

Welcome Letter

Dear Parent,

We are excited to share our Summer Camp information with you and your students! Here are some important details for the upcoming Kids Summer Camp.

There are special EARLY BIRD RATES for registration:

Postmarked by April 30th - \$120 per person

Postmarked by May 31st - \$130 per person

AT THE DOOR - \$140 per person

**Kids must attend with
Adult counselors from
local church.**

So make plans to get your **deposit (\$60)** in today to lock in your early bird rates. The remaining balance is due upon arrival at camp. **No pre-registration deposits accepted after May 31st. We will have a sibling discount** as follows:

2nd sibling (same family) - 25% registration discount

3rd sibling (same family) - 50% registration discount

4th+ sibling (same family) - 75% registration discount

\$60 deposit required for each student to lock in your early bird rates. Family discounts will be applied to what is due upon arrival at camp.

Details you need:

- Dates: June 15-19, 2020**
- Check-in: Monday June 15th 1pm-3pm**
- Check-out: Friday June 19th 10 am-11 am**
- Location: Camp Christi 4704 Roanoke St. Christiansburg, VA 24073**
- Registration cost includes lodging, meals, and study book**

Mail completed registration forms to:

Church of God Virginia
Attn: Virginia Student Ministries
4704 Roanoke Street
Christiansburg, Virginia 24073

Please make checks payable to **Virginia Youth Fellowship**

Option to Register and Pay Online at www.cogva.com

Camp Team

Serving HIM Together

Grades 1st-5th

Virginia Kids Ministries

Summer Camp 2020 Eyes on Christ!

HEBREWS 12:1-2

Therefore, since we are surrounded by so great a cloud of witnesses, let us also lay aside every weight, & sin which clings so closely, & let us run with endurance the race that is set before us.



eye
on
it

looking to Jesus, the founder & perfecter of our faith, who for the joy that was set before him endured the cross, despising the shame, and is seated at the right hand of the throne of God.

Speaker:
Rev. Megan Allen Cloninger



June 15-19, 2020

Location: Camp Christi

4704 Roanoke Rd. Christiansburg, VA 24073

Cost: \$120 if postmarked by April 30th

\$130 if postmarked by May 31st

\$140 At the door

Contact: Pastor Jessica Willis

540-382-6350

jwynnelk@gmail.com

Registration paperwork online at www.cogva.com

Contact State office if you are in need of mailed registration paperwork.

Cogvaoffice@gmail.com or (540) 268-2040

Registration

***PLEASE FILL OUT FORM COMPLETELY**

STUDENT Name _____

Age _____ Grade _____ **STUDENT** Birthday _____ / _____ / _____

Address _____ City _____

State _____ Zip _____

STUDENT E-mail _____

PARENT E-mail _____

STUDENT Phone _____ - _____ - _____

PARENT Phone _____ - _____ - _____

Emergency Contact _____ - _____ - _____
NAME PHONE

Who will pick up student? _____ - _____ - _____
NAME PHONE

Medical Release form attached? _____
YES NO

Siblings attending camp?

NAME NAME

NAME NAME

Home Church _____

Pricing breakdown listed on back of this form. —————>

If you have any questions please contact Jessica Willis @ 540.382.6350 or JWYNNELK@gmail.com

Grades 1st-5th

Pricing Breakdown

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**SKIP SOME PAPERWORK WITH OUR NEW OPTION TO REGISTER.
REGISTER ONLINE AT WWW.COGVA.COM**

MEDICAL RELEASE FORM

| Effective dates: June 15-19, 2020 |

This Form is to be sent in with Camp registration.

Home Church _____

Please print in ink. Fill out completely.

Name: _____ Age: _____ Birthday _____ / _____ / _____
 Last First Middle

Circle: Male or Female Year in school: _____ Email: _____

Main Phone: _____ Address: _____

City: _____ State: _____ ZIP: _____

Medical insurance company Policy: _____

Mother's name: _____ Phone: _____ Work: _____

Father's name: _____ Phone: _____ Work: _____

Emergency contact: _____ Phone: _____ Work: _____

Physician: _____ Office phone: _____

Dentist: _____ Office phone: _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a-

good swimmer fair swimmer non-swimmer

2. Does your child have allergies? pollens medications food insect bites

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma epilepsy / seizure disorder heart trouble diabetes frequently upset stomach
 physical handicap

4. Date of last tetanus shot:

5. Does your child wear glasses contact lenses

6. Please list and explain any major illnesses the child experienced during the last year:

List Medications. Use and attach separate sheet if necessary. (Medications and instructions need to be given to chaperone or Church group leader. Church group leader/chaperone will be responsible to give medication at SYC)

Should this child's activities be restricted for any reason? Please explain:

Activities may include, but are not limited to: Cookouts, boating, waterskiing, Swimming, basketball, rollerskating, rollerblading, games in the park, Soccer, broom ball, ice-skating, Volleyball, softball, baseball, camping, Downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, miniature golf, Hayrides. Note if you desire to limit your child's participation in any event please submit your wishes in writing to the church pastor prior to that event.

Name of Student: _____ Has my permission to attend all youth activities sponsored by : Virginia Church of God Student Fellowship in partnership with Home Church (hereinafter the "Church")

From June 15, 2020 to June 19, 2020
Date Date

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child I/We the undersigned have legal custody of the student named above, a minor, and have given our consent. for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will to the best of" my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian signature: _____ Date: _____

Please make 1 copy for your records and give other copy to Main Church Group Leader.

WAIVER AND RELEASE

Please note, the second page of this document must be signed and witnessed.

- **ALL** participants in Church of God Virginia Camp events must have a signed and witnessed Waiver and Release form. This includes **participating campers, all adults, and children of adult leaders.**
- Participants under 18 must have authorized signature of a Parent/Guardian.
- Return this form to your group leader for submission.

Church: _____ City/State: _____
 Name: _____ Birthdate: ____/____/____ Age: _____ Gender: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Parent/Guardian: _____ Email: _____
 Mobile Phone:(_____) _____ Work Phone:(_____) _____
 Camp Location (hereinafter "camp location"): Camp Christi 4704 Roanoke St., Christiansburg, Virginia 24073

PLEASE CHECK WHICH ONE BEST DESCRIBES THE ATTENDEE (MORE THAN ONE MAY APPLY)
 Camper Adult Child of Adult Leader

Consideration. I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

Release/Indemnification. I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Camp Christi, a ministry of Church of God Virginia Inc., and camp location, its directors, employees, agents, volunteers, and affiliates ("Camp Christi" and "camp location") from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify and hold harmless Camp Christi and Church of God Virginia Inc. for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

Medical Emergency. In the event of injury or a medical emergency, I understand that the church's group leader, not Camp Christi and Church of God Virginia, will be responsible for the medical care of all attendees. It will be the church group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release Camp Christi and Church of God Virginia from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all Camp Christi and camp location events.

Camp Addendum. The recreation programs at camp strive to offer fun, safe and challenging activities that engage the whole person – body, mind and soul. Program staffs are, as a team, committed to your rewarding experience with safety as their highest priority. However, there are inherent risks to participation in recreation activities, including but not limited to, initiative games, outdoor education, and aquatics. You could experience any of the following - elevated heart and respiratory rates, uncomfortable group dynamics, climbing or descending unpredictable and possibly slick or uneven terrain, jumping, running, traveling long distances in remote settings, unforeseen forces of nature or weather, any of which could result in injury/illness that could result in loss of life, limb and/or property.

Assumption of Risk. I am aware of the risks associated with participation in any camp related events and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian mediation/arbitration organization, for final resolution.

Media Consent. I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to Camp Christi and Church of God Virginia. Camp Christi and Church of God Virginia, as the sole owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

Copy. It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of same shall be provided to Church of God Virginia.

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.

Please check, which applies:

Parent/Guardian Attendee 18 years of age or older Signature: _____

If you are a Parent/Guardian of an attendee who is under 18 years of age, please include the following.

Your Name: _____

Relationship to Attendee: _____

Phone Number: _____

Witnessed By: _____ Date: _____

DO Bring

- A fantastic attitude and a desire to draw near to God!
- Bible, notebook, and pen AND bag for carrying these items around camp
- Modest, casual clothing that you don't mind getting extremely dirty for 5 days
- A dark colored shirt to cover 2 piece swimsuit
- Jacket or hoodie (just in case)
- Tennis shoes or appropriate footwear for recreation
- Sheets, blankets, pillows, sleeping bags, etc.
- Towels and washcloths
- Swimsuit
- Beach towel for water recreation
- Personal hygiene items (soap, shampoo, deodorant, etc.)
- Flip flops for showers
- Alarm clock and watch
- Sunscreen and bug spray

DON'T Bring

- Spaghetti strap tops or small tank tops
 - Tight clothing
 - Bikinis or two-piece bathing suits
 - Speedos
 - Tobacco, drugs, alcohol, or weapons
 - Fireworks
 - Water balloons
 - Clothing with questionable or inappropriate sayings, slogans, etc.
 - Radios, CD player, iPods (or mp3 players), laptops, or video games*
- *If these items are lost, stolen, or damaged it will not be the responsibility of the Camp Director or Caretakers to replace, and have been found to distract from the overall focus of camp. Cell phone usage will be restricted throughout our time at camp.**