



WESTERN HOLINESS YOUTH CAMP

NOTES AND RULES

Western Holiness Youth Camp is located at Jack Rock Camp, 68420 Mammoth Pool Road, Northfork, CA. If you are coming from the north, you can head toward Oakhurst on Highway 41, and then head toward Northfork. If you are heading from the south, take Hwy 41, north out of Fresno toward Oakhurst. Then head toward Northfork. If you need directions, please contact Fred Wood @ 209-869-1132.

We will have two church services daily, plus activities and fellowship. The camp itself is for children ages 10 to 19, but everyone is welcome to attend and to participate. There is no cost for this camp. We are depending on donations and freewill offerings to cover all the costs.

FOOD

We will have three well-balanced meals daily. We encourage the children to eat all they want, but not to waste food. If your child requires a special diet or is allergic to any food, please give details on the Health Information Form. We would like each child to bring a bag of chips or a package of cookies.

CLOTHING

Your child should bring the clothing indicated on the clothing list. This is a minimum list and additional clothes may be taken. You may want to put your child's name on his/hers belongings. A jacket may be needed at night. Please do not bring valuables to camp.

DISCIPLINE

The children are expected to respect each other and the adults. They are to follow the camp rules which are designed for the safety and welfare of all the children. Children who break the rules will be disciplined and watched. Campers are to refrain from the following: raiding other cabins, going into the opposite sex's cabin, stealing someone's belongings, using improper or abusive language, not following the directions of an adult. A 6 inch rule will be enforced. Campers who commit a serious offense will be sent home immediately. It will be the parent's responsibility to come and take them home. If a camper commits a serious offense, and the parents refuse to pick up the camper, the camper will not be allowed to participate the following year.

LODGING ACCOMMODATIONS

Children will stay in cabins while at camp. The children will be required to clean their living quarters daily. There will be bunk beds with mattresses in each cabin. We urge the children to bring a sleeping bag, but blankets will be O.K. Due to Health Dept. requirements, camp requires each child to bring a sheet or plastic cover to tuck over the mattress.

Western Holiness Youth

NOTES AND RULES CONTINUED

VISITING

Parents are welcome to come to the camp. There will be plenty to do to help us in the camp. Please indicate on the registration form how you are willing to help.

CHILDREN'S CHURCH

We will have Children's Church each day for children, ages 3 - 9. Children's Church will be from 10:00a.m. - 12:00p.m. Please pick-up your child at 12:00 p.m. and lunch will be ready for them.

HEALTH

We will do everything possible to properly care for your child. Please fill out the health form carefully and completely in ink and return with your registration form. In the event your child becomes ill during the week, parents will be called to pick up the child.

MEDICATION

If your child must take either prescription or over-the-counter medications, please fill out the health form. The medicine must be correctly labeled and given to the adult bringing the camper to the camp on the morning of departure. We will not administer any type of medication, including prescriptions, over-the-counter medications or vitamins. If your child requires an injectable drug, he/she must have the ability to administer it to him/herself [includes bee sting kits]. Our staff cannot administer injectable drugs. The children will not be allowed to give medicine to each other.

REGISTRATION AND CHECK-IN

Each child must fill out a registration form. Check-in time will be between 2:00-6:00 on Wednesday. Snacks will be served at 6:00 and the first service starts at 7:30. Please have your children there on time. Please mail these registration forms to us at 3401 Sierra St., Riverbank, CA 95367 before June 1. All adults will need to fill out all adult/worker registration forms. All children under the age of 10 must be accompanied and cared for by an adult, and need to be listed on the responsible adult's registration.

TELEPHONE

My cell phone number is (209)996-4783. Please do not call your child except in a case of a real emergency. In case of an emergency at the camp, we will contact the parents as soon as possible.

DRESS CODE

All girls must be in dresses or skirts. These must at least come to the knee. All boys must wear pants. No shorts will be allowed. All dresses, blouses, and shirts must have sleeves in them (no sleeveless clothing allowed). Safety pins will be provided for all immodest clothing. Excessively tight clothing will not be tolerated. No baggy pants and gang attire will be allowed. No midriff shirts may be worn. No knives, or radios are to be brought to the camp.

MUSIC

If you play any sort of musical instrument, you are welcome to bring it. We would like most of the music during the services to be played by the campers.

THINGS TO BRING

ESSENTIAL ITEMS:

1 large bag for dirty clothes, etc.
Sleeping bag or Blankets
Sheet or Plastic cover for Mattress
Pillow
Minimum 2 pr. Shoes
Socks
Underclothes
Light Jacket
Casual Clothes
Church Clothes
Pajamas/Gown
Robe
Toothbrush
Toothpaste
Soap

Towels/Washcloths
Comb/Brush
Shampoo
Deodorant
Bible
Chips or Cookies
Flashlight

OPTIONAL ITEMS

Kleenex
Chapstick
Sunscreen
Camera/Film
Insect Repellent

WESTERN HOLINESS YOUTH CAMP REGISTRATION

Name _____ M _____ F _____

Address _____

Age _____ Date of Birth _____ Phone No. _____

Parent's Name: Father Work Phone

Mother _____ Work Phone _____

Church Name _____

Pastor's
Name _____

PARENTAL AUTHORIZATION

I have read and agree to abide by the Notes and Rules of Western Holiness Youth. I do hereby give my consent that such reasonable discipline shall be administered to the child named above, as shall be deemed necessary by camp personnel. It is understood that every effort shall be made to contact me immediately in the event of the need of disciplinary action.

Signature of Parent or guardian

Signature of Child

Date _____

Date _____

Please send completed application by **June 1** to: Bro. Fred Wood
3401 Sierra St.
Riverbank, CA 95367

WHY CAMP T-SHIRT ORDER FORM

This form is for you to order your Camp T-shirts. We will be pre-ordering, so this form must be received by June 1.

Please submit this form before this date or your t-shirt will not be ordered. Select both the size and the amount needed to be ordered.

Youth	Amount	Adult	Amount
		S	
S		M	
M		L	
L		XL	
XL		2X-L	
		3X-L	

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male ☐ Female ☐
Address _____
City _____ State _____ Zip _____ Phone No. _____
Health/accident insurance company _____ Policy No. _____

IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

IN CASE OF EMERGENCY NOTIFY:

Name _____ Relationship _____
Address _____
Home phone _____ Business phone _____ Cell phone _____
Alternate contact _____ Phone _____

HEALTH HISTORY

Are you now, or have you ever, been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Date of last attack:	
		Diabetes Date of last HbA1c:	
		Hypertension (high blood pressure)	
		Heart disease (e.g. CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g. ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Seizures Date of last seizure:	
		Sleep disorders (e.g. sleep apnea)	
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
Food, plants, or insect bites _____

Immunizations:

The following are recommended by JAR and the Co of Madera. If had disease, put "D" and the year immunized, check box and put the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria
<input type="checkbox"/>	<input type="checkbox"/>	Measles
<input type="checkbox"/>	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	<input type="checkbox"/>	Rubella
<input type="checkbox"/>	<input type="checkbox"/>	Polio
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B
<input type="checkbox"/>	<input type="checkbox"/>	Influenza
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e. HIB)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form). Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approx. date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approx. date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approx. date started _____ Reason for medication _____
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Be sure to bring medications in sufficient quantities and in the original containers. Make sure they are NOT expired, including inhalers and EpiPens. You **SHOULD NOT STOP** taking any maintenance medication.

I, the undersigned, am the legal guardian of the above-named child. I consent to the camp staff giving such health care to my child would normally give in my home and any further medical care that is deemed necessary in the judgment of camp staff. I hereby consent for that medical care to be administered by a physician selected by the camp administrator(s).

PARENT OR GUARDIAN'S SIGNATURE

DATE