SUMMER CAMP 2017 July 30th – August 3rd



Theme: "Branching Out"

"I am the vine; you are the branches. If you remain in me and I in you, you will bear much fruit; apart from me you can do nothing." – John 15:5 – New King James Version

CAMP CEDAR GLEN

743 Farmer Road Julian, CA 92036 (760) 765-0477

http://www.campcedarglen.org

A Ministry of Holman United Methodist Church

3320 West Adams Boulevard, Los Angeles, CA 90018 (323) 731-7285 Office (323) 731-2609 Fax E-mail: Holman@holmanumc.com

Pastor Kelvin Sauls, Senior Pastor Pastor Allison, Associate Pastor

Camp Deans: Chris Cook, Candace Hobson and Van Scott

"Branching Out"

This summer, campers will explore the connection that we have with one another, with God and with Christ through bible studies, activities and worship. We will discuss how by our faithfulness, we are connected to Jesus, the vine and as the Vine dresser, God, will prune, cut or leave our branches on the vine to produce better fruit (gifts). As we grow, learn and let go of the old, we will grow in our faith, discipleship and connectivity to each other and make further connections to each other and our communities.

Camp Cedar Glen

Located approximately 60 miles northeast of San Diego; a three (3) hour bus ride from Holman. Bus transportation, t-shirt, camp store, crafts, materials, supplies and certified nurse are included in registration fee. Recreational activities include: basketball, volleyball, tetherball, ping pong, swimming, and hiking.

Camp Cost

- Family Registration: \$350 for first camper and \$300 for each additional child. To ensure a camp spot, the completed Camper Registration Form and a deposit of \$150 for the first child and \$100 for each additional child or full payment must be received by April 30th. The complete payment must be received by June 30th.
- Mandatory Orientation: New families and returning campers who did not attend the 2015 or 2016 camp must attend one of the mandatory orientations listed on the last page in order to be eligible to attend the 2016 camp.

> Payment Plan

- * 1st payment of \$150 for 1st child and \$100 for each additional child due by April 30th.
- * 2nd payment of \$100 for 1st child and \$100 for each additional child due by May 31st.
- * Final payment of \$100 for 1st child and \$100 for each additional child due by June 30th.
- ➤ Late Registration All initial payments received between June 1st and June 30th must be in cash or money order. No checks will be accepted. The <u>late</u> registration cost will be \$400.00 per camper and \$350.00 for each additional camper from the same immediate family not meeting the initial deposit date of April 30th.
- Financial Assistance Holman UMC has a limited number of partial financial camperships available. Mark the box on the next page to be considered for financial assistance. This form must be submitted with your 1st payment by April 30th to be considered for financial assistance.

Absolutely no registrations will be accepted after Thursday, June 30th!

CAMPER REGISTRATION FORM

(PLEASE PRINT CLEARLY)

Please return completed form to:

LAST NAME

Holman United Methodist Church ATTENTION: Camping Ministry 3320 W. Adams Blvd., Los Angeles, CA 90018

FIRST NAME
AGE MF BIRTHDATE
ADDRESS
CITYCA ZIP
GRADE (Fall 2017)
FINANCIAL ASSISTANCE REQUEST (Place 'X' on the line to request assistance.)
T-SHIRT SIZE (Adult sizes -circle one) _ Small Med _ Lg _ XL _ XXL
NAME OF PARENT/LEGAL GUARDIAN WITH WHOM CAMPER RESIDES:
NAME
HOME PHONE ()WORK ()
CELL () _ E-MAIL
EMERGENCY CONTACT IF ABOVE PERSON CANNOT BE REACHED:
RELATIONSHIP TO CAMPER
HOME PHONE ()WORK ()
CELL () _ E-MAIL
Partner Churches Participating Participating Churches: There must be 1 adult per 5 youth attending from your respective church. Please list your Church name and the adult(s) 21 or older who will be responsible for campers from your church: CHURCH NAME ADULT(s) NAME CHURCH PHONE #

We *cannot* guarantee cabin requests. If your camper has a special need(s) please indicate below:

AUTHORIZATION OF CONSENT FOR TREATMENT OF A

MINOR AND RELEASE FORM

I, the undersigned parent or guardian of the minor listed below,

do hereby authorize bona fide officials of Holman UMC 2017 Summer Camp as agents for the undersigned to consent to x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable and is to be rendered under the provisions of the Medical Practice Act by the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I hold harmless Holman UMC, its Boards, officers, members, clergy, staff and volunteers from any and all claims, cost, obligations and liability. This authorization shall be effective July 30th - August 3rd, 2017 inclusive. A photocopy or other reproduction of this authorization shall be considered as an original. California Civil Code: Section 25.8.

Release

My child has my/our permission to participate in the 2017 Holman United Methodist Church Summer Bible Camp July 30^{th} – August 3^{rd} .

I/We assume all risks in regards to my/our child's participation in this Bible Camp activity. I/We hold harmless Holman United Methodist Church, its employees or agents from liability for any injury, which my child might incur while in the program, including, but not limited to, those injuries caused by negligence.

Signature						
(Parent/Guardian)						
Print Name						

1.	Is camper under medical care now? If yes, please indicate what type of care
2.	Will camper bring any medications to camp? If yes, Please describe
	All medication will be secured prior to departure for camp and administered by the camp nurse.
3.	Medical Insurance Company and/or doctor's information. Your registration form will not be processed without this information. If you do not have health insurance please indicate. Your child will not be refused from attending camp without it.
	Name of Company/Doctor
	Telephone Number ()
	Group/Medical Record number
	No Health Insurance
	****** * * * For Office Use Only * * * * * * * * *
Da	ate Registration Form received:
	Completed Yes No
	If no, what information was missing:
Νι	umber of siblings attending camp and grade level:
	1.
	2.
	3

Health Questionnaire

Registration	checklist ((forms	received)	١:
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Registration form
Registration fee paid in full
Medicine form
Camper and Parent Covenant
Camper Questionnaire for New Campers
4 Camper Mail Letters
Other
Other

Save the Dates:

New Camper Orientation(Families only need to attend one.)

Saturday, April 22nd from 10am-12pm @ Holman UMC in the Music Room Or

Saturday, May 20th from 10am - 12pm @ Holman UMC in the Music Room

Pre-Camp Pictures, Paperwork & Ice Cream Social

Saturday, July 22nd from 1 pm - 3 pm @ Holman In White Hall

Registration packets will be distributed and pictures of each camper taken at this time. Attendance is requested of all campers, parents, counselors and camp staff! Attendance helps us to get to know our campers and parents and helps in assuring that campers have a good camp experience.

Please plan to attend.