

Middle School Beach Camp



July 13th-17th, 2009

REGISTRATION & INFORMATION PACKET

The Middle School Beach Camp trip is open to middle school students who have completed grades 6th-8th. The group will be heading to our home away from home in Dana Point, CA. The trip will consist of two days on the beach, a day at Six Flags Magic Mountain, worship, fellowship, fun, and more! Join us for an awesome week, meet some new people and escape the Phoenix heat! Money will need to be provided for lunch on the way there and the way back! All other meals will be covered by the cost of the trip. Please plan accordingly if extra spending money is desired.

Cost: \$250.00 per person... \$75 deposit to reserve your spot

ONLY 40 SPOTS AVAILABLE!!!

Dates: July 13th-17th, 2009

Location: Dana Point, California

Gloria Dei Lutheran Church

33501 Stonehill Drive, Dana Point, CA 92629

Beach Camp Schedule (Tentative)

Monday-

6:30am- Meet @ MVLC

7:00am- Depart MVLC

(Lunch in Blythe)

3:00pm- Arrive at Gloria Dei Lutheran Church, Dana Point, CA

3:00pm-5:00pm- Get Settled/ Hang Out Time

5:30pm- Dinner (Pizza)

7:00pm- Evening Worship & Games

10:00pm- Fellowship time/get ready for bed.

10:30pm- Lights Out

Tuesday/Thursday

7:00am- Wake-up

7:45-Morning Devotion

8:15-Breakfast

9:00- Bible Study

9:45-Pack Lunches/Get ready for the Beach!

10:30-2:30 BEACH TIME

3:00- Clean Up, Showers, etc.

4:00-Camper Quiet Time

5:00pm-6:00pm- Dinner

6:00pm- Large Group Activities

7:00pm-Evening Worship & Games

9:30pm- Fellowship time/get ready for bed.

10:00pm- Lights Out

Wednesday-

7:00am- Wake-up

7:45-Morning Devotion

8:15-Breakfast/Pack Lunches

9:00-Depart for Six Flags

9:30pm-Leave the Park, Head back to Dana Point

11:00pm- Lights Out!!

Friday:

7:00am- Wake Up

7:30am-9:00am- Breakfast & Clean Up

~ 4:00pm- Arrive Back in Phoenix!

Packing List:

Casual Clothes (5 days) _____
Tennis shoes & Shoes for the Beach _____
Light Jacket for the evening _____
Bathing Suit _____
Beach Towel _____
Shower Towel _____
Toiletries (Toothbrush, toothpaste, deodorant, etc...) _____
Sleeping Bag _____
Air Mattress (We will be sleeping on the floor) _____
Pillow _____
Bible _____
Sunscreen (SPF30+) _____
*** We will provide shampoos & soaps for the showers ***

Optional Items:

iPod, CD Player, Etc... (For the drive) _____
Games _____
Boogie Board _____
Beach Toys (Volleyball, Frisbee, etc...) _____

Please do NOT bring:

Illegal substances
Inappropriate music or objects
Weapons
ETC...

*** Please keep in mind that we will have limited space in the vans. Try to use a small duffle bag when packing your items! Thanks ☺ ***

Middle School Beach Camp Registration Check List

Please make sure when turning in your registration that all of the following items are included and complete! Thanks!

Please keep in mind that there are only **40 spots available** and it is a first come first serve basis. Please keep in mind the later you turn in your forms, there is a chance that there will be no spots available.

The following forms are due by 6/08/2009...

General Registration Form _____

Health History & Consent Form _____

Covenant (Signed and Initial by parent/guardian and participant) _____

\$75.00 Non-refundable deposit _____

The following is due by 6/29/2009...

Any Remaining Final Payments (Trip total is \$250.00) _____

Middle School Beach Camp

Registration Form

Name (Print) _____ Preferred Name _____

Address _____ City _____

State _____ Zip Code _____ Phone # _____

Email Address _____ Cell Phone # _____

Gender _____ Grade Completed _____ School _____

Age _____ Birthday _____ T-Shirt Size _____

Parent(s)/ Guardian(s) Name(s) _____

Please return this form, health history and medical consent form, and covenant form to the church office with the non-refundable \$75 deposit by *June 8th, 2009!* (Remember **only 40 spots available!**). Final payments are due to the church office by *June 29th, 2009.*

Any questions, concerns, or scholarship needs can contact Ashley Hochhalter

ashleyh@mvlutheran.org or 480-893-2579 x115.

Health History Record

Name of Youth _____ **Birth Date** _____

Sex: _____ **Height** _____ **Weight** _____ **School:** _____

Street Address _____ **City** _____ **ZIP** _____

Parent/Guardian Name _____

Address (if different from youth) _____

Phone Numbers: Home _____ Cell _____ Work _____

E-mail address: _____

Alternate Contact Persons: (please provide at least two names)

Name _____ **Relation to Youth** _____

Full Address _____

Phone Numbers: Home _____ Cell _____ Work _____

Name _____ **Relation to Youth** _____

Full Address _____

Phone Numbers: Home _____ Cell _____ Work _____

Youth's Physician _____ **Phone:** _____

Youth's Dentist/Orthodontist _____ **Phone:** _____

In the event of an illness or injury during the trip, your insurance information will be provided to the health care professional(s).

Health insurance? Yes ___ No ___ **If Yes, name of carrier** _____

Policy Number _____ **Group Number** _____

Whose name is the policy under? _____

Pre-existing or present medical conditions _____

Health History (check all that apply)

Chronic/ Recurring Illnesses

- Asthma
- Ear Infections
- Heart Defect/Disease
- Diabetes
- Bleeding/Clotting Disorder
- Musculoskeletal Disorder
- Hypertension
- Seizures
- Other _____
- _____
- _____
- _____

Allergies (specify reaction)

- Hay Fever _____
- Insect Stings _____
- Medications _____
- Foods _____
- Other _____
- _____
- _____
- _____

Other Health Conditions

- Bedwetting
- Constipation
- Braces/retainers
- Contact lenses/glasses
- Emotional disturbance
- Sleep walker/disturbances
- Fainting
- Menstrual Cramps
- Frequent Headaches
- Special Diet _____
- Other _____
- _____

Any prescription or over-the-counter medication must be turned into Ashley Hochhalter on the morning of departure. Medication may only be left if the medication is in the original over-the-counter or prescription container, and has detailed written instructions for administration. Medications in a baggie or similar container will be refused.

Name, dosage and times of administration of any prescription or non-prescription medication(s) that must be taken during the week:

Are there any activity restrictions? Yes ___ No ___ If so, please explain

For comfort care of minor illnesses/injuries, my child may receive the following circled over-the-counter items: Tylenol, Ibuprofen, Tums, Antihistamine, Decongestant, Cough Drops, Peroxide, Calamine lotion, and Topical anesthetic for minor burns or scrapes. All ___ None Listed ___

Mountain View Medical Release & Liability Statement

I/We (parent and/or guardian name)_____
authorize representatives of Mountain View Lutheran Church to proceed in
any and all medical procedures necessary for (name of child) _____
_____. I /we also acknowledge that my child will participate
at their own risk and we will not hold Mountain View Lutheran Church or
any representative of Mountain View Lutheran Church liable for any injuries,
including paralysis and death.

Parent and/or Guardian Signature _____

Date _____

Mountain View Lutheran Church: Covenant of Behavior, Middle School Beach Camp 2009

Participant Name: _____ **Today's Date:** _____

1. Have both the Participant and Parent/Guardian read, initial and sign as indicated.

2. Return with registration forms

"Dear friends, God is good. So I beg you to offer your bodies to him as a living sacrifice, pure and pleasing. That's the most sensible way to serve God. Don't be like the people of this world, but let God change the way you think. Then you will know how to do everything that is good and pleasing to him. I realize how kind God has been to me, and so I tell each of you not to think you are better than you really are. Use good sense and measure yourself by the amount of faith that God has given you. A body is made up of many parts, and each of them has its own use. That's how it is with us. There are many parts of the body of Christ, as well as part of one another. God has also given each of us different gifts to use." Romans 12:1-6a

I understand that as a Christian, I am an example of Christ to the world. People will come to accept, be enriched by, or reject Christ through the example of Christ that I show to others by my example and actions. Ultimately, I know that I am responsible for my own actions and behavior. Participant _____ Guardian _____

Attitude

Enjoy myself. This includes seeing the good in people and activities, getting to know people and God, and noticing the beauty of God's creation. It also includes having a positive attitude, refraining from pouting, and talking out problems rather than letting them make me an unpleasant person to be around. Participant _____ Guardian _____

Ask any questions I have, realizing that if it's important enough to wonder or think about, it's important enough to ask about. Participant _____ Guardian _____

Behavior

As a participant I agree:

Not to bring, use, or buy any alcohol, drugs, tobacco products, people-destroying items or property destroying items. If caught with any of these items I understand they will be confiscated, and I will call my parent(s) to tell them about the incident. I will be asked to leave the trip and will be sent home at my own expense.

Participant _____ Guardian _____

To respect other people. No guys in girls' sleeping area and no girls in guys' sleeping area. If violated, I will call my parent(s) to tell them about the incident. I will be asked to leave the trip and will be sent home at my own expense.

Participant _____ Guardian _____

When curfew arrives (10:00 pm), I agree to be in my own sleeping area. After "lights out" keep the noise to a whisper. Have respect for those who want/need sleep. We want to leave a good impression on our neighbors, host churches and others we meet. Participant _____ Guardian _____

To NOT use profane language. We are much more refined and dignified and can always find better words to describe the situation. Participant _____ Guardian _____

To refrain from Overly Affectionate Behavior. Participant _____ Guardian _____

To attend all group sessions, small group reflection times, and organized recreation activities. This gives maximum opportunity to understand God and grow in Him. Participant _____ Guardian _____

If I cannot attend a scheduled activity because of illness or injury, contact one of the adult leaders before that activity is to occur. Participant _____ Guardian _____

My parent(s)/Guardian(s) (as applicable) and I have read and understand what is expected of me. I agree to live and work by the personal expectations stated above during my time on the trip. I also agree that if I fail to comply with these basic values, I could be sent home at my own expense.

Participant's Signature _____

Parent/Guardian Signature _____ (only required if under 18)