

Registration Form



I WOULD LIKE TO ATTEND THE FOLLOWING CAMP:

LONG BEACH DISTRICT

- Elementary
- Junior / Senior High

LOS ANGELES DISTRICT

- Senior High

PASADENA DISTRICT

- Elementary
- Junior High
- Senior High

RIVERSIDE DISTRICT

- Elementary
- Junior High
- Senior High

SAN DIEGO DISTRICT

- Younger Elementary
- Older Elementary
- Junior High
- Senior High

SANTA ANA DISTRICT

- Elementary
- Junior High
- Senior High

SANTA BARBARA DISTRICT

- Younger Elementary
- Older Elementary
- Junior High
- Senior High

CONFERENCE CAMPS

- Flood LA Youth Summer Retreat
- Gold Coast Bike Tour

** Note: for Camping Programs for the Hawaii District, please contact the Hawaii District Camping Coordinator for more information:*

*Trexel Beer
808.9353827
trexelandlinda@hawaii.rr.com*

Step 1: Choose Your Camp

Please check ONLY ONE of the camps listed to the right that you would like to attend and fill out the information below. (If you are planning to attend more than one camp, use a separate registration form for each camp.)

Step 2: Camper Information

Name: _____ Email: _____
 Preferred Name or Nickname: _____ Sex: Male Female
 Birthdate: _____ Grade in the Fall 2010: _____
 Address: _____ Phone: _____

Step 2: Parent / Guardian Information

Name: _____ Email: _____
 Relationship to the Camper: _____ Are You the Legal Guardian? Yes No
 Address: _____ Work Phone: _____
 _____ Home Phone: _____
 _____ Cell Phone: _____
 Church: _____ District: _____
 Address: _____

Parent Notes (please share any requests for cabin placement or special blessings that you would like to send to your child - note: cabin requests are not guaranteed):

Step 3: Calculate and Enclose Payment - Make All Checks Payable to "CAL-PAC CAMPS"

ITEM	AMOUNT
Basic Registration Fee	_____
Late Fee	+ _____
Misc Fees (T-Shirt, Photos, etc.)	+ _____
T-shirt Size: <input type="checkbox"/> small <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/> x-large	_____
Total	_____
Camperships / Discounts	- _____

Are You Receiving Any Camperships?

- Yes No

Please indicate amount and source:

\$ _____ from _____

** If you are expecting campership, please fill out the Campership Confirmation Form as well.*

Health & Waiver Form

Step 1: Detail Any Current or Recent Past Medical Conditions

Please indicate below any medical information that the Camp Staff should be aware of: i.e. allergies to medication/food, etc. This information must be completed for all campers and signed by parent or guardian for individuals under the age of 18. For campers over the age of 18, they must complete the form and sign for themselves. **CAMPERS CANNOT BE REGISTERED UNLESS THIS FORM IS COMPLETED AND SIGNED!**

Check any of the following conditions to which the camper is subject:

- Bronchitis Fainting Spells Asthma Sleep Walking Ear Trouble
 Bed Wetting Sinus Trouble Convulsions Hyperactivity
 Other: _____

* Please attach on an additional piece of paper an explanation of any physical, emotional or other conditions which will limit the Camper's participation in activities at Camp.

Is there any physical, emotional or other conditions which will limit the Camper's participation in activities at Camp?

Yes No If so, please explain: _____

In the last six months, has the camper been under medical care?

Yes No If so, please explain: _____

List any medications that the Camper will bring to Camp along with actual prescription dosage: _____

List any special dietary needs (e.g. Vegetarian, Vegan, Diabetic, etc.): _____

List all of the Camper's allergies to any foods or medications: _____

Date of Last Tetanus Shot (must be within last ten years): _____

Step 2: Emergency Contact Information

Name: _____ Relationship to Camper: _____

Daytime Phone #: _____ Evening Phone #: _____

Step 3: Camper's Insurance Information

Name on Policy: _____ Policy #: _____

Insurance Company: _____

Name of Family Doctor: _____ Phone #: _____

Camper does not have any Medical Insurance.

Step 4: Medical Consent and Liability Release

I, the undersigned parent or guardian of a minor, _____

do hereby authorize pursuant to Family Code Sections 6900-6910 any adult staff member of Cal-Pac Camps, as agent for the undersigned to consent on behalf of said minor to medical care, including, X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, under the general or special supervision of, and upon the advice of or to be rendered by a physician or surgeon licensed under the provisions for the Medical Practice Act. For myself, and on behalf of said minor, I release, hold harmless and indemnify the California-Pacific Annual Conference, its Boards, officers, member, clergy, staff, agents and volunteers from any and all claims, losses, costs, obligation and liabilities for injuries to any persons or for damages to or loss of property of any kind in any way arising out of participation of the above mentioned minor, whether or not arising from any alleged active negligence, fault or legal liability of any kind of the California-Pacific Annual Conference, its Boards, officers, members, clergy, staff, agents and volunteers to the fullest extent permitted by California law. This authorization shall be effective June 1st to August 31st, 2010 inclusive. A photocopy or other reproduction of this authorization shall be considered as an original.

Signature of Parent / Guardian if Camper is under 18

Signature of Camper if age 18 or older

Date

DIRECTORY District Camp Coordinators

Hawaii District

District Coordinator: Trexel Beer ☎ 808.935.3827 ✉ trexelandlinda@hawaii.rr.com

Long Beach District

District Coordinator: Rev. Lee Carlile ☎ 562.433.7401 ✉ pastor@graceumclb.org

Los Angeles District

District Coordinator: Rev. Rachel Allen Tabutol ☎ 310.649.6267 ✉ Rachel@latijeraumc.org

Pasadena District

District Coordinator: Nancy Person ☎ 323.257.7132 ✉ campregistrar@roadrunner.com

Riverside District

District Coordinator: Amy Bahnson ☎ 760.408.2453 ✉ bahnsonp@aol.com

San Diego District

District Coordinator: Alisa Wells ☎ 619.701.3337 ✉ awells@lajollaumc.org

Santa Ana District

District Coordinator: Erin & Aaron Foellmi ☎ 949.878.0437 ✉ efoellmi@cal-pac.org

Santa Barbara District

District Coordinator: Judi King ☎ 661.252.2182 ✉ judikin7@yahoo.com

Conference Camps

Flood LA Summer Retreat Dean: JP Park ☎ 909.618.6128 ✉ pastorjp212@gmail.com

Gold Coast Bike Tour Dean: Reine Wiley ☎ 805.495.6885 ✉ reine@wileyinspect.com

Central Registrar (all paper registrations must be mailed to the Central Registrar)

For All Camps
except the Bike Tour Barbara Witman ☎ 805.583.3378 ✉ calpacregistrar@gmail.com
3216 Pine View Dr
Simi Valley, CA 93065-6011

CAMPsites OF THE CALIFORNIA-PACIFIC ANNUAL CONFERENCE

Aldersgate Retreat & Cultural Center
925 Haverford Avenue
Pacific Palisades, CA 90272
310.454.6699

Camp Arroyo Grande
PO Box 328
250 Wesley Street
Arroyo Grande, CA 93421
805.489.4139

Camp Cedar Glen
PO Box 2500
743 Farmer Road
Julian, CA 92036
760.765.0477

Colby Ranch
23828 Angeles Forest Hwy
Palmdale, CA 93550
626.792.2296

Lazy W Ranch
PO Box 579
23852 Hot Springs Cyn Rd
SJ Capistrano, CA 92693
949.728.0141

Sturtevant's Camp
PO Box 847
Sierra Madre, CA 91025
760.249.4626

Camp Wrightwood
PO Box 66
1401 Linnet Street
Wrightwood, CA 92397
760.249.3453

CAMPERSHIP CONFIRMATION FORM

If you are expecting campership/scholarship support from your Church or District to help pay for your registration fee for summer camp, please fill out this form completely and mail it to the Cal-Pac Camps Registrar (address is provided below). ***Your pastor or District Superintendent must sign this form to be valid. Your registration will not be guaranteed until your District Camp confirms and/or receives specific campership amounts.***

Name of Camper: _____

Name of Parent/Guardian: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Name of Camp You Will Be Attending: _____
(e.g. Santa Ana District Elementary Camp)

Total Cost of Registration: _____

Amount Already Paid: _____

** This section to be filled out by Pastor or District Superintendent Only.*

I, _____, hereby confirm that a campership for the
above named individual has been approved in the amount of \$ _____.

This campership will be provided by: Church Name: _____

or District Name: _____

A check for the campership amount is: Enclosed
 Will Be Sent by _____
(Date)

Signature of Pastor or District Superintendent

Date



REGISTRAR ADDRESS:

Barbara Witman | 3216 Pine View Dr., Simi Valley, CA 93065-6011 | calpacregistrar@gmail.com