THE GATHERING

CENTRAL PACIFIC DISTRICT NEXTGEN

AT OLD OAK RANCH

2018 SUMMER CAMP

JULY 21ST-24TH 4 DAY COMBO CAMP

THE GATHERING

4 DAY COMBO- FINANCIAL WORKSHEET

Anytime you add a registration you MUST fill out a financial worksheet

LEADER / ORGANIZER INFORMATION

FIRST NAME _____ LAST NAME _____

CHURCH NAME _____ CHURCH CITY _____ STATE _____

( ) -

PHONE _____ E-MAIL _____

YOU ARE REGISTERING FOR:

☐ **2018 CPD 4 DAY COMBO CAMP - Saturday JULY 21st - Tuesday 24th**

ARRIVAL INFO (CHECK ONE)

☐ **BUS** ☐ **CAR** ☐ **VAN**

APPROXIMATE ARRIVAL TIME AFTER 3pm: _____

REGISTRANTS (PLEASE MULTIPLY THE NUMBER OF REGISTRANTS BY THE COST LISTED)

# OF:	TYPE OF REGISTRANT	TOTAL
	Male Campers @ $ 225.00 (SUPER EARLY REG 😎) REGISTERED BY **June 25th**	$
	Female Campers @ $225.00 (SUPER EARLY REG 😎) REGISTERED BY **June 25th**	$
	Male Campers @ $235.00 (EARLY REG 😃) REGISTERED BETWEEN **June 26th - July 3rd**	$
	Female Campers @ $235.00 (EARLY REG 😃) REGISTERED BETWEEN **June 26th - July 3rd**	$
	Male Campers @ $245.00 (LATE REGISTRATION 🙂) REGISTERED AFTER **July 3rd**	$
	Female Campers @ $245.00 (LATE REGISTRATION 🙂) REGISTERED AFTER **July 3rd**	$
	Male Cabin Leaders @ $215.00 (ANYTIME)	$
	Female Cabin Leaders @ $215.00 (ANYTIME)	$
	REGISTRATION TOTAL	$

TOTAL AMOUNT PAID	$
CHURCH CHECK #	

REGISTRATION PROCESS

EACH STEP BELOW (A,B & C) MUST BE COMPLETED

A. REGISTER ONLINE

1. Go to https://cpd.configio.com/ to register all of your campers & leaders online.
2. We recommend you register online in batches as the system will automatically increase cost per the pricing tiers, as the camp date gets closer.
3. When you are finished registering a batch, click “Check out” or click on the “Cart” button towards the top of the screen & it will bring you to the payment screen.
4. If you’d like to pay by credit card, you can do so online, however it will include an additional 3.5% processing fee. If you’d like to pay by check, **please mail a church check to the address below.**

B. EMAIL FORMS - Scan in & email each batch of your fully completed signed registration forms and financial worksheet to: cpdcamps@foursquare.org

C. MAIL PAYMENT - Mail this completed financial worksheet & church check to: CPD-NV Office, Attn: camp name (e.g. Tween Camp, 5 Day Combo, etc.), **3690 Highway 395, Carson City, NV 89705. Please make checks payable to CPD.**

Once all steps of **A, B & C** above are complete, your church is fully registered! If all steps are not completed within the price tier timeframe, your church will be unable to obtain that pricing & may not be able to attend camp. Unfortunately, enrollment fills up fast & we cannot hold the spots if all steps above are not completed (no prepay/reserving). **Register early to secure your spot & get the best price per camper!** If you have any questions during registration, please email Tammy Meyer at cpdcamps@foursquare.org or call the Central Pacific District Registration Line at 775-721-5484.

Refund Policy: If a camper must cancel for any reason please contact your church in enough time for them to contact the Central Pacific District office no less than 3 working days prior to camp (this does not include Saturdays, Sundays, or holidays) and you will receive a refund less $40.00. After this time, no refund will be issued. Hardship cases are handled at the NextGen Director’s discretion. For more information, please contact the Central Pacific District Nevada Office by phone at: 775-721-5484 or email: cpdcamps@foursquare.org

THE GATHERING

4 DAY SUMMER CAMP

6TH - 12 GRADES

2018 CAMPER REGISTRATION-PAGE 1 OF 1

CAMP DATES: JULY 21st - 24th **DEADLINE DATE: _____** **COST: $_____**

CAMPER FIRST NAME _____ CAMPER LAST NAME _____

DOB: _____ AGE: _____ GRADE _____ Circle One: MALE or FEMALE

( ) - Circle One: PASTOR'S KID? Y or N

PHONE _____

CHURCH NAME _____ CHURCH CITY _____ CHURCH STATE _____

EMERGENCY CONTACT INFO

CONTACT PERSON (FIRST AND LAST NAME) _____ RELATIONSHIP TO CAMPER _____ ( ) PHONE NUMBER _____

Required Signatures - (Campers can not attend camp without all 3 signatures)

Camper Declaration "I will fully cooperate with the Central Pacific District Staff, and obey the rules established for the camp."

x _____

CAMPER SIGNATURE

Parent Declaration "I have read and agree to the policies below of this form and I believe my child will cooperate and obey with all camp leadership and rules while at camp."

x _____

PARENT/GUARDIAN SIGNATURE

Pastor Recommendation "I recommend this camper to the Central Pacific District Staff as one who will cooperate with the staff and rules."

x _____

LICENSED PASTOR SIGNATURE

Health Information and Policies

INSURANCE PROVIDER:_____ (If none please mark N/A) POLICY NUMBER:_____

BOTH QUESTIONS 1 AND 2 MUST BE FILLED OUT FOR A CAMPER TO ATTEND CAMP

1) **(IF NONE PLEASE MARK "N/A")** PLEASE LIST ALL FOOD AND/OR ALLERGIES: _____

2) **(IF NONE PLEASE MARK "N/A")** PLEASE LIST ALL MEDICATIONS W/DOSAGE INSTRUCTIONS CAMPER WILL REQUIRE WHILE AT CAMP (ATTACH SEPARATE SHEET IF YOU REQUIRE MORE SPACE OR EXPLANATION): _____

By signing this form, I give my informed consent to the First Aid personnel assigned by Old Oak Ranch who are certified in a minimum of CPR and First Aid to provide basic First Aid and comfort measures through standardized camp treatment procedures, which includes the use of over the counter medications. I understand that it is my responsibility to make arrangements for a camper with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses, and scope of practice. I authorize Old Oak Ranch to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Old Oak Ranch to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization. This completed form may be photocopied for trips away from Old Oak Ranch properties. Although OOR protects all personal health information to the best of their ability, I understand that in the normal course of operations some of my child's PHI may be viewed by those who OOR deems necessary for the performance of providing emergency health care. I authorize the use of the following generic, over the counter medications as directed by the labels provided by the manufacturer for my child: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, glucose, electrolyte replacement fluids, analgesic balms and gels. I understand that these are stocked and dispensed by the First Aid personnel free of charge as needed for the comfort of my child. I understand that my child's photo may be taken at camp and I authorize OOR to utilize these photos for the promotion of Old Oak Ranch in both printed media and internet. I have requested Old Oak Ranch to allow my child to participate in any and all activities that may include but are not limited to those outlined in the camp registration form and camp web site. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my child's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my child, and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release and discharge, indemnify, and hold harmless Old Oak Ranch, International Church of the Foursquare Gospel, its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively," Losses") arising from or in connection with my child's participation in Old Oak Ranch's camp and its activities, including losses arising from the negligence of any of the Released Parties, whether such losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge.

All medications /products provided to the Camp Medic to administer MUST be in ORIGINAL containers with labels and dispensing instructions in English. Individuals requiring injections should provide medications, syringes, and written instructions signed by the physician.

THE GATHERING

4 DAY SUMMER CAMP

2018 CABIN LEADER REGISTRATION

CAMP DATES: JULY 21st - 24th DEADLINE DATE: _____ COST: $_____

FIRST NAME _____ LAST NAME _____

Circle One: MALE or FEMALE DOB: _____ AGE: _____

EMAIL ADDRESS _____ ( ) - PHONE _____

CHURCH NAME _____ CHURCH CITY _____ CHURCH STATE _____

1) When did you become a Christian?_____
2) What is your experience leading youth? (type and how long?)_____
3) ☐ YES or ☐ NO — Have you ever been a cabin leader for Old Oak Ranch before?
4) ☐ YES or ☐ NO — I have read and understand the material and filled it out to the best of my knowledge.
5) ☐ YES or ☐ NO — Have you received the baptism of the Holy Spirit? If so, when?_____
6) ☐ YES or ☐ NO — Do you consider yourself to be a Godly example to young people and/or children?
7) ☐ YES or ☐ NO — I have completed the Online Staff Orientation at cpdnextgen.com and will support the rules and guidelines as presented.
8) ☐ YES or ☐ NO — Are you comfortable leading a student in prayer?
9) ☐ YES or ☐ NO — My church has performed the required background check on myself, the applicant, in accordance with the ICFG background check policy.

Required Signatures - (Cabin Leaders can not attend camp without both signatures)

Cabin Leader Declaration "I understand that failure to uphold these guidelines will be grounds for the immediate dismissal of a staff member or cabin leader (me) from camp and may open the individuals (me) to legal liability."

x _____
CABIN LEADER SIGNATURE

Pastor Declaration "I recommend this person to be a cabin leader and I certify that my church has completed a background check pursuant to Foursquare procedures. I understand that failure to uphold these guidelines will be grounds for the immediate dismissal of a staff member/cabin leader from camp and may open the individual to legal liability."

x _____
LICENSED PASTOR SIGNATURE

By signing this form, I give my informed consent to the First Aid personnel assigned by Old Oak Ranch who are certified in a minimum of CPR and First Aid to provide basic First Aid and comfort measures through standardized camp treatment procedures, which includes the use of over the counter medications. I understand that it is my responsibility to make arrangements for a camper with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses, and scope of practice. I authorize Old Oak Ranch to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Old Oak Ranch to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization. This completed form may be photocopied for trips away from Old Oak Ranch properties. Although OOR protects all personal health information to the best of their ability, I understand that in the normal course of operations some of my child's PHI may be viewed by those who OOR deems necessary for the performance of providing emergency health care. I authorize the use of the following generic, over the counter medications as directed by the labels provided by the manufacturer for my child: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, glucose, electrolyte replacement fluids, analgesic balms and gels. I understand that these are stocked and dispensed by the First Aid personnel free of charge as needed for the comfort of my child. I understand that my child's photo may be taken at camp and I authorize OOR to utilize these photos for the promotion of Old Oak Ranch in both printed media and internet. I have requested Old Oak Ranch to allow my child to participate in any and all activities that may include but are not limited to those outlined in the camp registration form and camp web site. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my child's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my child, and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release and discharge, indemnify, and hold harmless Old Oak Ranch, International Church of the Foursquare Gospel, its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively," Losses") arising from or in connection with my child's participation in Old Oak Ranch's camp and its activities, including losses arising from the negligence of any of the Released Parties, whether such losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge.

All medications /products provided to the Camp Medic to administer MUST be in ORIGINAL containers with labels and dispensing instructions in English. Individuals requiring injections should provide medications, syringes, and written instructions signed by the physician.

CABIN LEADER NAME:_____

Health Information

A) **(IF NONE PLEASE MARK "N/A")** PLEASE LIST ALL FOOD AND/OR ALLERGIES: _____

_____

B) **(IF NONE PLEASE MARK "N/A")** PLEASE LIST ALL MEDICATIONS W/DOSAGE INSTRUCTIONS LEADER WILL REQUIRE WHILE AT CAMP (ATTACH SEPARATE SHEET IF YOU REQUIRE MORE SPACE OR EXPLANATION):

_____

Background Information

1. ☐ YES or ☐ NO — Have you ever been accused, charged, or convicted of any crime relating in any manner to children (anyone under 18) and/or your conduct with them?
   If YES, Please explain: (USE SEPARATE SHEET IF NECESSARY.)

2. ☐ YES or ☐ NO — Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?
   - Assault and battery
   - Any sexual offense, regardless of the victim's age
   - Distribution and trafficking of narcotics or other controlled substances
   - Intent to commit any of the above crimes

   REGARDING QUESTION 2.
   If YES, please explain: (Use a separate sheet, if necessary.)

3. ☐ YES or ☐ NO — Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?
   If YES, please explain: (Use a separate sheet, if necessary.)

4. ☐ YES or ☐ NO — Are you now or have you ever been subjected to any court order involving sexual or physical abuse of a minor including, but not limited to a domestic order or protection?
   If YES, please explain: (Use a separate sheet, if necessary.)

5. ☐ YES or ☐ NO — Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?
   If YES, please explain: (Use a separate sheet, if necessary.)

I UNDERSTAND THAT:

A.) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.

B.) The camp may terminate employment or volunteer service of any person for any reason, including without limitation, if that person is found, regardless of when discovered, to:

1. have any prior complaints of abuse of a minor;
2. have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of abuse of a minor; and/or
3. have falsified or omitted information in this registration form.

C.) This disclosure statement must be updated yearly.

I certify under penalty of perjury that I have completed this form with true and accurate information and with full disclosure to the best of my ability.

Cabin Leader Signature _____ **Date** _____

THE GATHERING

IMPORTANT INFORMATION

- Combo Camp is for 6th - 12th grades
- **Registration begins at 3pm** on the first day of camp **(PLEASE DO NOT ARRIVE UNTIL 3PM)** (The first meal will be dinner at 6:00PM).
- All medications must be turned into the Camp Medic and MUST be in ORIGINAL containers with labels and dispensing instructions in English. Individuals requiring injections should provide medications, syringes, and written instructions signed by the physician.
- Please let us know if your group will be arriving after 6PM
- **Departure time is approximately 9AM on the last day of camp**
- **If you have registration questions please call or email Tammy Meyer at: 775-721-5484 or cpdcamps@foursquare.org**
- **PLEASE MAIL FINANCIAL WORKSHEET AND CHECKS TO:**

  CPD Nevada Office
  ATTN: CAMP NAME (SHORT COMBO, LONG COMBO, or TWEEN)
  3690 HIGHWAY 395
  CARSON CITY, NV 89705

GUIDELINES AND POLICIES

Wellness Policy: All campers should be free of the following symptoms for at least 48 hours prior to camp: fever of 100+, vomiting, diarrhea, contagious skin infection, or lice, coughing or runny nose. In the event of illness, injury or the presenting of the above symptoms at camp, parents will be notified and are expected to come and pick up their camper. **Group organizers/leaders MUST check each camper for lice before coming to camp. WE WILL NOT BE DOING AN ON-SITE HEALTH SCREENING - PLEASE DO YOUR HEALTH SCREEN BEFORE YOU LEAVE FOR CAMP.**

Background Check Policy: In accordance with ICFG policy and California State law, **all cabin leaders over the age of 18 MUST have a valid background check** performed before they are allowed to attend camp. Each adult must fill out the Cabin Leader Registration form and indicate on the form where the background check was performed (through the ICFG central offices or through another agency). The Central Pacific District Office will verify the background check has been done once the registration is turned in and before the start of camp.

Cabin Leader Training Policy: Cabin Leaders should complete the staff orientation before attending camp. Access the training at **www.cpdnextgen.com** and mark it as completed on the Cabin Leader Registration Form.

Driver Policy: If you are going to have any drivers other than your cabin leaders that need to stay over night due to distance, you must call the Nevada CPD office (775.721.5484) or email cpdcamps@foursquare.org one week prior to the camp date. Drivers will be accepted only if there is space available. Drivers will be expected to pay for meals while at camp. **If the driver is over 18 years of age, an approved background check must be done before the driver comes to camp.**

Refund Policy: If a camper must cancel for any reason please contact your church in enough time for them to contact the Central Pacific District office no less than 3 working days prior to camp (this does not include Saturdays, Sundays, or holidays) and you will receive a refund less $40.00. After this time, no refund will be issued. Hardship cases are handled at the NextGen Director's discretion. For more information, please contact the Central Pacific District at 775.721.5484 or cpdcamps@foursquare.org

Cabin Leader Requirements: The Central Pacific District requires each church to provide their own cabin leaders. This allows us to provide the necessary camper/cabin leader ratio in the cabins (for every 8 students you must have 1 cabin leader of like gender). In the event that you cannot provide a cabin leader, call the CPD Registration Line (775.721.5484) or email cpdcamps@foursquare.org and we will refer you to a fellow attending church. We are unable to process camp applications without the required number of cabin leaders. If your church has extra cabin leaders, call the office to determine if there is room at camp for them and be aware that we may refer a church to you who is in need of a cabin leader. **Each cabin leader must be 18 years of age or older. They must have a background check done, at their own expense, before they arrive at camp. They must also fill out a Cabin Leader Form in its entirety, complete the online Cabin Leader Training (If a first time Cabin Leader).**

Camp Guidelines:
(These are to be shared with all campers prior to arriving to camp)

1. Be where you are supposed to be when you are supposed to be there.
   - All meals, meetings, and activities are mandatory.
   - Stay in the camp boundaries at all times.
2. Respect other people and their belongings.
   - No fighting or foul language.
   - No stealing.
   - No raiding of any kind. (e.g.: damaging, rearranging or playing with other's belongings).
3. No illegal stuff.
   - Drugs, alcohol, cigarettes, weapons of any kind.
4. No guys in or around the girl's dorms – No girls in or around the guy's dorms.
5. You break it, you buy it! - All damage to camp property must be paid for prior to leaving camp.
   - A fine of $500 will be imposed for graffiti.
6. No PDA – "Public Display of Affection."
7. No pillow fights.
8. Medications must be turned in to the medic upon arrival.
9. No electronics other than cameras or personal care items.

Camper Mail (If parents want to send packages to camp):

1. You can mail any letters/packages up there to the following address: Old Oak Ranch, 15250 Old Oak Ranch Road, Sonora, CA 95370

Please mark mail clearly with camp name "CPD CAMP" and camper name. CPD or OOR is not responsible for lost mail.

2. Or give the mail/packages to your church Cabin Leader so they can turn it in for distribution.

Dress Code:

1. Nothing offensive is to be worn
2. Guys need to hold their pants above their waist.
3. Girls need to refrain from showing cleavage, midriff as well as refrain from wearing short shorts
4. **Students who fail to adhere to these guidelines will be asked to change**.

THE GATHERING
SUMMER CAMP PACKING INFORMATION

//What To Bring:

- Bible & Notebook
- Supplies for church theme dress up night (talk to your group leader about what to bring)
- One **conservative** "fancy" outfit (for last dinner)
- Sleeping Bag & Pillow
- Spending Money (For Activities, Snack Bar, Gift Shop, Etc...)
- Missions Offering
- Towel
- Modest Clothing (Average Temp 95H 56L)
- One Piece Bathing Suit Or Tankini
- Flash Light
- Personal Toiletries
- Sunscreen
- Optional Items For Team Games (Sports Eye Black, Face Paint, Duct Tape, Etc…)

//What Not To Bring:

- Please Leave **ALL** Electronics Except Camera (**MP3 Players, Cell Phones, Etc...**)
- Lighters & Matches, Alcohol, Drugs, Tobacco Products, Firearms, Knives
- Immodest Clothing, Belly Shirts, Crop Tops Or Tank Tops With Less Than A Two Finger Width Straps.

//Note:

All articles should be labeled with camper's full name. CPD or OOR is not responsible for lost or stolen items.

//Medications:

If you have any medications of any kind, they must be turned into the medic upon arrival. *Accept for inhalers, topical creams, and epi-pens.*

//Camper Mail:

Campers love getting packages from home!
Please send all camper mail to:

Old Oak Ranch
CPD "CAMP NAME"
Camper Name
15250 Old Oak Ranch Rd. Sonora, CA 95370
or
Or give the mail / packages to your church Cabin Leader so they can turn it in for distribution.

THE GATHERING
SUMMER CAMP PACKING INFORMATION

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Camper Name
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or
Or give the mail / packages to your church Cabin Leader so they can turn it in for distribution.