



"TRUST IN THE LORD"  
PROVERBS 3:5

**JUNE** **23-26**  
**2022**

MIDDLE SCHOOL / JUNIOR HIGH **SUMMER CAMP**

**SPEAKER** CASEY KENDALL

**PLACE** WOODLEAF YL CAMP

**EMAIL FOR INFO** [JOSHUAS@CALVARY.COM](mailto:JOSHUAS@CALVARY.COM)

## NorCal MS/ JR High Summer Camp

This year's MS/ JR High camp will center around trusting the Lord with all your heart. The main verse will be Proverbs 3:1-7 My son, do not forget my teaching, but keep my commands in your heart, 2 for they will prolong your life many years and bring you peace and prosperity. 3 Let love and faithfulness never leave you; bind them around your neck, write them on the tablet of your heart. 4 Then you will win favor and a good name in the sight of God and man. 5 Trust in the Lord with all your heart and lean not on your own understanding; 6 in all your ways submit to him, and he will make your paths straight. 7 Do not be wise in your own eyes; fear the Lord and shun evil.

I truly believe we can take this ancient proverb and show our students how God's word in truth and knowledge is applicable in every age and time. My hope and prayers are to take six main principles from this scripture and help apply them to our students' hearts and minds. Join me in prayer and seeking God as we prepare for this amazing opportunity!

### **Location**

Woodleaf YL Camp  
530-675-2252  
11359 La Porte Rd  
Challenge, CA 95925  
<https://woodleaf.younglife.org>

### **Dates**

June 23-26, 2022

### **Main Contact**

Joshua Shively  
Calvary Monterey Youth Pastor  
[joshuas@calvary.com](mailto:joshuas@calvary.com)  
530-906-1808  
Instagram: @ymcalvary



### **Camp T-Shirt**

Included in MS student camp registration

Extra T-Shirts can be purchased for \$12 a piece

### **Sizes range:**

Youth small, medium, large, XL

Adult small, medium, large, XL, 2XL, 3XL, 4XL

**Registered MS Student Camper size:** \_\_\_\_\_

**Number of Extra T-Shirts ordered and sizes:**

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### **What to Bring**

- Bible
- Pillow and sleeping bag
- Towel
- Appropriate Swimsuit
- Refillable water bottle
- Flashlight
- Sunscreen
- Insect repellent
- Basic toiletries, toothbrush, shampoo, soap
- Close toed shoes
- Clothes to get dirty in
- Extra money for Woodleaf's soda shop and souvenir store.
- Extra Money for food on the way up and way back

### **Do not Bring!**

- Gaming devices
- Fireworks
- Weapons
- Lighters/matches
- Elicit materials
- Drugs or devises for drug use

### **Cell Phones:**

Cell phones are permitted at camp for the primary use of being a cellular phone (to contact parents) and a camera. If a cell phone is being used for anything other than these purposes, (**Games, social media, texting a friend, pranking or bullying other students, etc.**) then the cell phone will be confiscated for the remaining of the camp.

We reserve the right to remove anything from participants that we determine to be dangerous or disruptive to the camp. We also reserve the right to search and seize student's bags or property.

Parent's signature

Student's signature

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## Calvary Monterey and JFY Release of liability 2022

IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY. PLEASE PRINT AND PROVIDE ALL INFORMATION REQUESTED.

**Participant Information:** (hereafter named as "Participant" in this release of liability)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Male or Female \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Parent Information:**

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work/Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work/Cell \_\_\_\_\_

Who does the Participant live with? \_\_\_\_\_

Whom shall we contact first? \_\_\_\_\_

Whom shall we contact in the case of an emergency and parents cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_



**Consent to Participate:**

I hereby give permission for Participant to attend and participate in Calvary Monterey's MS/JR High Summer Camp 2022

**Release of Liability:**

Prior to Participant's participation in Calvary Monterey's MS/JR High Summer Camp 2022, I acknowledge that involvement of Participant in these activities carries a risk of property damage and personal injury, illness or even death of Participant; including but not limited to the risks arising from transportation-related activities, recreational activities, accident related to facilities, adverse weather conditions, and other injuries and/ or illness. In addition, I understand that there may be other risks inherent in Calvary Monterey's MS/JR High Summer Camp 2022 of which I may not be presently aware. By signing this Parental Consent and Release of Liability, I warrant that Participant is fully capable of safely participating in all activities, and I expressly assume all risks of Participant's involvement, whether such risks are known or unknown to me at this time. I further generally release Calvary Monterey and their directors, employees, volunteers, and other participants at the activity from any and all claims resulting from involvement in Calvary Chapel/JFY Youth Group activities, whether on or off activity grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Release of Liability is given on behalf of myself, Participant, and the heirs, family, estate, administrators, executors, personal representatives and assigns of myself and Participant.

**Consent to Medical Treatment:**

If Participant experiences an injury or illness, or has other medical needs, I authorize Calvary Monterey's MS/JR High Summer Camp 2022, and its employees, volunteers, and agents to make such arrangements for Participant's health and safety, including but not limited to: first aid; emergency medical care; ambulance or other transportation to a hospital, medical office, or clinic; testing and examination; hospital care, and other medical care and treatment (including dental care) as they feel are appropriate in the circumstances. I further agree that I am fully responsible to pay all charges and expenses relating to such care, transportation and treatment and I hereby fully release Calvary Monterey's MS/JR High Summer Camp 2022 and its directors, employees, and other participants from any claims, including claims for medical charges, prescription costs and other expenses I might incur as a result of such are, transportation, and treatment. My signature below also serves to indicate my willingness for my Health Insurance Company (please provide details in the Medical Information section) to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by insurance.



**Other Releases and Acknowledgement:**

I understand that, while Participant is involved in Calvary Monterey's MS/JR High Summer Camp 2022, photographs, film, audio recordings and videotape of Participant may be taken and may be used in brochures, videos, releases to the press, and various church publications and other work product. I do hereby inevitably grant Calvary Monterey's MS/JR High Summer Camp 2022 permission: to record, display and/ or reproduce my child's name (first name only), likeness, and voice on audio and/or video tape, film or other media; to edit and otherwise modify such media at its discretion; to incorporate the media by any means, methods, or technologies now known or hereafter to be known.

I will ensure Participant only wears/brings clothing that adheres to the Activity Dress Code or similar policy. If Participant fails to abide by established rules and standards of conduct, Activity staff or volunteers reserve the right to send Participant home or exclude Participant from the activity. If it becomes necessary to send Participant home, I hereby agree to provide transportation or make travel arrangements for Participant and to assume the cost of these expenses.

To the extent any provision of this document is found to be unenforceable, such provision shall be deemed savable and shall not affect the enforceability of any other portion of this document and shall be reformed to be in compliance with the law and construed to most nearly reflect the intent of the parties.

**Medical Information:**

Medical insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_ (Please attach a copy, front and back, of your insurance card)

Address \_\_\_\_\_ Phone: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any medical/ food allergies, or other behavior problems or physical conditions of Participant (please write "None" if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

I give my permission for Participant to take Tylenol, Advil, Midol, Motrin, Aspirin, Cold medications, Benadryl, or similar allergy medication, at the discretion of the directors, employees, volunteers.

Yes    No

Date of last Tetanus Shot: \_\_\_\_\_

Will Participant be under any medication while participating with Calvary Monterey's MS/JR High Summer Camp 2022 activities? Yes    No

If yes, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_

Initial: \_\_\_\_\_ I give my permission for Participant's bags or belonging to be searched and seized by Calvary Monterey staff.

I Represent and warrant that I am a parent or legal guardian of the participant named above and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of the Participant. By signing below, I acknowledge that this document has been read and understood by me and also represent that all information provided is accurate. Parent or guardian is required to sign below.

Parent or Guardian signature (required) \_\_\_\_\_

Name Printed \_\_\_\_\_ Date \_\_\_\_\_

Cell Phone \_\_\_\_\_



Tentative Camp Schedule: (Subject to Change; Final Schedule will be handed out at camp)

**Thursday June 23:**

- 5 pm Arrival to camp; check in; cabins
- 6:30 pm Dinner
- 7:30 pm Session #1
- 9:30 pm Leaders meeting (All YP and staff)
- 10:30 Cabin time
- 11pm Lights out

**Friday June 24:**

- 7 am Leaders morning devotion
- 8 am Breakfast
- 9:30 am Session #2
- 11 am small group discussion
- 12 pm Lunch
- 1- 5 pm Free time
- 5:30 pm Dinner
- 6:30 pm Session #3
- 8 pm Night games/ free time
- 9:30 pm Cabin Time
- 10:30 pm Lights out

**Saturday June 25th:**

- 7 am Leaders morning devotion
- 8 am Breakfast
- 9:30 am Session #4
- 11 am small group discussion
- 12 pm Lunch
- 1- 5 pm Free time
- 5:30 pm Dinner
- 6:30 pm Session #5
  - Afterglow
- 9 pm free time
- 9:30 pm Cabin Time
- 10:30 pm Lights out

**Sunday June 26th:**

- 7 am Leaders morning devotion
- 8 am Breakfast
- 9:30 am Session #6
- 10:30 am clean up camp
- 11 am Leave camp for home







GUEST CONSENT RELEASE FORM FOR  
OUTSIDE GROUPS USING YOUNG LIFE CAMP  
NOTE TO GUEST: Young Life wants your experience  
at the Young Life camps to be a safe and healthy  
one. However, in the event of an accident or illness,  
it is important that we have the following information.

Name \_\_\_\_\_

\_\_\_\_\_ Last First Middle Initial

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Spouse/First Emergency Contact \_\_\_\_\_

\_\_\_\_\_ Last First Middle Initial

Home Address \_\_\_\_\_

\_\_\_\_\_ Street and Number City State/Province Zip/Postal

Phone Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Second Emergency Contact \_\_\_\_\_

\_\_\_\_\_ Last First Middle Initial

Home \_\_\_\_\_

\_\_\_\_\_ Street and Number City State/Province Zip/Postal

Phone Home \_\_\_\_\_ Business \_\_\_\_\_

Cell \_\_\_\_\_

Any allergies or other medical needs? \_\_\_\_\_

\_\_\_\_\_

Name of

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Last First

Address \_\_\_\_\_

\_\_\_\_\_ Street and Number City State/Province Zip/Postal ☐ I have had a physical within the last 24 months

Medical Insurance Company \_\_\_\_\_ Policy

# \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Website \_\_\_\_\_ Street and Number City State/Province Zip/Postal

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INDEMNITY AND CONTRACT AGREEMENT: I will not hold or attempt to hold Young Life liable for any loss, damage or injury to person or property caused by any act or neglect of other persons on or about the Property, or caused in any manner other than the willful or grossly negligent act of Young Life, its agents and employees, and will indemnify and hold Young Life harmless from any liability for damages or claims against Young Life arising out of or in any way related to any such loss, damage or injury.

I release Young Life, including its trustees, employees and agents, from my physical injury, including death, or illness while at the Property. I will assume the risk associated therewith, whether known or

unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

**AUTHORIZATION FOR TREATMENT:** I hereby give permission to the medical personnel selected by the camp director to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person.

To obtain a copy of Young Life's Notice of Privacy Practices, log on to [www.younglife.org](http://www.younglife.org) or call (719) 867-3600.

I verify that I am or my child is in good health and am capable of participating in strenuous activities, and when necessary, will tailor my activities to those within the bounds of my physical health.

In Colorado, campers will participate in rigorous activities at 9,000 to 14,000 feet. I recognize that any medical treatment and/or medical transportation that is provided to me or my child while attending a Young Life camp will be paid for by my medical insurance company.

Canada: Malibu Club/Beyond Malibu: I agree that any complaint, demand, dispute, claim involving bodily injury including death and/or personal injury or cause of action arising out of or in any way related to Young Life's Malibu Club or Beyond Malibu, including any activity, event, medical treatment, and/or transportation will be governed by the laws and jurisdiction of the Canadian Province where the event or incident occurred.

**COVID-19:** I recognize that a national emergency was declared because of the COVID-19 outbreak and that different states and/or counties/cities may be in various states of emergency. I recognize that even if Young Life has taken reasonable actions in light of COVID-19 and other coronaviruses, there is no guarantee that me or my child will not contract/transmit COVID-19 or other infectious or contagious illnesses or diseases while participating in activities and events at the Young Life property/camp, or traveling to and from, Young Life's camp property and I release Young Life in the event of such an occurrence.

The Center for Disease Control (CDC) has identified that certain individuals are at Higher Risk for Severe Illness if they become ill with COVID-19. This includes those who have chronic lung disease, moderate/severe asthma, a serious heart condition, are immunocompromised, or have severe obesity, diabetes, or chronic kidney/liver disease or who are over the age of 65. Based on the CDC's High-Risk criteria, you have determined if you want to participate in this event or if you want your child to participate in this event.

#### WAIVER AND RELEASE

If I am under the age of 18, or under the age of 19 if attending Malibu Club or Beyond Malibu, my parent or guardian, by signing below, also consent to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below to defend, indemnify and hold Young Life harmless from any claim asserted by me against Young Life, including its trustees, employees and agents, if I should repudiate this release after obtaining adulthood.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Name of Your Group/Church\_\_\_\_\_

Dates of Event\_\_\_\_\_