

SUMMER CAMP 2016

July 31st – August 4th



Theme: "No Fear:
Courage in Christ"

"For God has not given us the spirit of fear, but of power and of love and of sound mind." -
2 Timothy 1:7 - 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 Victor Cyrus-Franklin, Associate Pastor

Camp Deans: Chris Cook, Candace Hobson and Van Scott

"Finding Courage through Christ"

This year's camp theme is entitled "No Fear: Courage in Christ." Campers will examine the importance of having courage in Christ to develop trust with one another; to take action when they see or hear something wrong; and to make a positive impact on the lives of others.

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 2014/2015 camp must attend one of the mandatory orientations 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 **late** 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:

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

LAST NAME _____

FIRST NAME _____

AGE _____ M _____ F _____ BIRTHDATE _____

ADDRESS _____

CITY _____ CA ZIP _____

GRADE (Fall 2016) _____

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,

(Please PRINT the name of the minor attending camp)

do hereby authorize bona fide officials of Holman UMC 2016 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 31st – August 4th, 2016 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 2016 Holman United Methodist Church Summer Bible Camp July 31st – August 4th.

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 _____

Health Questionnaire

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 *****

Date Registration Form received: _____

Completed Yes No

If no, what information was missing:

Number of siblings attending camp _____

Registration checklist (forms received):

____ 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 Date:

***Pre-Camp Ice Cream Social
@ Holman UMC
Date - TBD, 4:00 - 6:00 p.m.***

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.