

Cornerstone Trinity Baptist Church

College Camp

July 30 - August 5, 2023

OUR CHRISTIAN PURPOSE

The goal for the week-long camp retreat is to encourage the development of Christian faith and character through a creative program of Bible teaching, music, sports, outdoor recreation activities, group games and team building. The week is a great opportunity to experience the beauty of God's creation in a safe and wholesome environment.



**Registration Fee and
Deadline:*\$575 by July 16th**

Make checks payable to:

Cornerstone Trinity Baptist Church

Send payment & registration form to:

Cornerstone Trinity Baptist Church
Attn: College Dept.
480 Teresita Blvd.
San Francisco, CA 94127

*Paypal accepted: A transaction fee of \$20.00. Payment is through our website.

QUALITY FACILITIES AND SERVICE

Campers will be sharing cabins that are furnished with bunk beds, carpeting, showers, sinks and flush toilets. The camp's courteous staff will serve three meals a day. The campground has outdoor basketball and sand volleyball courts, a swimming pool, archery, ping pong, a spacious grass field, campfire areas, indoor and outdoor chapels for singing, drama, arts & crafts and games. Koinonia also has hiking trails, a creek, snack bar and gift shop.



The camp will be held at Koinonia Conference grounds located amidst the majestic redwood trees in the beautiful Santa Cruz area.

1605 Eureka Canyon Road
Watsonville, CA 95076
(831) 722-1472

We hope you will join us for an awesome week of worship, encouragement, and study of God's word!

Cornerstone Trinity Baptist Church
415.566.5756
www.cornerstonetrinity.org

Registration Form for Residence Camp at Koinonia Conference Grounds July 30 – August 5, 2023

Sponsored by Cornerstone Trinity Baptist Church

Camper Information

Name:			<input type="checkbox"/> Male		Are you fully vaccinated?
	<i>First</i>	<i>Last</i>	<input type="checkbox"/> Female	<i>Gender</i>	<i>Grade in Fall</i>
Address:					<i>Friend of -</i>
	<i>Street Address, City, State, Zip Code</i>				<i>Cross Street</i>
Date of birth:		Home Phone:		Cell Phone:	
<input type="checkbox"/> Please check this box if Camper needs to be driven home to an address that is different from the one listed above. Please write address on back of this page.					
Email address to confirm registration					
(*If Camper under 18 years, provide parent/guardian's email):					

Emergency Contact Information

Name:		Relationship to Camper:	
Work Phone:		Alternate/ Cell Phone:	
Name:		Relationship to Camper	
Work Phone:		Alternate/Cell Phone:	

AUTHORIZATION

By **initialing** the blanks below, you are agreeing with each statement:

_____ I authorize medical treatment to be given to me / Camper in the event of an emergency.

_____ I give permission for Cornerstone Trinity Baptist Church to use any photographs or video taken of me / Camper for future promotional use.

_____ I / Camper will adhere to all Rules of Conduct and Regulations of the Residence Camp ("Rules & Regulations"). If, at the Camp Director's sole discretion, it is decided that I have / Camper has violated the Rules & Regulations and I / Camper cannot be allowed to remain at the Residence Camp, I understand and agree that no refund will be given.

RELEASE OF LIABILITY AGREEMENT ("AGREEMENT")

"Residence Camp" means residence camp at Koinonia Conference Grounds from July 30 - August 5, 2023.

I hereby release Cornerstone Trinity Baptist Church ("CTBC"), its officers, directors, employees, members, volunteers, and agents of and from any and all actions, suits, proceedings, claims, demands, assessments, judgments, damages, deficiencies, liens, penalties, fines, costs and expenses, including reasonable attorneys' fees, resulting from, based upon, or arising out of any activity, accident, injury or death of myself or my child(ren) that may arise from traveling to and from or attending or participating in the Residence Camp at Koinonia Conference Grounds, including but not limited to any COVID-19 exposure or infection.

I accept and assume all risks and injuries that may result from the Residence Camp, even if it arises out of negligence or carelessness on the part of the CTBC Released Parties

I agree that any lawsuit that is brought against any of the CTBC Released Parties relating to this Agreement or the Residence Camp shall be brought only in California. This Agreement shall be construed under and governed by the laws of the State of California, without reference to the conflict of laws rules. If any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I agree that I am executing this Agreement voluntarily and without any duress or undue influence.

By signing this Agreement, I acknowledge that (i) I have had sufficient opportunity to read this Agreement; (ii) I understand the terms and consequences of this Agreement and the release it contains; and (iii) I am fully aware of the legal and binding effect of this Agreement.

Camper's signature _____ Date _____

*** If Camper is not 18 years, the parent/guardian's signature below is (1) authorization for minor to attend the Residence Camp and (2) express consent to the terms of the Authorization and Agreement above.**

Parent/Guardian Signature _____ Date _____

Print name _____ Relationship to Camper _____

CTBC will only provide rides to camp on Sunday, July 30, 2023 to Camp Koinonia Conference Grounds in Watsonville, CA from 480 Teresita Blvd, and on Saturday, August 5th, 2023 from Camp Koinonia to their listed residence or designated arranged address down below. If you would like to drive your own children to camp and back, please mark it below, otherwise CTBC will provide them a ride.

For other arrangements, campers and parents will be responsible for arranging drop off/pick up to Koinonia Conference Grounds in Watsonville, CA along with coordinating with the CTBC's administration and Camp coordinator for approval.

Yes, I will drive myself to camp or home.

_____ On Sunday, July 30th from 480 Teresita to Camp Koinonia

_____ On Saturday, August 5th from Camp Koinonia at 10:30am to home.

Car Make, Model, and Year _____

Passengers _____

Insurer _____

Policy Number: _____

Expiration Date: _____

Location for drop off on August 6th of Camper if *not* at home address:

Street Address, City, State, Zip Code and nearest cross street

* If Camper is *not* 18, then parent/guardian must sign below to agree to different drop off location:

Signature: _____

Office Use: Date: _____	Received by: _____	<input type="checkbox"/> Entered	<input type="checkbox"/> Check #: _____	<input type="checkbox"/> Paypal: _____	<input type="checkbox"/> Other: _____
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Koinonia Conference Grounds Camper Health Form

PLEASE SUBMIT A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS WITH THIS FORM.

Full Name: _____ Date of Birth: _____ Age at Camp: _____

Gender: Male Female Camp Dates: _____

The information provided on this form will be used to brief kitchen staff about nutritional needs, educate Cabin Leaders & the Camp Director about camper needs, and provide Healthcare Staff with background about your child. Receiving adequate information at least two weeks prior to your child's arrival is crucial to our ability to provide the proper supportive environment. Please read and complete this form thoroughly.

Health History: To be completed and signed by parent or guardian. Please keep a copy for your records and to record changes in your child's health status. Please notify Koinonia Conference Grounds in writing if there are any changes.

Allergies: Please mark those that apply to this camper.

- This camper has no known allergies.
 This camper has an allergy to the following: (List all foods, medications, and substances) _____

Does this cause anaphylaxis? Yes No Unknown

Please describe allergic reaction (if any) and what steps are taken to manage it (attach additional information if needed): _____

Nutrition: We are able to work with some medically prescribed diets but are unable to cater to individual food preferences. Please mark those that apply to this camper. Please call if you have any questions.

- This camper eats a regular, varied diet
 This camper is on a special diet

(Our expectation is that the camper will bring his/her own supply of products (such as Lactaid and gluten-free items) and will contact the camp nurse when the supplement is needed.)

Chronic Concerns: Please mark all that pertain to this camper and provide information about supportive health care.

- This camper has no chronic health concerns and is capable of full participation in this program.

This camper has the following chronic health concern(s):

- | | | | |
|--|--|---|----------------------------------|
| <input type="radio"/> Asthma | <input type="radio"/> Headaches | <input type="radio"/> Sleepwalking | <input type="radio"/> Diabetes |
| <input type="radio"/> Hearing Difficulties | <input type="radio"/> Menstrual Cramps | <input type="radio"/> Frequent ear infections | <input type="radio"/> Bedwetting |
| <input type="radio"/> Bee Sting Allergy | <input type="radio"/> Seizure Disorder | <input type="radio"/> Surgical History | <input type="radio"/> Fainting |
| <input type="radio"/> Fears/Phobias | <input type="radio"/> Other (please describe): _____ | | |

Please provide information about supportive health care needed for each marked item (if any): _____

Date of camper's last physical exam: ____/____/____ (must be within 12 months of camp)

If *Surgical History* is marked above, please explain: Date of Surgery: _____ Type of surgery: _____

Are all symptoms resolved? Yes No - Please explain: _____

Is the camper cleared by parent & physician for active camp participation? Yes No Date of last Tetanus shot: ____

Camper's Physician: _____ Office Phone: (____) _____

Camper's Dentist: _____ Office Phone: (____) _____

Medications: All medications MUST be in original, pharmacy-provided containers and appropriately labeled. Please attach a note if the camper has been taking current dose for less than three months prior to arrival or if there are any changes.

- This camper does not take any medication.

This camper takes daily medication:

- | | |
|----------------------|---------------------------|
| 1. Medication: _____ | Reason for Taking: _____ |
| Dose Taken: _____ | How often each day? _____ |
| 2. Medication: _____ | Reason for Taking: _____ |
| Dose Taken: _____ | How often each day? _____ |
| 3. Medication: _____ | Reason for Taking: _____ |
| Dose Taken: _____ | How often each day? _____ |



Medications (continued):

The following medications, stocked in the Gauze Pad/Health Center, are used to manage illness or injury and dispensed as directed by our medical protocols. Generic form may be used. Please cross-out any medicine your camper **should not** be given:

Acetaminophen (Tylenol)	Chamomile Tea	Guaifenesin/DM (Cough Med)	Kaopectate/Anti-Diarrheals
Aloe	Cough Drops	Hydrocortisone Cream	Nix
Antacid	Decongestants	Ibuprofen (Motrin)	Tinactin
Bismuth liquid/tabs	Diphenhydramine (Benadryl)	Insect Repellent	Triple Antibiotic Cream
Calamine Lotion	Dramamine	Iodine Swabs	

Mental, Emotional and Social Health: Please mark YES or NO for each statement.

1. This camper has been diagnosed with ADD or ADHD Yes No
2. This camper has psychiatric diagnosis such as depression, OCD, panic/anxiety disorder Yes No
3. This camper has an emotional health concern Yes No
4. During the past academic year, this camper has seen or is currently seeing a professional to address mental/emotional health concerns. Yes No
If yes, please specify: _____
5. This camper has had a significant life event that continues to affect the camper's life Yes No
If yes, please provide written information about the event.

What have we forgotten to ask? Please provide additional information about your child's health which may have been neglected on this form. We are particularly interested in information which has impact upon your child's ability to fully participate in our active camp program.

Billing Information for Health Care: Parents/Guardians are financially responsible for health care given by an out of camp provider. To whom should this provider route charges for your campers health care if the need arises? **Please include a copy of an insurance card.** Please copy both sides of the card so addresses and telephone numbers are readable.

- This camper is not covered under an insurance policy.
- This camper is covered under the following health insurance:

Insurance Company: _____ Policy/Member #: _____

Insurance Company Telephone: (_____) _____ Name of Subscriber: _____

Insurance Company Address: _____ City: _____ State: ____ Zip: _____

Parent Contact information: We will call in the event of an emergency or if we have questions about your child. Please provide contact information for other people who know your child and with whom we can consult if we cannot reach you. We will assume you have spoken with these individuals and that they are willing to assist, should the need arise.

Custodial Parent/Guardian: _____ Relationship to Camper: _____

Camper Lives With (name): _____ Daytime Telephone: (_____) _____

Address: _____ Evening Telephone: (_____) _____

City: _____ State: ____ Zip: _____ Cell Phone: (_____) _____

Alternate Contact: _____ Telephone: (_____) _____

Relationship to Camper: _____

Alternate Contact: _____ Telephone: (_____) _____

Relationship to Camper: _____

Parent/Guardian Consent and Authorization for Health Care: This health history is correct and the camper described has permission to participate in all camp activities, except as noted by me and/or the examining physician. I will not hold Koinonia Conference Grounds or its agents liable for injury caused by common accident, illness, or the rendering of emergency care. I give permission for this child to be transported to and from any offsite locations in emergency situations (if any) by authorized vehicles. Koinonia Conference Grounds has my permission to obtain a copy of my child's health record from the providers who treat my child. I understand that information about my child's health will be shared on a "need to know" basis with other Koinonia Conference Grounds staff. I give permission to the physician selected by Koinonia Conference Grounds to order X-rays, routine tests and treatment for the health of my child. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child. This form may be photocopied. By signing below, I give permission to Koinonia Conference Grounds to use video or photography of me or my family members for promotional purposes.

***signature of Custodial Parent/Guardian:** _____ **Date:** _____



Koinonia's Adventure Program Acknowledgment of Risks

The Koinonia Conference Grounds Adventure Programs are designed to challenge and encourage participants to get out of their "comfort zone" and involves a variety of activities that often include games, group initiative problems and other rigorous physical adventure activities such as low and high ropes course elements.

These activities may include wearing a climbing harness, climbing, running, lifting, bending, balancing, traversing elements and cables up to 85 feet above the ground, riding down a cable on a pulley, belaying, being belayed by other participants or staff, traversing cables low to the ground, spotting participants from falling, being held several feet above the ground by other participants.

Koinonia Conference Grounds states that these activities are not without risk of physical injury and emotional stress. The potential hazards of the program include debris falling from trees, falling from a high or low element, improper belay or spotting technique, swinging into trees, platforms or other objects, and equipment failure. Some of the potential injuries or losses include loss of property, sprained or broken limbs, cuts, scrapes, bruises, heart attack, stroke, stress, overexertion, sunburn, allergies, insect bites, and dehydration.

I acknowledge the risks of the activity, including, though not exclusively, those described above and understand they may cause loss of property, personal injuries and even death. My participation in these activities is purely voluntary.

Name of Participant _____ Date of Birth _____ Date of Session _____

This program is a physically active experience. We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. Some potential conditions that may affect your participation are: recent or recurring injuries, problems with your neck or back, recent medical procedures, pregnancy, diabetes, seizures, asthma, allergies, and heart conditions. Please carry emergency medication for the above conditions.

Information on this sheet is used only by our program staff to help you participate in a safe manner.

1. Is there any medical information or conditions we should know about? (If yes, please explain) _____

2. Do you have any allergies, reactions to medications, or any other medial limitations that we should know about? (If yes, identify and explain) _____

3. I certify that I am fully capable of participating in these activities. YES _____ NO _____

4. Health Insurance Carrier _____ Policy # _____

Koinonia's Adventure Program Acknowledgment of Risks Cont.

I understand that in signing this form that I am providing both a Medical and Liability Release to Koinonia Conference Grounds for myself, or the minor child named above. I hereby acknowledge that during attendance at an Adventure Program session certain risks exist, which may be known or unknown at this time, and may result in physical injury. In case of a medical emergency, I hereby give permission to a KOINONIA CONFERENCE GROUNDS employee or agent, and the physician selected, to secure proper treatment, to hospitalize, order injections, anesthesia, and/or operations as may be urgently necessary. In signing this Liability Release, I assume full responsibility for mitigation of such an incident, and I am granting permission for the participation of the named guest (myself or named minor) in all activities, unless specifically noted on this form.

I agree that, in the event of dispute between myself as a guest or parent/legal guardian of, or on behalf of, the named minor, I will submit to arbitration by an organization sanctioned for this purpose, in lieu of pursuing litigation in a court of law. I further agree, to absolve and hold harmless Koinonia Conference Grounds a Non-profit Corporation, its Board of Directors, agents and employees against liability for, damages, losses, or injuries to myself, my property, or the named minor. Signing this form gives Koinonia Conference Grounds, and it's Adventure Program Department, rights to use video and photography of me or said minor for promotional and advertising purposes.

Participant's Signature

Date

Parent/Guardian's Signature (if participant is under 18 years old)

Date