

Central California District, PCG Inc.

Impact Youth Summer Camp 2026 - Registration Form

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

For Office Use Only Cabin # _____
Paid dep/full _____ Cash/Check/OL _____
App _____ Rules _____ Health/Liability _____

Campers Name _____
Address _____
City _____ State _____ Zip _____
Birthday _____ Age _____ Gender M F
Parents Name _____
Home (____) _____ Cell (____) _____
Email _____
Group Leader _____
Home Church _____
Pastor _____ Cell (____) _____

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.

Name _____
Day/Night Phone _____
Relationship _____

MEDICAL RELEASE

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. It is given to prove authorization on the part of my agent to consent to such medical care, should it become necessary, and hereby waive any and all claims against the Sequoia Heights Camp Ground, the Pentecostal Church of God, Central California District (Inc.), 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 OF 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 Ground, the Pentecostal Church of God (Inc), 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, 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 campers 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 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, the Pentecostal Church of God, or any of its District Board, or representatives, because of any injury or other damage that may be incurred to me or my property in connection with or incident to the PCG, INC. 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 Ground. I also give the right to PCG and its representatives to search all baggage for adherence to the rules when deemed necessary.

Signature of Camper _____

Signature of Parent _____

Allergies

(Food, animals, insects, etc...)

- Asthma
 Lactose Intolerant

Medical Conditions

- Heart defect/Disease
 Convulsions/seizures
 Diabetes
 bleeding/clotting disorder
 Pregnancy (Please call director for clearance).

Limitations:

Physical (Describe)

Mental (Describe)

Medications:

See Medication Form

Y N

If yes, completely fill out the medication form.

List any medication allergies:

Are immunizations current?

Y N

Date of Last Tetanus Shot:

Are there any activities from which this camper should be restricted?

Medical Insurance

Name of Physician _____

Do You carry medical insurance? Y N

Name of Insurance _____

Subscriber name _____

Insurance number _____

Camps

- Junior Camp July 13-16 Grades 3-5
 Teen Camp July 16- 20 Grades 9-12
 Middle School July 20 - 24 Grades 6-8

Cost *No Exceptions*

April - May \$195 (Deposit of \$25 before May 31)

June 1-30 \$215 (Deposit of \$25 before June 30)

July \$250

(Deposits are non-refundable but are transferable)

Camp T-Shirts \$20 (Add \$5 for 2XL or Above)

Circle Size:

Adult: SM MD L XL 2XL 3XL 4XL 5XL

Youth: SM MD L

Total Amount Paid _____

Mail Application and money to:
Central Cal Youth Camps
610 Pico Ave.
Clovis, CA 93612

Central California Impact Youth Summer Camps

Rules and Expectations

Please have your camper initial and sign each rule and sign at the bottom.

_____	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 (meadow parking lot) until camp is over.
_____	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 your own equipment, but it must be checked in the office.
_____	10. Any Camper participating on the Zipline or other High Risk Activities must have a waiver signed.
_____	11. <u>Dress Code for PCG Central California</u> 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 (2 finger widths). c. Any immodest apparel is not allowed; Your upper torso & stomach areas must be covered. d. Shorts must have a 3.5 inch inseam or longer. Bike/Volleyball shorts are NOT considered appropriate for Camp and will not be allowed. Please plan accordingly. e. No baggy or sagging pants are allowed. All undergarments must be covered at all times. f. Shirts and shorts must be worn on the lake and waterslide.
_____	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.

Camper Signature _____ Date _____

Parent Signature _____ Date _____

Central California Youth Ministries

Summer Camp Medication Administration Form

For Office Use Only

Camp _____

Cabin # _____

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

Please circle the camp attending: Junior Camp Teen Camp Middle School

Name of Camper _____ Date of Birth _____ 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, capsule, 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 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 Ground, the Pentecostal Church of God, or any of its District Board or representatives 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 medication, dosage or frequency recommended by the doctor.

Names of authorized people who can pick up your child in case of emergency: _____

Parent Signature

Name of Physician

Print Name of Parent

Phone number of Physician

Phone number of Parent

ITEMS YOU NEED TO BRING

- () 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. Shirts must be worn in the lake!
(see "Camp rules procedures")
- () Sweater or jacket for evening and mornings (It does get cold in the evenings)
- () Money for snack shack. (Junior High and Senior campers need money for Lunch, about \$10-20 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).

2026 Theme: Activate

Junior Camp: Bring your best Space Gear to dress your chaperone!

Teen/Jr.High: Bring your best Light up/Glow in the Dark gear!

** WATER DAY – on 2nd full day of Camp: Be prepared to get wet.

**There will be Paintball Games for a fee of \$6 per 100. You can bring your own paintball equipment but NO PAINTBALLS. You must check- in your equipment at the office. Junior camp (Grades 3-5) Will be allowed to use paintball guns to shoot targets only, same prices apply, and camper must have a paintball waiver approved by parent on application.

CAMPER CHECK-IN - **Kids camp check - in will begin Monday at 1pm.** Teen camp and Jr. High Camper check-in will begin on the first day of camp at noon. Parents/guardians cannot leave their camper until their Chaperone arrives.

PLEASE NOTE THE DAY CHANGES!!

Junior Camp begins Monday, July 13 - Thursday, July 16.

Senior Camp Begins Thursday, July 16 - Monday, July 20.

Junior High Camp begins Monday, July 20 - Friday, July 24.

Please pick up your campers before 11am.

For Office Use Only
Camp _____
Cabin # _____

P.C.G. CENTRAL CALIFORNIA YOUTH MINISTRIES
PAINTBALL WAIVER AND RELEASE OF LIABILITY

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: _____ Phone _____
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.

Print Name of Camper: _____ Print name of parent: _____

Signature of Camper: _____ Signature of parent: _____

Phone Number : _____

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