
January 6th at 9:30 AM @ CCV; Return Sunday, January 8th around 2:30 PM.

EXTRA MONEY:
Meals, programming and lodging are all included. Day time snacks and sodas are extra.

WHAT TO BRING:

- Bible & pen Towel & wash cloth
- Toiletries WARM Clothing
- Camera Sleeping bag/bedding & pillow
- Extra shoes if wet or snowing
- Medications (turn in to leader)
- Sack lunch for the road
- Zany Dress up Clothes

OTHER QUESTIONS: Contact Chris Taylor through e-mail, chris.taylor@ccvbak.org or call him at 661-588-2268

I, the parent / legal guardian of the student listed on this form, certify that he/she has my full approval to participate in Christ's Church of the Valley's, Winter Camp at Sierra Christian Service Camp, January 6-8, 2012. The student identified on this form understands what is expected from him/her. If the student is asked to leave because of misconduct / disobedience, I will assume full responsibility for returning the student home in a timely manner.

Further, I release CCV and any adult leaders from any responsibility regarding claims that may arise from myself or any member of the family as a result of participating in the CCV's Student Ministry activities.

Further, I authorize the Youth Minister or other leaders involved with the event to give consent to a doctor or emergency room in the event I cannot be reached. It is understood that I will assume any financial responsibility for any expense that may be incurred regarding the student listed on this form as it pertains to this event.

Parent or Guardian signature _____ Date _____

Person to notify in the event **you cannot** be reached: _____

Relationship to student: _____ Phone _____

COST PER STUDENT

\$65 By Jan 1 Registration
\$115 After Jan 1 Late Registration

GET SIGNED UP:
Return the registration form below with your payment to Christ's Church of the Valley. Check should be made payable to 'CCV' with the memo: 'MS Camp'.

WHAT IF I CAN'T GO?
50% of your registration may be refunded no less than 1 week before camp.

EXPECTATIONS:

- 1) NO smoking, alcohol, or drugs allowed.
- 2) Respect others and their things.
- 3) Never go into the cabin of the opposite sex.
- 4) NO ipods, phones, electronic games,... (these items will be held by leadership until your return)
- 5) Everyone must attend all sessions listed in the schedule and/or announced.

NOTE: Rules can be added or amended at anytime by the leadership.

For Office Use Only:
 Paid: _____
 _____ Cash _____
 _____ Date _____
 _____ Check _____