



To: Parents/Guardians/Students
From: Student Ministry Office
Date: January 7th, 2024
Re: Centrifuge Camp

Dear Parents,

It's time once again to register for Summer Camp. Our youth ministry annually attends "Centrifuge" Summer Camp at Jenness Park Christian Camp. Jenness Park is located in the Sierra Nevada mountains in Cold Springs, CA above Sonora, CA on Hwy 108 almost to Pinecrest Lake.

What is Centrifuge all about?

Centrifuge is designed specifically for students in grades 6-12. The program includes Bible study, guided quiet times, recreation, worship, personal tracks, and "night life" activities for everyone in the church group.

Key facts and dates:

Total Cost:	\$390.00
February 18, 2024	\$100.00 <u>NON-REFUNDABLE</u> Deposit 1 of 2
April 7, 2024	\$100.00 <u>NON-REFUNDABLE</u> Deposit 2 of 2
June 1, 2024	Community work project fundraiser day – <i>(must work this event to receive any money from fundraiser. Sorry we cannot accommodate make-ups.)</i>
June 16, 2024	Remaining Balance (\$\$) and all paperwork/forms <u>due</u> .
July 8-13, 2024	Dates of Camp



Wait!!! I have some questions!

Q: How can my student pay for this expensive event? A: Your choice:

1) Your family can pay the full cost of camp, or 2) Your student can raise funds with our fundraiser program.

We only have 1 fundraiser for camp. Your student works our community work project fundraiser on **June 1, 2024. Time/Location TBA.** We will be picking up trash at various parks in the area.

Your student could potentially raise the entire remaining necessary **\$190.00 balance** very easily with this fundraiser. Please put June 1, 2024 on your family calendar if you wish to participate.

*****Your student must participate in this event on this day to receive any fundraiser money to their student account.** We simply cannot accommodate alternative make-up work days.

Q: What does the Cost Breakdown look like?

A: Event cost	\$ 390.00	
Total Deposit	<u>\$ 200.00</u>	
Balance	\$ 190.00	
-Fundraiser	\$ _____	
=NEW Balance	\$ _____	(Due June 16, 2024)

Q: How do I secure a spot for my student?

1. Pay the first **\$100.00 NON-REFUNDABLE** Deposit by February 18, 2024
2. Complete and turn in the "Parental Authorization/Consent Form" by February 18, 2024
3. Pay the second **\$100.00 NON-REFUNDABLE** Deposit by April 7, 2024

*****Additional Online FUGE medical form will be distributed to registered families in early May.*****

Q: How does my student get to camp?

We will travel in private vehicles from First Baptist Church Fair Oaks. All drivers are screened and certified by the church and covered under the church's insurance. Your child's safety is our #1 concern. Students should arrive at the church parking lot at 9am on July 8, and we will return approximately 3pm on Saturday July 13.

Q: Where is Jenness Park and Can I contact my child?

We are in the Sierra's & cell phones and texts do not work.

(send camper mail to):

Student's Name – FBC Fair Oaks
c/o Jenness Park
29005 Hwy 108
Cold Springs, CA. 95335

For Emergency purposes ONLY:

Jenness Park Camp Phone # (209) 965-3735.

Use student name and church to get message to group leader.

Still have Questions? Contact the Church Office

(916) 966.2295 dbarber@fbcfo.com

JENNESS PARK CHRISTIAN CAMP CAMPER INFORMATION FORM

(To be completed by ALL CAMPERS, if Camper is under age 18 back must be signed by parent or guardian; both sides must be completed)

Group Name: _____ Dates of Camp: ____/____/____ - ____/____/____

Contact Information:

Name of Camper: _____ Age: ____ Date of Birth: ____/____/____ Sex (check): Male Female

Parent/Guardian of Camper: _____ Last _____ First _____

Street Address _____ State _____ Zip _____ Home Phone _____ Cell Phone _____

Email Address: _____ Please don't send me News Letters and other printed materials.

Emergency Contact: _____ () _____ () _____ Home Phone _____ Work Phone _____

Family Doctor: _____ () _____ () _____ Home Phone _____ Insurance Company: _____ Policy #: _____

Office Phone _____

JENNESS PARK CHRISTIAN CAMP'S INSURANCE IS ONLY SECONDARY INSURANCE, AND BEGINS WHERE CAMPER'S HEALTH AND ACCIDENT INSURANCE POLICY TERMINATES, AND IS ONLY VALID WHEN OTHER INSURANCE HAS BEEN EXTENDED TO ITS LIMITS AND DEDUCTIBLE(S) PAID.

Health History:

Does the Camper have any physical, mental or other medical conditions and restrictions? If so, please explain: _____

Does the Camper have any known allergies to food, medication, insect bites or other allergens? If so, please explain: _____

Date of Last Tetanus Shot: ____/____/____

If Camper is under the age of 18, I, the undersigned parent or legal guardian, give Jenness Park Christian Camp permission to administer the following medication (or its generic equivalent) to Camper (check all that apply): Tylenol Ibuprofen Aspirin Benadryl Pepto Bismol Neosporin Sudafed

Camper is responsible for bringing to Camp all regularly required medications and dosages: Please list all medications brought to Camp: _____

Name of Medication: _____ Frequency and Dosage Schedule: _____

1. _____

2. _____

3. _____

MEDICAL RELEASE:

If I, the undersigned, am injured as a Camper or cannot be reached in an emergency involving my child during the camp dates show above, I hereby authorized Jenness Park Christian Camp to give consent and agree, on my behalf, to pay for any emergency medical or dental care for me or my child under Family Code section 6910, as the case may be. This authorization includes the authority to give consent and agree, on my behalf, to pay for any injection, anesthesia, surgery or orthodontic care deemed necessary by, and to be rendered under the general or special supervision of a qualified physician, surgeon or dentist. I also authorize the health supervisor on duty at Jenness Park Christian Camp to administer medical aid as required for illness of or injury to me or my child.

Signature of Adult Camper or Parent/Legal Guardian of Minor Camper _____ Printed Name _____

Page 1 of 2 _____ Date _____

JENNESS PARK CHRISTIAN CAMP

ASSUMPTION OF RISK AND LIABILITY RELEASE

WHILE JENNESS PARK CHRISTIAN CAMP MAKES EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR EACH CAMPER, WE REQUIRE THAT THIS RELEASE BE READ, UNDERSTOOD, FILLED OUT SIGNED AND DATED BY THE ADULT CAMPER OR THE PARENT OR LEGAL GUARDIAN OF ANY CAMPER UNDER THE AGE OF 18.

1. Voluntary Participation/Permission. I, the undersigned, am (check one) a Camper of at least 18 years of age or the parent or legal guardian of the minor Camper named on the preceding page, and I acknowledge that I have voluntarily applied to participate in the activities that occur at, on, or around Jenness Park Christian Camp, or authorized my child to participate in the activities that occur at, on or around Jenness Park Christian Camp, as the case may be. I understand that these activities include, but are not limited to, swimming in the lake, boating, adventure recreation (including, but not limited to, zip line, leap of faith, Jacob's ladder, climbing wall, and team building activities), archery, paintball, strenuous competition games, and other camp activities and exercises (collectively, the "Camp Activities"). I accept full responsibility for any injury or accident to me or my child, as the case may be, that may occur as a result of my participation or my child's participation in any of the Camp Activities or attendance at Jenness Park Christian Camp.

2. Assumption of Risk. I AM AWARE THAT THE CAMP ACTIVITIES ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES OR PERMITTING MY CHILD TO PARTICIPATE IN THESE ACTIVITIES, AS THE CASE MAY BE, WITH KNOWLEDGE OF THE DANGER INVOLVED. I FURTHER HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH TO ME OR MY CHILD, AS THE CASE MAY BE, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____

3. Release. As consideration for me or my child, as the case may be, being permitted by Jenness Park Christian Camp and the Acts 2 Campus Network to participate in the Camp Activities and use related facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of Jenness Park Christian Camp or the Acts 2 Campus Network, or any of their respective employees, directors, officers, or agents, on account of injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or contractor of Jenness Park Christian Camp or the Acts 2 Campus Network as a result of my participation in any of the Camp Activities.

4. Knowing and Voluntary Execution. I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND JENNESS PARK CHRISTIAN CAMP AND THE ACTS 2 CAMPUS NETWORK AND SIGN IT OF MY OWN FREE WILL.

5. Use of Media. I acknowledge and agree that for promotional or marketing purposes, Jenness Park Christian Camp may use any audio, video, and/or photography of guests or Campers, which may include me or my child, participating in the Camp Activities or otherwise present at Jenness Park Christian Camp.

6. Indemnity. Should Jenness Park Christian Camp and/or the Acts 2 Campus Network, or anyone acting on their behalf, incur any loss, liability, damages or attorneys' fees and costs to enforce this Release, I agree to indemnify and hold Jenness Park Christian Camp and the Acts 2 Campus Network harmless for any such loss, liability, damages, or attorneys' fees and costs.

BY SIGNING THIS RELEASE, I ACKNOWLEDGE THAT IF THERE ARE ANY INJURIES OR PROPERTY DAMAGE DURING MY OR MY CHILD'S PARTICIPATION IN THESE ACTIVITIES, I AND/OR MY CHILD MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED ANY RIGHT TO MAINTAIN A LAWSUIT AGAINST JENNESS PARK CHRISTIAN CAMP OR THE ACTS 2 CAMPUS NETWORK ON THE BASIS OF ANY CLAIM WHICH HAS BEEN RELEASED HEREIN. I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT, HAVE READ AND UNDERSTOOD IT, AND AGREE TO BE BOUND BY ITS TERMS.

Signature of Adult Camper or Parent/Legal Guardian of Minor Camper _____

Printed Name _____

Date _____

I certify that the signatory set forth above acknowledged in my presence that he/she read and fully understood the meaning and consequences of the foregoing ASSUMPTION OF RISK AND LIABILITY RELEASE, and signed it in my presence.

Signature of Witness _____

Printed Name _____

Date _____

Centrifuge Summer Camp

PARENTAL AUTHORIZATION/CONSENT FORM



Student Name _____

Address _____

City _____ Zip _____ Phone# _____

Emergency Contact _____ Phone# _____

Birthdate _____ Grade _____ Medical Insurance _____

Policy # _____

To whom it may concern:

The undersigned does hereby give permission for my dependent, _____, to attend and participate in **Centrifuge Summer Camp**, a youth ministry activity of First Baptist Church of Fair Oaks.

When: July 8 – 13, 2024
Where: Jenness Park
29005 Hwy 108
Cold Springs, CA 95335

We(I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The undersigned does also hereby give my permission for our(my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by First Baptist Church of Fair Oaks. I understand all reasonable safety precautions will be taken at all times by First Baptist Church of Fair Oaks and its agents during the events and activities. I understand the possibility of risk. I agree not to hold First Baptist Church of Fair Oaks, its leaders, employees, and volunteer staff liable for damages, losses, diseases or injuries incurred by the subject of this form.

The following are guidelines expected to be followed by the youth and agreed upon by their parents/guardian.

- All youth are expected to conduct themselves in a manner that promotes a Christian witness.**
- Abusive or disruptive behavior will not be tolerated.**
- All Swimwear will be in good taste.**
- No drugs (including cigarettes), no alcohol and no weapons (knives, guns etc.) are allowed at any event.**

By affixing my signature to this document, I hereby grant explicit permission for the youth pastor or volunteer staff to conduct a search of my child's belongings in the event that there is substantial reason to suspect the presence of drugs, alcohol, weapons, stolen, or any other illegal substances. I acknowledge the importance of maintaining a safe and secure environment for all participants in youth activities and understand that such searches will only be carried out when there is ample cause to believe that my child's well-being or the well-being of others may be at risk due to the possession of prohibited items. This consent is given voluntarily, with a shared commitment to ensuring the safety and welfare of everyone involved in the youth program.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall be contacted by responsible party of First Baptist Church.

I do not hold First Baptist Church of Fair Oaks liable for any injuries to my child that are caused by my child's own poor decisions and his/her negligence while participating in this event.

Parent/Guardian Signature _____ Date _____

Parent Phone _____ Parent Email _____