

FCF Family Camp 2014

General Schedule

Friday – July 25

8:00 AM	Check-In & Orientation
11:00	Arrive & Unload
12:00 PM	Lunch (Dining Hall)
2:00	Opening Ceremony (Chapel)
2:30	Team Time (Various locations)
3:30	Team Activity (Gym)
6:00	Dinner (Dining Hall)
7:00	General Session 1 (Chapel)
8:45	Family/Cabin Prayer & Devotion (Cabins)
11:00	Lights Out

Saturday – July 26

8:00 AM	Breakfast (Dining Hall)
9:00	Team Devotions (Various Locations)
10:30	General Session 2 (Chapel)
12:00 PM	Lunch (Dining Hall)
1:00	Rest Time or Optional Activity
4:00	Team Activity (Gym)
5:30	Dinner (Dining Hall)
6:30	General Session 3 (Chapel)
10:00	Pack Up/Lights Out

Sunday – July 27

7:00 AM	Pack up! Load Up!
8:00	Breakfast (Dining Hall)
10:00	General Session 4/Sunday Service (Chapel)
12:00 PM	Lunch (Dining Hall)
2:00	Closing Ceremony (Hermoso Residence) <i>15855 Community St., North Hills, CA 91343</i>

FCF Family Camp 2014

Information Sheet

When: July 25-27, 2014 (Friday noon – all day Sunday)

Where: Oak Glen Christian Conference Center
39364 Oak Glen Rd, Yucaipa, CA 92399

Who: Everyone – the whole family!

Cost: \$135 per adult
\$95 per 3-11 years old
\$20 per 0-2 years old
(Credit card fees apply. See table below)

Includes: 2 Nights with 7 Meals, Lodging and \$10 Camp Shirt

Monthly payment options:

Monthly Due	Adults/Youth	Kids	Infants
February 28	\$25 (Cash) \$26.50 (Card)	\$18 (cash) \$19 (Card)	\$3 (Cash) \$3.50 (Card)
March 31	\$25	\$18	\$3
April 30	\$25	\$18	\$3
May 31	\$25	\$18	\$3
June 30	\$25	\$18	\$3
July 15 <i>(T-shirt due)</i>	\$10	\$10	\$10
TOTAL	\$135 (Cash) \$140 (Card)	\$100 (Cash) \$105 (Card)	\$25 (Cash) \$26 (Card)

Payment options:
Credit Card or Cash

IMPORTANT NOTE:

- A deposit payment (first installment guarantees your spot) is transferrable ***BUT*** non-refundable.



a ministry of The Free Methodist Church in Southern California

Adult Release of Liability and Medical Consent Form

Page 1 of 2

In order to comply with state laws we ask for the following Health History/Medical Consent Form to be completed and signed by each person over the age of 18 attending OGCCC. Please be aware that OGCCC does NOT provide medical or hospital insurance coverage.

Name _____ DOB _____ Gender _____ Ht _____ Wt _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Mobile Phone _____

E-Mail _____ Date(s) at OGCCC _____ Name of Group _____

Status: Cabin Leader Camper Emergency Contact _____ Phone _____

I understand that my photo may be taken at camp and authorize OGCCC to post these photos on the Oak Glen web site or use them in other materials to promote Oak Glen Christian Conference Center.

I do not wish to receive any OGCCC promotional materials in the future.

Medical Information:

Are you covered by medical/hospital insurance? Yes No

Insurance Carrier _____ Policy # _____

Name of Responsible Party _____ Social Security # _____

Address _____ Phone _____ Relationship to Camper _____

Name of Family Physician _____ Phone _____

Date of Last Tetanus Shot _____ Are all immunizations up to date? Yes No If no, please attach explanation

Has Camper recently been exposed (within last 3 weeks) to any kind of communicable disease? _____

Because of the terrain, altitude, and program involvement, OGCCC is not designed to accommodate and may not provide a safe camp experience for those with special needs. If you have **ANY** chronic condition, including any of the following: Asthma, Bleeding/Clotting Disorders, Cardiac Problems, Diabetes, Emotional Handicap, Epilepsy, Nervous Disorder, Physical Handicaps, Seizure Disorder, or require injections of any kind, **notify your group leader and ask if your group has the level of medical supervision required for your condition(s).** If a guest with special needs comes to OGCCC without appropriate medical supervision, the group or party may be asked to return the guest to his/her home.



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Adult Release of Liability and Medical Consent Form

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List all medical conditions: physical, emotional, behavioral disorders and learning disabilities.

Please list ALL allergies: Drug _____ Insect/Plant _____

Food _____ Diet Restrictions _____

List medications Camper will require while at camp and reason for taking the medicine.

By signing this form I give my informed consent to the First Aid personnel assigned by OGCCC who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic First Aid and comfort measures through standardized camp treatment procedures, which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a guest with greater healthcare needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize OGCCC to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by OGCCC to secure and administer any and all medical treatment deemed necessary for me, including hospitalization. This completed form may be photocopied for trips away from OGCCC's properties.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of _____.

I authorize OGCCC to allow myself to participate in any and all activities that may include but are not limited to those outlined in the camp brochure and/or web site. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my participation in these activities can expose myself to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself and any other party who may have the right to assert any rights for or on my behalf, do hereby forever release and discharge, indemnify and hold harmless The Free Methodist Church in Southern California and their Oak Glen Christian Conference Center, its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my participation in OGCCC's camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and all Released Claims.

I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature _____ **Date** _____



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Minor Release of Liability and Medical Consent Form

Page 1 of 2

In order to comply with state laws we must have a Health History/Medical Consent Form completed by the parent or legal guardian for each camper under the age of 18 attending Oak Glen Christian Conference Center. Your camper cannot begin the program unless this form is completed and the required signatures are provided. Please be aware that OGCCC does NOT provide medical or hospital insurance coverage.

Student Name _____ DOB _____ Gender _____ Ht _____ Wt _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Grade in School _____

Parent/Guardian Name(s) _____ Daytime Phone _____

Evening Phone _____ Mobile Phone or Pager _____

Emergency Contact (other than parent) _____ Relationship to Camper _____

Daytime Phone _____ Evening Phone _____

Names of anyone other than parent/guardians(s) authorized to pick up or sign camper out of camp _____

I understand that my child's photo may be taken at camp and authorize Oak Glen Christian Conference Center to post these photos on the Oak Glen web site or use them in other materials to promote OGCCC.

I do not wish to receive any OGCCC promotional materials in the future.

Medical Information:

Is your child covered by medical/hospital insurance? Yes No

Insurance Carrier _____ Policy # _____

Name of Responsible Party _____ Social Security # _____

Address _____ Phone _____ Relationship to Camper _____

Name of Family Physician _____ Phone _____

Date of Last Tetanus Shot _____ Are all immunizations up to date? Yes No If no, please attach explanation

Has Camper recently been exposed (within last 3 weeks) to any kind of communicable disease? _____



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Minor Release of Liability and Medical Consent Form

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Because of the terrain, altitude, and program involvement, OGCCC is not designed to accommodate and may not provide a safe camp experience for those with special needs. If your child has ANY chronic condition, including any of the following: Asthma, Bleeding/Clotting Disorders, Cardiac Problems, Diabetes, Emotional Handicap, Epilepsy, Nervous Disorder, Physical Handicaps, Seizure Disorder, or require injections of any kind, **notify your group leader and ask if your group has the level of medical supervision required for your condition(s)**. If a guest with special needs comes to OGCCC without appropriate medical supervision, the group or party may be asked to return the guest to his/her home.

List all medical conditions: physical, emotional, behavioral disorders and learning disabilities.

Please list ALL allergies: Drug _____ Insect/Plant _____

Food _____ Diet Restrictions _____

List medications Camper will require while at camp and reason for taking the medicine.

All prescription medications, over-the-counter medications, vitamins, and herbal products that are provided to administer to your child MUST be in ORIGINAL containers with labels and dispensing instructions in English.

By signing this form I give my informed consent to the First Aid personnel assigned by OGCCC who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic First Aid and comfort measures through standardized camp treatment procedures, which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a camper with greater healthcare needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize OGCCC to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by OGCCC to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization. This completed form may be photocopied for trips away from OGCCC's properties.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer for my child: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of _____. I understand that these are stocked by the First Aid personnel and may be dispensed free of charge as needed for the comfort of my child.

I have requested OGCCC to allow my child to participate in any and all activities that may include but are not limited to those outlined in the camp brochure and/or web site. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my child's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my child and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release and discharge, indemnify and hold harmless The Free Methodist Church in Southern California and their Oak Glen Christian Conference Center, its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my child's participation in OGCCC's camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims.

I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature _____ Date _____

**Oak Glen Christian Conference Center
Camper Liability Release Form**

In consideration of the services of Oak Glen Christian Conference Center, their officers, agents, employees, and all other persons or entities associated with this organization (hereafter collectively referred to as OGCCC), I agree as follows:

WHEREAS, the Free Methodist Church in Southern California make their Oak Glen Christian Conference Center facilities available for campers; and in consideration for the privilege of using Oak Glen Christian Conference Center; we do hereby remise, release and forever discharge the Free Methodist Church in Southern California, Oak Glen Christian Conference Center, and all its officers, agents and employees, acting officially or otherwise, from all actions, causes of actions, claims and demands for, upon or by reason of any injury, damage, loss or death which may occur from the use of Oak Glen Christian Conference Center, except for those injuries or losses caused by negligence or intentional acts of Oak Glen Christian Conference Center.

In the event of a medical emergency, I understand an effort will be made to contact the undersigned parent or guardian. In the event that I cannot be reached, I hereby give permission to the physician and/or hospital selected by the camp director to give treatment to my dependent named herein in the manner and to the extent necessary in the opinion of said physician and/or hospital.

I understand that all recreational activities have the inherent possibility of injury to person or property, and may result from participating in activities which include strenuous activities, high adventure activities, climbing wall, archery, volleyball, basketball, hiking, swimming, and other summer sports that we allow.

My participation in or that of the minor(s) named below in these activities is purely voluntary, no one is forcing participation. I/we elect to participate in spite of and with full knowledge of the inherent risks.

I certify that I am fully capable of participating in these activities. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence or the negligence of the minor(s) named below, in participating in this activity.

I have carefully read, clearly understood and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family, including minor children.

Participant Signature

Date

Parent/Guardian's Signature (if participant is under 80 years old)

Date

FCF Family Camp 2014 Basic To-Bring List

(Please pack light)

- Pillows
- Bed Sheets
- Sleeping Bag
- Flashlights
- Bible, Notepad
- Toiletries
- Comfy & Modest clothes
- Jacket/Light Sweater
- Floaters
- Modest Swimwear
(no two-piece or Speedos)
- Towel
- Flip-flops
- Sun block
- Running Shoes
- Hats
- Water Bottles/Canteens
- Medicine (if applicable)
- First aid kit
- Plastic bags for soiled clothes
- Insect Repellent & Disinfectant
wipes/spray
- For baptism: Dark shirt & dark
shorts
- \$20 if you signed up for Challenge
Course

Optional:

- Fans (Oscillating)
- Folding/Lawn Chairs
- Fresheners
- Metal Skewers
- S'mores Supplies
(for Bonfire on Friday night)
- Single-serve snacks; Ziploc
*(All snacks have to be sealed to
avoid bear attacks! ;)*

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P Parking

Restrooms

Chapels & Meeting Rooms

Activities

Lodging

Entrance

**Oak
Glen
Road**



Since 1957

39364 Oak Glen Road
Yucaipa, CA 92399

(909) 797-2570
 (909) 797-9491
 www.oakglen.org

Recreation

The Conference Center offers a variety of activities for you to enjoy during free time. In the Murray Gymnasium you will find basketball, volleyball, ping-pong, and foosball. In addition, on the softball field, there is a horseshoe pit, outdoor basketball court, and a sand volleyball area.

Above the Oak housing units are a nine-hole miniature golf course (clubs and balls are available at the office at no charge) and signs directing you up the mountain to Indian Village and the Wenatchee Trail.

In the heart of the Conference Center, you will find the swimming pool small sun deck (available summer only). Table games may be checked out by adults in the office between 9 am & 4 pm.

In addition to the recreation options listed above, the Conference Center also offers climbing wall and paintball at an additional charge. These activities are great for team building, bonding, and fellowship! The climbing wall has been installed on the back of the gym. Four climbing routes, with varying levels of difficulty, are in place. The cost for the climbing wall is \$15.00 per person. This includes climbing wall safety instruction, harness, and helmet. If you or someone in your family has a passion or even an interest in rock climbing, you will want to give it a try!

For the more adventurous campers, paintball may be the perfect activity! Our paintball course and sessions provide campers with a great fun and an amazing team building experience. The cost to play paintball is \$20.00 per person. This cost includes safety instruction, 325 rounds of paint, 4 games, paintball mask, neck guard, and marker.



Climbing wall and paintball sessions must be arranged by your group leader with the OGCCC office. Climbers need to meet behind the Murray Pavilion (gym) and those participating in paintball will need to meet at the paintball course. Since these are group activities, please be prompt. A limited number of spaces are available for climbing wall and paintball sessions. Each participant must sign a release form. Minors must have a form signed by a parent or legal guardian.

Please observe all traffic signs and park only in designated areas. Drive carefully and please watch for pedestrians.

Please be considerate of your neighbors. THE USE OF RADIOS, TV'S, ETC. IS DISCOURAGED. Quiet time for all guests is 11:00 P.M to 7:00 A.M. Your cooperation will be greatly appreciated.

Please be careful while you are here. If an injury occurs between 5:00 A.M and 10:00 P.M., please report it to the Dining Hall. After hours, if you suffer a serious injury, please call 797-2570, ext 399.

The Bookstore will be open at announced times, except during meals. In addition to a large selection of t-shirts, gifts, and Christian books, we also have espressos, cappuccinos, lattes, iced coffees and smoothies available for purchase.

