

Information Guide

**Check In:** Sunday from 2pm to 4pm in Revels 101. LBC Parent Meeting in Revels 102 at 4pm.

**Pick up:** Saturday morning at 9am at the SLC

**Contact #:** 661.946.4663 ext. 3117

**Guest Speaker:** July 16-22 Dr. David Gibbs, Jr., and Pastor Ernie Merritt

July 30-August 5 Pastor Tate Throndson

**What to Bring:** Bible, pen, flashlight, sleeping bag/bedding, pillow, towels, toiletries, sun block, tennis shoes, swim wear, spending money (optional), a good attitude and a soft heart. Camp t-shirts are available for $10.00.

**What to Leave:** Ear buds, gaming devices, anything illegal, or weapons are not allowed at camp. Cell phones may only be used to call/text home during camper’s free time. Campers who use their phone as their camera may do so, but if abused, this privilege will be lost.

**Health Needs:** Campers with medicine should check in with the camp nurse at Captains Orders.

Campers with food allergies, please check in with food services at Captains Orders.

A signed wavier must be completed by each camper for each camp week in order to participate. Forms can be picked up at Guest Services or at the College Office.

**What to Wear:** Clothing should be modest and not advertise a worldly lifestyle.

Guys can wear long shorts and t-shirts for Joshua Camp challenges, Basketball sessions, Leadership Camp excursions and the activity day. No sleeveless shirts are permitted. Collared shirts and slacks should be worn to daytime Graphic Design, Music, Leadership and World View sessions as well as evening services. Shirts must be worn to and from the pool. There will be a camp banquet at the end of each week and campers are encouraged to dress up for this event. Male campers should wear church dress (slacks, collared shirt, and tie/jacket optional).

Girls can wear knee length culottes/basketball shorts and t-shirts for Joshua Camp challenges, Basketball sessions, Leadership Camp excursions and the activity day. No sleeveless shirts, tank tops, immodest, low cut, or tight fitting clothing is permitted. Knee length skirts or dresses should be worn to daytime Graphic Design, Music, Leadership and World View as well as evening services. Shirts and culottes/basketball shorts must be worn over a one piece swimsuit for swimming. There will be a camp banquet at the end of each week and campers are encouraged to dress up for this event. Female campers should wear Sunday morning attire.



**Age group:** Entering 7th grade/exiting 12th grade.

**The cost** is $135 if registered by July 1. After July 1, the cost is $185. This includes a $10 non-refundable registration fee.

**Check-in** will be from 2-4:30 PM on Sunday. LBC parent meeting is at 4pm.

Camp officially begins at 5 PM Sunday, and concludes at 9 AM on Saturday.

Campers are required to stay in the dorm for the week of camp.

**Room requests:** Registered campers may submit requests by emailing helen.eyre@wcbc.edu until July 9

**Choose Your Camp**

**Week 1: July 16-22**

 Boys Basketball - skills week

 Girls Volleyball - skills week

 Leadership

 Graphic Design

 Music - Piano Vocal Strings Band Instrument/Part:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Week 2: July 30-August 5**

 Boys Basketball - team week

 Girls Volleyball - team week

 World View Camp

**Camper Information:**

First and Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle one: M / F Current Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Spring ‘17: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

First and Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First and Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please complete medical release form on the reverse side & turn it in with payment to Guest Services.*



**CAMP CONSENT AGREEMENT AND RELEASE FORM**

I, the undersigned parent or guardian, hereby consent to my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, participating in the youth camp operated by West Coast Baptist College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, and in activities connected with the youth camp. If my child has medical conditions that may be relevant to a physician in the event of an emergency, I have listed them below. I understand that West Coast Baptist College does not provide medical insurance coverage for my child and that any medical expenses incurred on my child’s behalf will be paid by either my own medical insurance or me.\*\*

I give permission for my child’s picture to be used in future publications if selected. I understand that my child may be sent home for a serious behavior problem or for being out of harmony with the spirit of the camp he/she is attending.

In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

**I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED DURING SAID YOUTH CAMP, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.** I do hereby agree to hold West Coast Baptist College, Lancaster Baptist Church, and its and their agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property which I now have or which may arise in the future in connection with the youth camp or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the **State of California** and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement that I have read and understand.

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

Signature – parent or legal guardian only Date

\*\*If you have medical insurance, please attach a copy of the insurance card (front and back) for hospital use. This prevents any delay of treatment in case of emergency.

**EMERGENCY INFORMATION**

Father’s Cell/Work Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Cell/Work Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If a parent cannot be located, who should be contacted? Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

Medical Conditions and/or Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I do not wish my child to participate in the following activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_