

# CAMP



# VALOR

Presented by Christ Centered Church

[www.campvalor.org](http://www.campvalor.org)

661-301-2230

## Camp Registration Packet

### For Office Use Only

- \_\_\_\_\_ Camp Registration Form (Program \_\_\_\_\_)
- \_\_\_\_\_ Camp Policy Form signed
- \_\_\_\_\_ Behavior Expectation Form signed
- \_\_\_\_\_ Orders for Medication Form signed
- \_\_\_\_\_ Registration Fee Form
- \_\_\_\_\_ Donation Form (optional)
- \_\_\_\_\_ Copy of Child's Immunization Record (attach to packet)

**Please make sure all selections/lines are completed before accepting registration packet.**



**2023 Registration Form**

Date of Registration \_\_\_/\_\_\_/\_\_\_\_\_

In the summer of 2022 my child is in \_\_\_\_\_ grade.

**Child's Information** (Please print legibly)

Child's name (first/middle/last) \_\_\_\_\_ Name called \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Age (as of registration date) \_\_\_\_\_

**Check all that apply to your child, or check "None" for those that don't apply:**

Allergies (type) \_\_\_\_\_  None

ADD  ADHD  None

Special circumstances (see back page and provide additional information if necessary)  None

**Family Information** (check parent to contact for payment and other questions)

Mother/guardian's name \_\_\_\_\_ Employer \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_ Mobile # \_\_\_\_\_

Email address \_\_\_\_\_

Father/guardian's name \_\_\_\_\_ Employer \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_ Mobile # \_\_\_\_\_

Email address \_\_\_\_\_

**Emergency Information**

In case of emergency, please contact the following first:  Mother/guardian  Father/guardian

Child's doctor \_\_\_\_\_ Doctor's phone \_\_\_\_\_

Hospital preference \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

**If mother, father, or guardian cannot be reached, call:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_ Mobile # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_ Mobile # \_\_\_\_\_

*I hereby acknowledge that Camp Valor will assume that either parent of the child may pick up the child at any time during the program unless there is sufficient court documentation on file at the Branch that indicates otherwise.*

I hereby authorize the Branch to allow the following individual(s) to pick up my child (photo id will be required):

\_\_\_\_\_  
\_\_\_\_\_

**Persons not authorized to visit or pick up my child: (Court documentation must be attached)**

\_\_\_\_\_



## 2023 Policy Form

Child's Name \_\_\_\_\_

Please read each of the following policies and sign below to indicate your understanding of these policies.

### Waivers/Permissions

I permit my child to participate in activities Camp Valor conducts outside the fenced-in play areas at Christ Centered Church facilities.

**Field Trips** – I permit my child to leave the Camp Valor facilities on authorized trips under the supervision of the Camp Valor staff. I may review a written schedule of activities to be conducted off the Camp Valor premises.

**Photography** - I permit Camp Valor (Christ Centered Church) to use images of my child as a Camp Valor program participant in internal and external promotional material. This includes any printed material, broadcast and print advertising, promotional videos and the Christ Centered Church websites and Facebook page, which are produced or published by the Christ Centered Church staff. I also permit Christ Centered Church and/or the media to use images of my child in broadcast and print media news coverage of Camp Valor. I understand that my child's name is not published.

### Payment Policies

I understand policies concerning payment, cancellation and refunds. I may not register my child for a new program until outstanding balances due on past programs are paid.

**Insufficient Funds** – If my bank returns a draft or check due to insufficient funds, immediate payment is required to keep my child's account up to date. I understand that I will be charged \$25 for each returned check or draft. I will need to send cash, money order or a certified check for the draft or check within 10 business days after I receive a notification letter from Christ Centered Church. Payment in full is required before my child can continue to participate in Camp Valor programs. If I have two returned drafts or checks within a six-month period, I will no longer have the bank draft privilege and will be required to pay program fees in full, in advance.

**Cancellations:** Non-attendance, without written cancellation, does not relieve me of the responsibility to pay for the program. I will refer to the registration receipt for details on specific program cancellation policies. There are no refunds for non-attendance nor is there refunds even if my child is dropped from the program for any reason.

**Bank draft participants** – I understand that I must cancel, in writing, prior to the date of bank draft in order to stop payment.

**Refunds** – I understand that non-attendance does not entitle me to a refund. I understand that no refunds or adjustments are granted for illness, vacation or when Camp Valor programs are cancelled due to inclement weather. All refunds or program credits given for other reasons are issued on a prorated basis. I understand that Camp Valor reserves the right to apply any credit due to other outstanding balances. Refunds are issued within 30 days of cancellation. Program payment is not transferable from one Camp Valor or Christ Centered Church program to another.

### Medical Treatment Policies

**Accident Insurance** – Participants are responsible for their own accident insurance when using Camp Valor and when participating in Camp Valor or Christ Centered Church program's off-site.

**Medication** – Camp Valor does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. However, in the event of an emergency in which the parent cannot be contacted, Emergency Medical Staff and Camp Valor may take appropriate action in the best interest of the child.

**Immunization Records** – Current copies of each child's immunization records must accompany this form.

**Blood Borne Pathogen Exposure** – I understand that, while my child is in the care of Christ Centered Church, if a child is exposed to a body fluid on broken skin or mucous membrane (e.g. splashing in mouth or eye), from another child, Camp Valor will contact the parents of both children. They will explain what has occurred, and then provide the name of the attending physician of the source child to the parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, Camp Valor will provide the name and telephone number of the child's attending physician to the staff member. I have read and agree with the statement and specifically authorize Camp Valor to release the name and telephone number of my child's physician, and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or any staff member who experiences such an exposure from my child.

### Program Policies

**Babysitting Policy** – Camp Valor strives to employ the very best staff possible in all of our programs. During staff time-off or after they are no longer employed with us, these persons are private citizens and no longer subject to our employment rules and procedures. Camp Valor cannot and does not endorse or recommend its present or former staff members as babysitters to any parent or guardian of any child in any of our programs.

Any babysitting arrangements with present or former staff of Camp Valor or Christ Centered Church is separate and independent from any Christ Centered Church program and must be based on the independent investigation, responsibility and judgment of the parent or guardian. I agree that Camp Valor shall not be responsible and will be held harmless from any claims or liability in connection with such babysitting activities.

**Pickup Policy** – I hereby acknowledge that Camp Valor will assume that either parent of the child may pick up the child at any time during the program unless there is sufficient court documentation on file at the Branch that indicates otherwise.

**Inclement weather** – Parents / Guardians will receive a phone call from Camp Valor staff for program closings related to inclement weather.

**Lost Items** – I understand that Camp Valor or Christ Centered Church is not responsible for any personal items lost or stolen at our program.

**I have read and understand all the policies stated above.**

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_



## 2023 Behavior Expectation Form

Child's Name \_\_\_\_\_

It is important that staff maintain good order and discipline in all programs. Top objectives in all Camp Valor and Christ Centered Church programs are safety and a positive atmosphere for learning and developing social skills. Camp Valor makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

**Camp Valor does not condone and will not permit:**

1. Corporal punishment
2. Ridiculing, threatening
3. Leaving children unsupervised
4. Use of profanity

**A child's behavior is expected to be consistent with the following:**

1. Use appropriate language at all times.
2. Cooperate with staff and follow directions.
3. Respect other children and staff, equipment and facilities, and yourself.
4. Maintain a positive attitude.
5. Stay in program areas – running away is not acceptable.

**The Discipline Policy**

1. If a child is unable to comply with the behavior expectations, a conference will be held by the program director with the child. The parent(s)/guardian will be notified in writing.
2. If after the above meeting the child is still unable to comply with the behavior expectations, the program director will set up a conference with the parent(s)/guardian. A behavior contract will be established and signed by the child (if appropriate), parent(s)/guardian and the program director.

3. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal.
4. Failure of the parent(s)/guardian to attend conference(s) and cooperate will subject the child to suspension or dismissal.
5. At the judgment of the director of Camp Valor, a child may be dismissed without using steps 1-4 of the discipline policy. This will be determined when the child refuses to train or obey program instructions.

**Behaviors, which may result in immediate dismissal, include but are not limited to:**

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff.
2. Fighting
3. Possession of a weapon of any kind
4. Vandalism or destruction of Camp Valor / Christ Centered Church property or property of others
5. Sexual misconduct
6. Possession of or use of alcohol or controlled substances unless under the prescription of a doctor.
7. Running away
8. Biting
9. Use of foul language

**Special Circumstances**

Parents or guardians are required to inform Camp Valor in writing, prior to a child's acceptance in a Christ Centered Church program, of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions.

Upon being informed of such circumstances, the camp director (or his or her designee, i.e., troop leader) may require a conference with the parent(s)/guardian to discuss issues created by these circumstances.

I understand and acknowledge that: (i) it is the responsibility of the parent(s)/guardian to make full disclosure to Camp Valor of any special circumstances which may affect the ability of my child/ward to participate, as described above; (ii) it is the responsibility of the parent(s)/guardian to inform Christ Centered Church of any requested accommodation believed by the parent(s)/guardian to be necessary and readily achievable for such participation; and (iii) full disclosure of any special circumstances is material to Camp Valor's evaluation of the child's/ward's ability to participate and Camp Valor's consideration of any requested accommodation.

Please initial, indicating that you have read and understand the above:

  X  

I have read, understand, and agree with the policies as stated in this document and have discussed the expectations of behavior with my child/recruit.

  X  

Parent/legal guardian signature Date \_\_\_\_\_



# 2023 Medical Order Form

To be completed by parent/guardian:

If it is absolutely necessary for the child named below to take medication during camp hours, or in the event your child has a medical condition of which the Medical Branch should be aware, please complete the information requested, sign and return this form to the Administration Office.

Child's Name \_\_\_\_\_ Age (as of registration date) \_\_\_\_\_

**Name(s) of Parent(s)/Guardian(s):**

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Medication:**

Medication Prescribed \_\_\_\_\_

Dosage \_\_\_\_\_ Times(s) to Administer \_\_\_\_\_

Possible Side Effects/Special Instructions \_\_\_\_\_

Medication Prescribed \_\_\_\_\_

Dosage \_\_\_\_\_ Times(s) to Administer \_\_\_\_\_

Possible Side Effects/Special Instructions \_\_\_\_\_

**Medical Condition(s):** Please list below any allergies (do not include allergies to medications), asthmatic conditions or the like which may require the program to administer the child's medicine.

**Condition Symptoms Medication/Dosage Special Instructions**

\_\_\_\_\_  
\_\_\_\_\_

(Parent/Guardian Signature and Date) (Print Parent/Guardian Name)

| Medicine | Dosage | Time(s) Given | Caregiver's Initials |
|----------|--------|---------------|----------------------|
| _____    | _____  | _____         | _____                |
| _____    | _____  | _____         | _____                |
| _____    | _____  | _____         | _____                |

**Please Read: All medication (including Tylenol, sunscreen, etc.) may NOT be dispensed/applied without written authorization from parent/guardian. Prescription drugs may only be dispensed from their original container.**

I authorize camp valor personnel to allow my son/recruit to take medication as prescribed on this form.

  X    
Parent/legal guardian signature Date



# 2023 Registration Fee Form

Child's Name \_\_\_\_\_ (First and Last) Age \_\_\_\_\_

Parent's Name \_\_\_\_\_ Contact # \_\_\_\_\_

Parent's Email \_\_\_\_\_

**A non-refundable fee of \$20 is required to register all applicants.** This will secure a position for the recruit/soldier to participate in the registered events of Camp Valor during summer of 2022. Included is a camp T-shirt for the recruit/soldier.

**Scope of Camp**

The young men will undergo a military style camp with training in physical fitness (obstacle course negotiating, formation runs, and other exercises), military customs and courtesies, military battle history, archery, air-soft battles, and Bible studies. All military training will be related to being a spiritual soldier for Jesus Christ.

**Goal**

The goal of Camp Valor is to help young men develop their relationship with Jesus Christ, all the while learning soldierly skills in order for them to better understand the duties of a Soldier for Christ; hence, how to be mighty men of valor for God.

**Training program:**

\_\_\_\_ Boot Camp 2023 [July 10-15 (9-17 year olds)]. (Includes enlistment for one-year program and full uniform.)

\_\_\_\_ Re-enlistment 2023 only for returning Camp Valor soldiers. (Includes enlistment for one-year program, NOT uniform.)

**PROGRAMS**

| Item                             | Fee      | Total    | Other Info   |
|----------------------------------|----------|----------|--|
| Boot Camp (New boys)             | \$400.00 | \$ _____ | Shoe Size _____, Pants Size _____, Top Size _____,<br>T-shirt Size _____, Cap Size _____ |
| Re-Elistment<br>(Returning Boys) | \$120.00 | \$ _____ |  |

**EXTRA UNIFORM ITEMS**

|              | Fee        | Qty   |          |  |
|--------------|------------|-------|----------|--|
| Xtra Cap     | \$15.00 ea | _____ | \$ _____ | size Sm, Med, Lg, Xlg (circle)         |
| Xtra T-Shirt | \$15.00 ea | _____ | \$ _____ | size _____ (note youth or adult sizes) |
|              |            | Total | \$ _____ |  |

- DEPOSIT \$ \_\_\_\_\_

BALANCE DUE \$ \_\_\_\_\_

**Method of Payment**

- Check (make check out to: Christ Centered Church, "Camp Valor" in memo)
- Cash
- Credit Card / Debit Card / Zelle - through campvalorbakersfield@gmail.com

**I have read and understand the Scope and Goal of Camp Valor stated above.**

Parent/guardian signature   X   \_\_\_\_\_ Date \_\_\_\_\_