

# Central California District, PCG Inc.

## SUMMER CAMP 2025 REGISTRATION FORM

Use this form for one camper only. This form must be filled out by the legal guardian of the listed camper.

### GENERAL INFORMATION

Camper's name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Birthday \_\_\_\_\_ Age: \_\_\_\_\_ Boy ☐ Girl ☐  
 Parents' name \_\_\_\_\_  
 Home (\_\_\_\_)-\_\_\_\_\_ Work: (\_\_\_\_)-\_\_\_\_\_  
 Cell number (\_\_\_\_)-\_\_\_\_\_ Email \_\_\_\_\_  
 Group Ldr: \_\_\_\_\_ Home Church \_\_\_\_\_  
 Pastor's Name: \_\_\_\_\_  
 Pastor's Cell# (\_\_\_\_) \_\_\_\_\_ Church#(\_\_\_\_) \_\_\_\_\_

### EMERGENCY INFORMATION

In the case of emergency, PCG Cent Cal YM will contact the parent or legal guardian immediately. If we are unable to reach you, please list a secondary contact person who we can call. This contact person must be someone not living in the same household.

Name \_\_\_\_\_  
 Day & Evening Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Next of Kin: \_\_\_\_\_

**NOTE:** Parents have option to pick up kids before end of camp, must phone ahead.

### MEDICAL RELEASE (to be filled out by Parent/Guardian)

I hereby authorize the PCG, Central Cal Youth ministries and/or its representative, as agent for myself to procure medical, hospital or dental care for my child named on this form, in the event of injury or illness while the child is in the care of the above named, I understand that I am financially responsible for any care procured. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. But is given to prove authority on the part of my agent to consent to such medical care, should it become necessary, and hereby waive any and all claim against the Sequoia Heights Camp Grounds, the Pentecostal Church of God, Central California District (incorporated) or its representatives, because of any injury or damage that may be incurred to my child, in connection with or incident to Youth Camp. I also authorize designated medical professionals to dispense over-the-counter medications as needed to the camper listed above.

### PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

### SUPPLEMENTAL WAIVER AND RELEASE FROM LIABILITY

I understand that participating in youth camp may involve an increased risk of injury or complications to campers with existing medical conditions (such as pregnancy). In consideration of the camper named below being permitted to attend Youth Camp, I waive all claims against the Sequoia Heights Camp Grounds, the Pentecostal Church of God

(Incorporated), referred to below as the "District", arising out of or in connection with the camper's participation in Youth Camp and any of its activities.

Further on behalf of both the undersigned and the camper named below, and our respective heirs, legatees, personal representatives and assigns, I hereby discharge, release and hold harmless the District and its affiliates, agents, employees, assigns, officers, directors and successors, from any and all claims, actions, losses, damages, or expenses for personal or bodily injury (including death), and all property loss or damage, incurred by the camper named below (and if pregnant her unborn child) arising out of or in connection with the campers participation in Youth Camp. I hereby assume and accept full risk and responsibility for all injury, death, property loss or damage which may occur through or by reason of the camper's participation in youth camp and any of its activities. I certify to the district that I am the parent or legal guardian of the camper named below. I have consulted with the camper's physician and have been advised that the camper's participation in Youth Camp does not pose any substantial risk despite the camper's existing medical condition(s)

### PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

### Applicant's Agreement

Realizing that the camp is a leadership training institution, and that it has certain ideals which must be maintained, after having read, or have had read to me, I agree to abide by the rules and regulations of the camp, and to waive any and all claims against the District Organization, Sequoia Heights Camp Grounds, The Pentecostal Church of God, or any of its District Board or its representatives, because of any injury or other damage that may be incurred to me or my property in connection with, or incident to, the Pentecostal Church of God. I hereby irrevocably consent to and authorize the unrestricted use and reproduction by you or anyone authorized by you, of any and all photographs and/or video images which you have taken of the camper listed above, for use within the scope of the Central California Youth Ministries, Pentecostal Church of God, Inc., Sequoia Heights Camp. I also give the right to the PCG and its representatives to search all baggage for adherence to the rules when deemed necessary.

SIGNATURE OF CAMPER \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_

### For Office Use Only

|               |       |                  |       |
|---------------|-------|------------------|-------|
| Paid Dep/Full | _____ | Camp App pg1     | _____ |
| Paid T-shirt  | _____ | Health/Liability | _____ |
| Cash/Check#   | _____ | Camp Rules       | _____ |

**MEDICAL INFORMATION** Health history (give approximate dates of each occurrence, and indicate whether mild or severe: (use more paper if needed))

|                                                                                                                                                   |                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Allergies</b><br>Asthma: _____<br><br>Lactose Intolerant: _____<br><br>Allergies (food, animals, insects, etc) _____<br><br>_____<br><br>_____ | <b>Medications Prescription</b><br>Medication (see medication policy) _____<br><br>_____<br><br>_____<br><br><b>Reason for taking above medic.</b> _____<br><br>_____<br><br>_____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                       |                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Medical Conditions</b><br>Heart defect/disease _____<br>Convulsions _____<br>Diabetes _____<br>Bleeding/clotting Disorders _____<br>Pregnancy _____<br>Other _____ | <b>List any Medication Allergies:</b> _____<br><br>_____<br><br>_____<br><br><b>Are Immunizations current?</b><br>Yes <input type="radio"/> No <input type="radio"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                            |                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Limitations</b><br>Physical limitations (describe) _____<br><br>_____<br><br>_____<br><br>Mental Limitations (describe) _____<br><br>_____<br><br>_____ | Are there any activities from which this camper should be restricted? _____<br><br>_____<br><br>_____<br><br><b>**Upon arrival, each camper will be examined for head lice. If nits or lice are present, campers will be turned away with no refunds</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Medical Insurance</b><br>Name of family physicians _____<br>Do you carry family medical/hospital insurance yes <input type="radio"/> no <input type="radio"/><br>Carrier name: _____<br><br>Phone _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| CAMPS                                                                  |                                                                        |                                                                                      |
|------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="radio"/> <b>Junior Camp</b><br>July 14 - 17<br>Grades 3-5 | <input type="radio"/> <b>Senior Camp</b><br>July 19 - 22<br>Ages 13-18 | <input checked="" type="radio"/> <b>Junior High Camp</b><br>July 21-25<br>Grades 6-8 |

|                                                               |                                                                   |
|---------------------------------------------------------------|-------------------------------------------------------------------|
| <b>Cost</b>                                                   | <b>**NO EXCEPTIONS**</b>                                          |
| April - May                                                   | <b>\$195 (Deposit of \$25 &amp; Reg. Postmarked by May 31)</b>    |
| June 1 <sup>ST</sup> - 30 <sup>TH</sup>                       | <b>\$215 (Deposit of \$25 &amp; Reg. Postmarked by June 30)</b>   |
| July                                                          | <b>\$225 (Note: Deposits are non-refundable but transferable)</b> |
| CAMP T-SHIRTS - <b>\$20</b> (add <b>\$3</b> for 2XL or above) |                                                                   |
| CIRCLE SIZE:                                                  | Adult: SM MED L XL 2XL 3XL                                        |
|                                                               | YTH: SM MED L                                                     |

Camp picture **\$10** (8x10 camp group)

**Total amount paid \$** \_\_\_\_\_

Mail application & money to:

Central Cal Youth Camps

610 Pico, Ste A, Clovis, Ca 93612

Office #: 559-292-1216

# CENTRAL CAL YOUTH CAMPS

## RULES AND PROCEDURES

INITIAL

1. Campers **MUST** attend **ALL** scheduled or special called functions. \_\_\_\_\_
2. No one is allowed to leave the camp grounds unless authorized by the camp director. \_\_\_\_\_
3. All cars will remain parked in designated areas until camp is over. Infraction of this rule will result in keys taken by the camp director. \_\_\_\_\_
4. Any camper damaging property will be held responsible and charged for the damages. \_\_\_\_\_
5. Any camper leaving their dorm without permission after "lights out" may be expelled from the camp if deemed necessary. \_\_\_\_\_
6. All camper medication must be checked into the nurse prior to the start of camp. No medication will be kept in the cabin area. \_\_\_\_\_
7. Absolutely no **WEAPONS, SMOKING, ALCOHOL, DRUGS, OR VULGAR LANGUAGE** will be tolerated during camp. \_\_\_\_\_
8. All campers **MUST** have on file in the registration office proper registration and medical release forms. All information will be kept confidential. \_\_\_\_\_
9. Any camper participating in Paintball events must have a signed Paintball Release Form. (Cost is \$6 for 100 balls, includes equipment) \_\_\_\_\_  
-Can bring own equipment, but it must be checked in the office.
10. Any Camper participating on the Zipline or other High Risk Activities must have waiver signed. \_\_\_\_\_
11. Dress Code for PCG Central California Youth Camps.
  - a. Shoes **MUST** be worn at all times.
  - b. Sleeveless attire or Tank Tops are allowed but straps must be at least 1-1/2 inches in width.
  - c. Any immodest apparel is not allowed; Your upper torso & stomach areas must be covered.
  - d. Mini-skirts, dresses, or shorts which are more than three (4) inches above knee **MAY NOT** be worn at any time. \_\_\_\_\_
12. All campers will be in subjection to all rules while attending camp. Any infraction of the rules is punishable by expulsion from the camp, if the camp director deems necessary. Parents will be called to escort the camper home. **NO REFUNDS AFTER CAMP** \_\_\_\_\_

**ATTENTION PARENTS: This Form Must Accompany Your Child To Camp**  
**Please have camper initial each Rule And Sign At The Bottom.**

Camper Signature \_\_\_\_\_

DATE \_\_\_\_\_

Parent Signature \_\_\_\_\_

DATE \_\_\_\_\_

# Central California Youth Ministries

## Summer Camp Medication Administer Form

This form must be completed by the parent/guardian of any camper with medication.

PLEASE CIRCLE CAMP ATTENDING (Camp Adventure / Camp Inspire)

Name of Camper: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

CHURCH: \_\_\_\_\_

**\*\*MEDICATION MUST BE SENT IN THE ORIGINAL PHARMACY CONTAINER.**

The health and well-being of the above named student is dependent upon the administration of medicine during the Sequoia Heights visit by its Head Nurse as follows:

**Name of Medicine** \_\_\_\_\_

**Description of Medicine** \_\_\_\_\_

(give color and form, such as liquid, capsules, etc.)

**Strength** \_\_\_\_\_ **Dosage** \_\_\_\_\_

(mg/per tablet, capsule, tsp., etc.)

(number of tablets, capsules, tsp., etc.)

**Frequency of dosage** \_\_\_\_\_

(time frequency, relationship to meals, etc.)

**Daily or as needed?** \_\_\_\_\_

**If as needed, under what conditions?** \_\_\_\_\_

**Additional Instructions and/or comments** \_\_\_\_\_

We agree to mutual sharing of information by our doctor and the Sequoia Heights Staff about our child's needs for the medication. We agree to hold the District Organization, the Sequoia Heights Camp Grounds, the Pentecostal Church of God, or any of its District Board or its representative faultless for any untoward reactions resulting from the administration of the medication which may occur to our child. We also agree to immediately notify in writing our child's group leader of any change in medicine, dosage, and frequency recommended by the doctor.

NAMES OF AUTHORIZED PEOPLE WHO CAN PICK UP YOUR CHILD IN CASE OF EMERGENCY:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Print name of Physician

\_\_\_\_\_  
Print name of parent or guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

FOR OFFICE USE:

DORM NUMBER: \_\_\_\_\_

COUNSELOR: \_\_\_\_\_

## **ITEMS YOU NEED TO BRING (Please Keep, not part of Application)**

- ( ) All Camper Forms: Camper Application, Medication Admin, Rules & Procedures, Paintball Waiver and Zipline/High Risk Activity Waiver if necessary.
- ( ) Toothbrush, toothpaste, soap, shampoo, deodorant, towels, shower shoes, etc...
- ( ) Towels, hangars, washcloths, pillow, sleeping bag and/or sheets & blankets.
- ( ) Clothing suitable for recreation (swim, play) and services. (see "Camp rules & procedures")
- ( ) Sweater or jacket for evening and mornings (It does get cold in the evenings)
- ( ) Money for snack shack. (For Camp Inspire & Camp Discover, campers need money For Lunch, about \$5-10 per day depending how much you eat)
- ( ) It is recommended that the Camper's name be marked on all clothing.
- ( ) Your Bible, notebook, and a pen!
- ( ) Spending money (Paintball, Snack Shack, Gifts Shop, Camp Shirt).

### **THEME FOR YOUTH CAMPS 2025: "Warrior"** **Bring your best Warrior gear to dress up your Chaperone!**

\*\*Camp Closeout Event after the evening service on the last day

\*\* There will be Tribe wars/games for all camps.

\*\*There will be Paintball Games for Campers for a fee of \$6 per 100 rounds of paint balls. You can bring your own paintball equipment but NO PAINTBALLS. You must check- in your equipment at the office. Junior Camp is only target practice. Teen camp is paintball games and rounds.

#### **CAMPER CHECK-IN**

-Camper check-in will begin on the first day of camp at 12pm-3pm.

Parents/guardians cannot leave their camper until their Chaperone arrives.

### **PLEASE NOTE THE DAY CHANGES!!**

Junior Camp begins **Monday, July 14 - Thursday, July 17.**

Senior Camp Begins **Thursday, July 17 - Monday, July 21.**

Junior High Camp begins **Monday, July 21 - Friday, July 25.**

Please pick up your campers before noon.

**P.C.G. CENTRAL CALIFORNIA YOUTH MINISTRIES**  
**PAINTBALL WAIVER AND RELEASE OF LIABILITY**  
**(Only for Camp Inspire)**

THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY PAINTBALL EVENT.

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(PLEASE PRINT)

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of paintball under the auspices of the Sequoia Heights Camp Grounds, Pentecostal Church of God, Central California District, Inc and all officers, officials, agents and/or employees or volunteers, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activity and weaponry involved in paintball is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and,
3. I understand that the activities of paintball are physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS FROM LIABILITY THE PENTECOSTAL CHURCH OF GOD AND Sequoia Heights Camp Grounds, the owners and lessors of premises used to conduct the paintball activities, their officers, officials, agents and/or employees or volunteers ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the "Releasees."
5. I understand and agree that this Release of Liability Agreement covers each and every paintball activity and event in which I participate hereafter.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_ Date Signed: \_\_\_\_\_ Phone #: \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE

\_\_\_\_\_  
ZIP CODE

**FOR PARTICIPANTS OF MINORITY AGE**

**(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of the Pentecostal Church of God and Sequoia Heights Camp Grounds and all other Releasees but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
EMERGENCY PHONE NUMBER

# P.C.G. CENTRAL CALIFORNIA YOUTH MINISTRIES

## ZIP LINE CONSENT/ HIGH RISK ACTIVITY, WAIVER AND RELEASE OF LIABILITY

I maintain and certify that I am, and/or my child is, in good physical and mental condition. And to participate in the zip line and high risk activities, must not be pregnant or have a history of back or neck injuries, he/she must weigh between 65 and 225 pounds to use the zip line, and I acknowledge that I have voluntarily applied to participate in any of the high risk activities.

I am aware that participation in and use of the zip line and other high risk activities involves inherent hazards and risks, such as but not limited to physical exertion, fast movement at great heights, and slipping or striking the zip line elements. Although use of a helmet is required, such use does not negate such risks. I am also aware that if I am pregnant, have any of the health conditions, injuries, or history of injuries specified above, or if I fall outside of the minimum or maximum weight requirements, that I should not participate in this activity.

I further understand that in addition to the above-mentioned risks, there are unpredictable dangers involved in this type of activity. Although many before you have participated unscathed, severe injury is possible.

**Waiver and Release of Liability and indemnity agreement:** In consideration of my or my child's participation in this activity, I voluntarily release and agree to indemnify, protect, defend and hold harmless the Sequoia Heights Camp Grounds, Pentecostal Church of God, or any of its District Board, or its representatives, their officers, agents, employees and volunteers from any and all liability for injuries or death, or property damage resulting from or in any way connected with my or my child's participation in this activity, and I understand that this waiver and release is applicable even though the negligent activities of the Sequoia Heights Camp Grounds, Pentecostal Church of God, or any of its District Board, or its representatives, the sponsors, or their officers, agents, employees or volunteers may have caused or contributed to the injury or death or property damage, and this document is binding on my heirs and dependents as well as myself. I freely and voluntarily expressly assume all the risks of participating in this activity. I further agree that if I and/or my child cannot adhere to the rules of participation for this activity, staff shall have the right to ask me to leave and/or discontinue participation in the activity, without refund.

**Consent to Medical Treatment:** I authorize staff to render first aid and/or call upon Emergency Medical Services, if needed, for my and/or my child's well-being.

**Authorization for use of Image and Content:** I understand that during my participation in this activity, I or my child may be photographed. I agree to allow photo, video or film likeness of me to be used for any legitimate purpose by the program officials, producers, sponsors, organizers or assigns, including marketing purposes.

Lastly, I agree to accept and abide by the rules and regulations of the zip line and Pentecostal Church of God, or any of its District Board, or its representatives.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.**

If participant is not yet of legal age, this Waiver and Release of Liability must be read and agreed to by his/her parent or legal guardian. This waiver expires three (3) months from date of original signature.

### Name and Signature/Guardian Signature

**Print Name of Camper:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
Camp Attending: \_\_\_\_\_

**Print Name of Parent/Guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**\*Zipline MAY NOT be available this year. The lake and waterslide will be available.\***