

Save
The Dates!

You're
Invited!

PETRA SPRINGS CHRISTIAN CAMP



651 Packer Lake Rd.
Sierra City, CA 96125

SUMMER YOUTH RETREAT

FOUR DIFFERENT CHURCHES: ONE LOCATION

WEDS. JUNE 12TH - SAT. JUNE 15TH

CABIN/TENT ACCOMODATIONS

WORSHIP, BIBLE STUDY, GAMES

HIKING, CLIMBING, ARCHERY, CANOEING

Cost is
\$65

FISHING

With a variety of fish in the nearby lakes, why not take in the scenery and a catch at the same time?



ARCHERY

Try your hand at archery whilst at Petra Springs, with our enclosed archery area. Located just off the main building it's an ideal spot for a bit of target practice.



CLIMBING

With so many rock faces to choose from, there's a bunch of climbing opportunities nearby- whether pro or beginner, there's a rock face for you.



CANOEING

The nearby lakes offer plenty of opportunity for some short or longer canoe trips. Whether you're looking for a day trip or a morning activity, there's plenty of choices nearby.



**\$25 NON-REFUNDABLE DEPOSIT
DUE BY SUNDAY MAY 19TH
FIRST-COME, FIRST-SERVED
SPACE IS LIMITED
SCHOLARSHIPS AVAILABLE
FUNDRAISER OPPORTUNITIES**



CCYC Youth is going to Petra Springs from June 12-15th for a Summer Retreat! The cost is \$65. This will be a time marked with fun, fellowship, worship, team-building, learning about the Lord & how to walk with Him. We hope your student can join us! This is open to upcoming 6th grade students (24-25 school year) and graduating seniors (23-24 school year).

A non-refundable deposit of \$25 is due with this permission slip by May 19, 2024.

Student Name: _____ Current Grade: _____ Date of Birth: ___/___/___

Student T-shirt Size (adult) ___XS ___S ___M ___L ___XL ___XXL

Address _____ City: _____ State: ___ Zip: _____

Parent/Legal Guardian First & Last Name: _____

Parent/Legal Guardian Phone Number: _____

Parent/Legal Guardian Email: _____

EMERGENCY CONTACT INFORMATION

Please provide the name and contact information of another adult who can be contacted in the event of an emergency if you cannot be reached.

First & Last Name: _____ Email: _____

Phone Number: _____ Relationship to Student: _____

Please list all allergies, medical conditions and medications FOR THIS STUDENT below:

(Please include name, dose and frequency for each medication)

Please list any medical information, physical, or activity limitation, dietary needs, allergies, etc:

Name of Health Insurance: _____ Name of Card Holder: _____

Policy #: _____ Group #: _____

Family Doctor: _____ Phone: (____) _____

RULES TO LIVE BY ON YOUTH CAMP

1. THE GOLDEN RULE: Treat others as you would like to be treated by them.
2. THE HEALTH RULE: Do not carry, possess, sniff, smoke, apply, chew, gargle, buy, sell, trade, swallow, inject, insert, digest, or ingest any illegal plant or chemical by-product of any kind. (No tobacco, alcohol, or drugs ... also refer to Ruse #5).
3. THE SAFTY RULE: Do not carry, possess, use or threaten to use any type of weapon or explosive. (No fireworks, guns, knives, sling shots, hand grenades, etc.)
4. THE PERMISSION RULE: Everyone under 18 years of age must have a permission, information, and/or medical release form filled out by your parent(s)/guardian(s) and turned in before we leave. If you are 18 or older, we still need all forms signed and turned in-however you can fill them out yourself.
5. THE MEDICINE RULE: If you are any type of doctor-prescribed medication, then you must have that information filled out in the permission slip and turned in before we leave or the activity begins. (Also, an adult leader will be assigned to make sure that it is administered properly and at the appropriate time.)
6. THE GUY-N-GIRL RULE: No guys in girls' rooms and no girls in guys' rooms. (Watch the PDA... public or private displays of affection...unless you have a license... a marriage license!)
7. THE SCHEDULE RULE: Everyone is required to be at all scheduled events, check-in-times, meals, meetings/services on time, and in cabins/tents during lights out. (Never wander off alone or without the permission of an adult leader.)
8. THE RESPECT RULE: Listen to and obey the adult leaders; they are here because they care about you and want you to HAVE FUN!!!
9. THE MEDIA RULE: Cell phones should only be used during designated times. Content must be appropriate.

NOTE: For the safety of you and your friends, anyone breaking rule 2 or 3 will be automatically sent home at his or her own (or his or her parent/legal guardian's) expense. Violations of the other rules may also send you home.

Student Signature: _____ Date: __/__/__

Parent/Legal Guardian Signature: _____ Date: __/__/__

Activity Permission & Authorization to Consent to Treatment of Child

I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the “minor child”).

I hereby give my consent to have my minor child participate in the following activity of North Valley Calvary Chapel DBA: Calvary Chapel Yuba City: **Petra Springs Youth Camp** (hereafter “the activity”) on or about **June 12-15, 2024**.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release North Valley Calvary Chapel DBA: Calvary Chapel Yuba City, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless North Valley Calvary Chapel DBA: Calvary Chapel Yuba City, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child’s participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Executed this ____ day of _____, 20__.

Signature _____

Printed Name _____

Witness: _____

Witness: _____

Waiver and Release

Release executed on _____ (Date), by _____ (the 'Releasor' – Participant or Guardian of Participant under the age of 18) to North Valley Calvary Chapel DBA: Calvary Chapel Yuba City (613 Bogue Rd, Yuba City, CA, 95991): Petra Springs Youth Camp of 651 Packer Lake Rd. Sierra City, CA. 96125.

I, the Releasor, being of lawful age, in consideration of being permitted to participate in the Activities and/or any other activities, scheduled for **June 12-15, 2024**, and run and/or operated by the Releasee, WAIVE, RELEASE, and DISCHARGE the Releasee, its owners, officers, directors, employees, members, agents, assigns, legal representatives and successors, and all business associates and partners involved in the presentation of the above noted activity and each of them their owners, officers and employees, from all liability for or by reason of any damage, loss or injury to person and property, even injury resulting in the death of the Releasor, which has been or may be sustained in consequence of the Releasor's participation in the activity described above, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the Releasee.

I hereby acknowledge and agree that I have carefully read this Waiver and Release agreement, that I fully understand same, and that I am freely and voluntarily executing same.

By signing this release I will be forever prevented from suing or otherwise claiming against the Releasee for any property loss or personal injury that I may sustain while participating in or preparing for the above noted activity.

I have been given the opportunity and have been encouraged to seek independent legal advice prior to signing this Waiver and Release agreement.

I understand that I would not be permitted to participate in the above noted activity unless I signed this Waiver and Release agreement.

I understand that this Waiver and Release agreement is binding on me, my spouse, my heirs, my executors, administrators, personal representatives and assigns.

I acknowledge that I do not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent me from participating in the above mentioned activity, and, if required, will obtain a medical examination and clearance.

This release contains the entire agreement between the parties to this release and the terms of this release are contractual and not a mere recital. This Waiver and Release Agreement will be construed in accordance with and governed by the laws of the State of California, and it is acknowledged by the Releasor to be as broad and inclusive as permitted by the laws of this jurisdiction.

I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEE(S).

Student Name: _____

Parent or Guardian Signature: _____ Date: ___/___/___