

CENTRIFUGE

Youth Camp

at **Jenness Park**

General Information

Centrifuge is our biggest youth event of the year. It is one of the premier Christian camp programs in the country, with tens of thousands of campers a year participating nationwide. We will be going to Centrifuge week 5 at Jenness Park Baptist Camp with about 450 teens from around the state. It is a fun, safe, and spiritual week for youth. Sign up today and don't be left out.

Tentative Cost: \$240

This includes transportation, camp lodging, camp food, and all camp activities (except paint-ball). Food during travel is extra. Lots of fundraising available. Lets make it happen

Camp Activities

In addition to chapel times and age group bible studies, the camp has a lake for swimming and boating, a rock climbing wall, a ropes course, hiking trails, volleyball, basketball, group games, possibly paintball and archery, and much more.

Trip Information

- We leave for camp **4 am** Monday July 27.
- We will return late Saturday, August 1.
- We will travel by bus with several cars traveling with us.

Important Details

- Pastor Bill's phone: (805) 407-4356
- Jenness Park phone: (209)-965-3735

CENTRIFUGE

July 27 - Aug. 1

Grades 6 - 12

Stuff to Bring

- travel food money: about \$30
- spending money: about \$20
- sleeping bag with pillow.
- modest clothes for 5 days
- a light jacket or sweater
- Personal hygiene stuff, including towels.
- cheap camera if you want.
- bible, notebook, pen/pencil.
- optional - modest bathing suit.
- Official Centrifuge permission slip with notary signature, and Jenness Park permission slip.

Daytime temperature will be about 90°, nights will drop to about 55°. Campers will be able to use kayaks and paddleboats, and swim in the Jenness park lake. Swim suits should be one piece and modest. Some optional activities can be really messy: if you like that stuff, bring an old change of clothes you don't mind messing up.

Don't Bring or Do These Things

- expensive electronic items.
 - Clothing that is distracting or has bad sayings, logos, or messages.
 - Drugs or substances of any kind. (except medication you check in with Bill ahead of time)
 - Anything else that will distract you.
 - No PDA (public display of affection)
- This is a Christian camp, not a date!

If you need to call home on the trip, you may use the chaperones' phones on the bus. There is NO cell phone reception at or near the camp. Once we get to the camp, you may use the payphones at the camp.

Permission Slips

Please fill out the two attached permission slips asap if you think you will be going.



See www.iyouthgroup.com for the whole camp album.

**Make checks payable to
First Baptist Church**

1601 Temple Avenue, Camarillo 93010
805-484-2879 (church)
or 805-407-4356 (pastor Bill)

Fuge Participant Form

Bring ONE notarized copy of this sheet to registration and keep ONE notarized copy for yourself to have with you at camp. Attach a photocopy of insurance form or card.

Participant Name _____ Age _____ Date of Birth ___/___/___
SS# _____
Address _____ City _____ St _____ ZIP _____
Name of Church _____ Address _____ City _____ St _____
ZIP _____
In case of an emergency notify: _____ Phone Numbers - Home:(____) _____
Work: (____) _____ Mobile:(____) _____ Pager:(____) _____ Other:(____) _____

Medical Profile

Generally, Participant's Health is: (Check One) ___ Excellent ___ Good ___ Fair ___ Poor

If Fair or Poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____

Check any of the following that cause you problems and explain: Asthma ___ Sinusitis ___ Bronchitis _____

Kidney Trouble ___ Heart Trouble ___ Diabetes ___ Dizziness ___ Stomach Upset ___ Hay Fever ___

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses: _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood Diseases: ___ Chickenpox ___ Measles ___ Mumps ___ Whooping Cough ___ Other _____

Date of Tetanus Immunization: ___/___/___

Family Physician _____ Phone(____) _____

Insurance Co. _____ Policy # _____

Subscriber Name: _____ Subscriber Number _____ Place of Employment _____

Subscriber Occupation: _____ Work Phone: _____

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a participant or my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge LifeWay Christian Resources of the Southern Baptist Convention, camp or event sponsors, or state conventions and their employees from any and all claims, costs, demands, actions or causes of action, past, present, or future arising out of any damage or injury while employed by or participating in this camp or event. I agree to indemnify LifeWay for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or my child while participating in this camp or event or while on property leased or owned by LifeWay. Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)

Participant's Signature _____ Date: ___/___/___

Parent/ Guardian Signature _____ Phone () _____ Date: ___/___/___

Notary Acknowledgement (Notary: please affix seal to both sheets.)

State of _____ }

County of _____ }

Personally appeared before me, _____, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained. Witness my hand this _____ day of _____, 20__.

Notary signature: _____

My commission expires: _____



Group Name: First Baptist Church Camarillo
Date of Arrival: 7/27/2009
Date of Departure: 8/01/2009

HEALTH INFORMATION

29005 State Highway 108
Cold Springs, CA 95335
(209) 965-3735

Participant Name: Middle Initial: Last Name:

Address: Home Phone: () -

City: State: Zip: Date of Birth: / /

E-Mail Address

In case of emergency please contact: Relationship:

Home Phone: () - Work Phone: () -

Family Doctor: () - Cell Phone: () -

Address:

City: - State: Zip:

Insurance Company: Policy #:

Are there any physical or medical conditions or restrictions?

If so, please explain:

Any known allergies or drug reactions ?

Last Tetanus Shot: / /

Permission to administer medications (or its equivalent):

May your child be given (check all that applies)...

Tylenol: Ibuprofen: Aspirin:
Pepto Bismol: Neosporin: Sudafed:

Please list all medications brought to camp. Also, please include the times of administration.

Table with 2 columns: Drug Name, Times to administer. Rows 1, 2, 3.

Camper insurance is only applicable after an individual's health and accident insurance policies have been exhausted. In other words, it is only valid when other insurance has been extended to its limits and the deductible is paid.

I hereby give permission for my son/daughter/self (if over 18 years of age) to receive emergency medical attention from a physician in the event of illness or injury. (Initial here.)

ADVENTURE RECREATION PROGRAMS & PAINTBALL
AGREEMENT TO PARTICIPATE AND
ASSUMPTION OF RISK AND RELEASE

JENNESS PARK requires all participants in any of its ADVENTURE RECREATION PROGRAMS (collectively, "Programs") to read, understand, and sign this Agreement to Participate and Assumption of Risk and Release form in order to be eligible to participate in any Programs. The Programs include various indoor and outdoor activities, including without limitation, the recreational activity generally described as "Paintball." Paintball, for purposes of this Agreement, includes without limitation, the rental of equipment and transportation associated therewith.

The undersigned acknowledges that the Programs may involve certain risks and dangers. The understand acknowledges and understands that such risks and dangers, include, but are not limited to, the following:

- 1. Hazards of depending on other people,
2. Hazards of being at various heights (ground to 40'),
3. Risks associated with activities that take place outdoors, including without limitation, exposure to the elements, excessive heat, hypothermia, impact of the body upon the water, injection of water into body orifices, encountering objects either natural or man-made, exposure to reptiles, insects, and other animals with the attendant risk of attack, kicking, biting, or otherwise moving in an unanticipated manner causing injury and/or death.
4. Risks attendant to the forces of nature.
5. The undersigned's own negligence and/or the negligence of others, including without limitation, operator error and errors in judgment by guides, including without limitation, misjudging terrain, rapids, weather, trails or route locations.
6. Accidents, illness, and/or personal injury occurring in remote places where there are no available medical facilities.
7. Fatigue, chill and/or dizziness, which may diminish the undersigned's reaction time and increase the risk of accident.
8. Psychological, and bodily damage and/or or injury, not excluding fatality due to accidents, which may occur resulting from the challenge course experience or participation in other types of activities.

