

# thetribe^

## Junior High Summer Camp

*Church on Fire Ministries*

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10544 Harrison Ave. • Harrison, Ohio • 45030 • (513) 367-7772 • Fax: (513) 367-7814

Who can go?: **All students currently in 5<sup>th</sup>, 6<sup>th</sup> or 7<sup>th</sup> grade, it's for them!**

What?: **The best time of your jr. higher's life!**

When: **June 10<sup>th</sup>-June 13<sup>th</sup> 2018**

Where: **PVM Camp 1259 Swann Beatty Rd, Camden, OH 45311**

Cost: **\$200**

**Deposit of \$50 due to reserve spot. Final payment due at day of camp. Payments can be made cash, check or credit at the Info Center. Please talk to Pastor Josh if finances are an issue.**

### **How do I register my student?**

Registration is simple! All you need to do is fill out this packet (including all liability release forms, as well as the Student/Parent Commitment) and turn it into the Info Center along with your \$50 deposit (cash, check or cc.) That's it!

Parents,

I want to take a moment to explain a little bit more so you as a parent can see our heart and intention for Summer Camp. Summer Camp is our annual event that we set aside for our students to come and encounter Christ. We want to do everything in our power so that Summer Camp is a fun and memorable event, but even more importantly that we see every student come to a place where their lives are impacted and changed by the power of Christ.

It is our desire to see our Junior High Students encounter God in a way that is impacting not just for a season but, for a lifetime. One of the greatest things that we get to witness is when students are in the place where they begin to passionately pursue Jesus. Because it is in those moments that we see Jesus passionately respond to them. So we wholeheartedly believe that in this Summer Camp that your student is going to encounter the King of Kings in such a way that they are forever impacted.

We look forward to this years' camp, as we know we are going to have an absolute blast, make many memories, and build relationships . As much as we believe in that and look forward to all those things even more so we look forward to the moments of true encounter with our living Kind.

Attached you'll find a waiver of liability form and trip commitments, for Summer Camp 2018. As well as a Hazardous Activity Wavier of Liability for PMV Camp. Please fill these out, have them notarized, and get them back to us. We are expecting God to do some amazing things on this trip. My hope is your son or daughter will attend this life-changing event.

There's more details regarding camp that we will discuss at a parent meeting coming up (i.e., departure and arrival times, medication, what to pack, etc...). We will discuss more details at that time!

Thank you for partnering with us.

All to Him,

Pastor Josh Helton

# Sponsorship Agreement

*Church on Fire Ministries*

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We as a church realize the financial implications of sending your child to camp. We do not want camps to be a financial burden however we do realize the importance of investing in the spiritual growth of our kids.

If you find yourself in need of a sponsorship, we ask that you give what you can and actively participate in all fundraising opportunities.

It is important to realize that receiving a sponsorship for camp is very special. We as a staff pray and do not actively seek to receive sponsorship funds for camp. So any monies received are straight from the Holy Spirit's leading.

If you choose to accept a CFM Sponsorship, we ask that you please pray for the Lord to bless those who gave to make it possible for your child to go to camp.

We also ask, that if you choose to receive a sponsorship that you commit to going to camp. Please keep in mind that if a sponsorship is assigned and is not used then that means that someone else could have used the sponsorship. We understand that emergencies arise however we ask for at least 2 weeks' notice of refusing a sponsorship after having assigned. So please check your calendar before asking to receive a sponsorship.

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I \_\_\_\_\_ request to receive a sponsorship for  
\_\_\_\_\_ (parent/guardian name) \_\_\_\_\_ (child's name)  
for camp. I am requesting a sponsorship of \_\_\_\_\_. I will do everything possible  
to \_\_\_\_\_ (enter dollar amount)  
actively participate in all fundraising opportunities. I also commit to praying for those who  
have given the sponsorship, for the Lord to bless them financially, physically & spiritually. I  
also agree to give at least 2 weeks' notice of refusing a sponsorship after have one assigned.

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(Signature)

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(Date)

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(Phone Number)

Please return to Pastor Josh Helton

### **Head Lice/Bed Bugs**

Upon arrival at Camp, children and their belongings will be checked for symptoms related to head lice, bed bugs or other parasites. Children exhibiting symptoms related to head lice, bed bugs or other parasites will not be permitted to stay at Camp.

If a child is not permitted to stay at Camp related to head lice, bed bugs or other parasites, they will be allowed to receive a partial refund of monies paid for Camp, up to 50%.

Please feel free to contact the Church office with any questions/concerns at 513-367-7772.

We look forward to having an awesome time at Camp.

Regards,

Pastor Josh Helton

# Waiver & Liability/Release Form

This waiver will be good from June 2018-June 2019

Each student registrant must have his/her parent/guardian sign the  
**Waiver & Release form.**

**Please print clearly.**

Student's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

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

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

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Daytime Evening/Cell

Hospital Insurance  yes  no Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Physician \_\_\_\_\_

Physician's Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Having been made aware of the activities the registrant will be doing, I hereby consent to the registrant's participation at a *Church on Fire Event* and voluntarily release and forever discharge Church on Fire Ministries from any and all liability, claims, actions or rights of action which are in any way related to the registrant's participation in the event activities. I agree to indemnify and hold Church on Fire Ministries harmless from any and all costs or damages, including attorney fees, incurred in connection with the registrant's participation in conference activities. I further agree not to sue, assert or otherwise maintain any claim or cause of action against Church on Fire Ministries arising from the registrant's participation in the event activities.

In case of an emergency, I understand that every effort will be made to contact parents or guardians of minor registrants. However, if parents or guardians cannot be reached, or if I, the below signed registrant am 18 years of age or older, I hereby give Church on Fire Ministries permission to act on my behalf in seeking and administering medical treatment in the event that such treatment is deemed necessary or advisable for the registrant's health, safety and welfare. I release Church on Fire Ministries from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from the registrant's participation in the event activities.

**\*\*The Student Parent Commitment is on the next page. Please read them and go over them with your teenager. As they will be held accountable to this while on the trip.\*\***

I understand that if my student/child does not adhere to the rules and regulations of this trip, they can be sent home at my, the parent/guardian, expense.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 2018 by

\_\_\_\_\_

## Student/Parent Commitment

**Instructions:** Please read this form carefully. Each participant and their parent(s) must sign this agreement before the event begins. ***Without all appropriate signatures, the individual will not be permitted to attend the event.***

**Rules:**

- At all times you will be expected to respect and obey all leaders of our group and the workers and leaders holding the event.
- You will be expected to respect the property of others at any place that we may go.
- You will be expected to practice daily hygiene. (i.e. showering, brushing teeth, using deodorant)
- Do not bring cell phones, iPods, handheld electronics, laptops or anything along those lines. If you do, we will confiscate them until parent pickup.
- Do not bring skateboards, rollerblades, bikes, or anything of this nature.
- Please do bring about a weeks worth of clothing that can potentially get dirty. (no spaghetti straps, short shorts, leggings, or any other revealing clothing; if you have a question regarding specifics please talk to a leader before packing)

If situations or circumstances arise that are not specifically covered above you will be expected to respect our judgment. One rule could sum up all the others; **at all times you will be expected to respect and obey all leaders.**

**Failure to heed and obey what we are asking can lead to student pick up.** You will not be receiving a refund in any way. Form becomes void if altered in any way.

Ultimately, we are representing God first, Church on Fire Ministries second, and ourselves any time we go any where as a group or as individuals. We want to be a good representation of Christ and Church on Fire Ministries to others.

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation of this event.

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Signature of participant (required)

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Signature of participant's parent(s) (required)

Student Name: \_\_\_\_\_ Grade Currently In: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone (parent): \_\_\_\_\_

Email Address (parent): \_\_\_\_\_

Student Shirt Size: \_\_\_\_\_

## HAZARDOUS ACTIVITY WAIVER OF LIABILITY

### READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability ("Release") executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by  
Participant: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone day: \_\_\_\_\_ evening: \_\_\_\_\_ Other: \_\_\_\_\_

in favor of Family Camp, Inc., an Ohio nonprofit corporation, Camp Properties Ohio LLC, an Ohio Limited Liability Company and Kids Camp Charities, Inc., an Ohio nonprofit corporation, doing business as PVM and PVM Camp, with offices at 424 Reading Road, Mason Ohio 45040, and their directors officers, employees, and agents.

1. Acknowledgement of Risk. Participant understands and acknowledges that programs offered by and through PVM and PVM Camp use experiential, engaging, teaching techniques, and that climbing, zipline, ropes courses, and even ground activities in which Participant desires to engage (the "Activities"), entail certain risks. Participant acknowledges that while the staff of PVM and PVM Camp have been trained to protect emotional and physical safety, participation is purely voluntary.

2. Assumption of Risk. Participant understands the Activities may involve outdoor events, physical exertion, use of mechanical equipment, exposure to hazardous conditions, including transportation to and from the activity sites, or other circumstances that may be hazardous. Participant hereby expressly and specifically assumes the risk of injury or harm in the Activities, and releases PVM and PVM Camp from all liability for injury, illness, death, or property damage resulting from the Activities.

3. Release and Waiver. Participant freely, voluntarily, and without duress, elects to participate in spite of the associated risk, and by signing this Release, knowingly and voluntarily assumes all responsibility for participation. Participant does hereby release and forever discharge and hold harmless PVM and PVM Camp and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from Participant's Activities with PVM and PVM Camp. Participant understands this releases PVM and PVM Camp from any liability or claim the volunteer may have against PVM and PVM Camp with respect to any bodily injury, psychological or emotional injury, personal injury, illness, death or property damage that may result from the Activities, whether caused by the negligence of PVM and PVM Camp or its officers, directors, employees or agents, or otherwise. Participant also understands PVM and PVM Camp do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury, illness.

4. Medical Treatment. Participant does hereby release and forever discharge PVM and PVM Camp from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Activities.

5. Insurance. Participant understands, except as otherwise agreed to in writing, PVM and PVM Camp do not carry or maintain health, medical, or disability insurance coverage for Activities. Each participant is expected to obtain his or her own medical or health insurance.

6. Media Release. Participant does hereby grant and convey unto PVM and PVM Camp all right, title, and interest in any and all photographic images and video or audio recordings made by, or on behalf of PVM and PVM Camp during the Activities, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

7. Other. Participant expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. Participant also agrees that in the event any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

[SIGNATURE AND EMERGENCY CONTACT ON FOLLOWING PAGE]

IN WITNESS WHEREOF, Participant has executed this Release as of the day and year first above written.

Participant Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Phone \_\_\_\_\_

If Participant is younger than 18 years old, this Release must be executed on their behalf by a parent or guardian.

Parent/Guardian's Signature: \_\_\_\_\_ Parent/Guardian's Name:  
\_\_\_\_\_ Parent/Guardian's Phone \_\_\_\_\_

In case of emergency, contact: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ E-mail:

\_\_\_\_\_ Phone day: \_\_\_\_\_ evening: \_\_\_\_\_ Other:

\_\_\_\_\_ Any allergies, medications, or other information needed in an emergency:

\_\_\_\_\_



**CHURCH ON FIRE MINISTRIES CAMP**

**PERMISSION FOR MEDICATION/AUTHORIZATION FOR RELEASE**

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child have:      \_\_\_ Allergies                      \_\_\_ Asthma                      \_\_\_ Diabetes  
   \_\_\_ Epilepsy/Seizures      \_\_\_ Nut Allergy                      \_\_\_ Bee sting allergy

Please list specific allergies and/or other health concerns:

What is the reaction and treatment? \_\_\_\_\_ continue on back if needed.

Medication administered at home: \_\_\_\_\_

Student's Physician name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Permission for Non Prescription Medications**

My child may receive the medication(s) (check below):

\_\_\_ Tylenol tab/liq/chewable      \* as directed on label                      \_\_\_ Benadryl tab/liq      \* as directed on label  
\_\_\_ Ibuprofen tab/liq                      \* as directed on label

**Emergency contacts in case of illness/injury:**

Contact #1: \_\_\_\_\_ Home #: \_\_\_\_\_  
   Relationship: \_\_\_\_\_ Work #: \_\_\_\_\_  
   Mobile #: \_\_\_\_\_

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Contact #2: \_\_\_\_\_ Home #: \_\_\_\_\_  
   Relationship: \_\_\_\_\_ Work #: \_\_\_\_\_  
   Mobile #: \_\_\_\_\_

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Contact #3: \_\_\_\_\_ Home #: \_\_\_\_\_  
   Relationship: \_\_\_\_\_ Work #: \_\_\_\_\_  
   Mobile #: \_\_\_\_\_

**Prescription medication(s) to be given at camp:**

Medication: \_\_\_\_\_ dose: \_\_\_\_\_ time to dispense: \_\_\_\_\_

Medication: \_\_\_\_\_ dose: \_\_\_\_\_ time to dispense: \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I authorize the nurse or camp personnel under the supervision of the camp nurse to be my agent to give medication(s) checked/medications from standing orders/ or written in above to my child. PLEASE NOTE: Generic brands are used in most cases and medications are given very sparingly. **In case of an emergency, if CFM Staff or camp nurse is not able to contact me or any of my emergency contacts, I give permission to call the physician indicated or to take my child**

\_\_\_\_\_ to \_\_\_\_\_ **HOSPITAL or appropriate facility for medical attention.**

Medical information may be shared with camp personnel, EMT's, and hospital personnel on a need-to-know basis either verbally or electronically (fax). If it is necessary to call an ambulance, it will be the responsibility of the parent/guardian to pay for this service.

**CFM Staff and Camp Medication Policy.** No medication shall be administered to a student without the written and dated consent of the student's parent or legal guardian. No student will be allowed to keep medication with them unless otherwise agreed upon by CFM Staff and/or the Camp Nurse. Any medication to be administered to a student shall be given to the Camp Nurse to be kept in a safe and secure place.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_