

# CENTRIFUGE Youth Camp

 at Jenness Park

## General Information

Centrifuge is our biggest youth event of the year. It is one of the premier Christian camp programs in the country, with tens of thousands of campers a year participating nationwide. We will be going to Centrifuge week 5 at Jenness Park Baptist Camp with about 400 campers from around the state. It is a fun, safe, and spiritual week for youth. This camp is open for grades 6 - 12.

## Tentative Cost: \$250

This includes transportation, camp lodging, camp food, and all camp activities (except paint-ball). Food during travel is extra. Lots of fundraising available. Lets make it happen

## Camp Activities

In addition to chapel times and age group bible studies, the camp has a lake for swimming and boating, a rock climbing wall, a ropes course, hiking trails, volleyball, basketball, group games, possibly paintball and archery, and much more.

## Trip Information

- We leave for camp 4 am Monday July 26.
- We will return late Saturday, July 31.
- We will travel by bus with several cars traveling with us.

## Important Details

- Pastor Bill's phone: (805) 407-4356
- Jenness Park phone: (209)-965-3735

# CENTRIFUGE July 26 - July 31

Grades 6 - 12

## Stuff to Bring

- travel food money: about \$30
- spending money: about \$20
- sleeping bag with pillow.
- modest clothes for 5 days
- a light jacket or sweater
- Personal hygiene stuff, including towels.
- cheap camera if you want.
- bible, notebook, pen/pencil.
- optional - modest bathing suit.
- Official Centrifuge permission slip with notary signature, and Jenness Park permission slip.

*Daytime temperature will be about 90°, nights will drop to about 55°. Campers will be able to use cayaks and paddleboats, and swim in the jenness park lake. Swim suits should be one piece and modest. Some optional activities can be really messy: if you like that stuff, bring an old change of clothes you don't mind messing up.*

## Don't Bring or Do These Things

- expensive electronic items.
  - Clothing that is distracting or has bad sayings, logos, or messages.
  - Drugs or substances of any kind. (except medication you check in with Bill ahead of time)
  - Anything else that will distract you.
  - No PDA (public display of affection)
- This is a Christian camp, not a date!

*If you need to call home on the trip, you may use the chaperones' phones on the bus. There is NO cell phone reception at or near the camp. Once we get to the camp, you may use the payphones at the camp.*



See  
[www.iyouthgroup.com](http://www.iyouthgroup.com)  
for the whole camp  
album.



**Fill out the attached  
permission slips.**

**Make checks payable to  
First Baptist Church**

1601 Temple Avenue, Camarillo 93010  
805-484-2879 (church)  
or 805-407-4356.(pastor Bill)

# FUGE RELEASE FORM

Bring TWO notarized copies of this sheet to registration. Turn one in and keep one copy for yourself to have with you at camp. Attach a photocopy of insurance form or card.

Fuge Venue \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Participant Name \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_  
Name of Church \_\_\_\_\_ Phone Numbers - Home: (\_\_\_\_) \_\_\_\_\_  
In case of an emergency notify: \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

## Medical Profile

Generally, Participant's Health is: (Check One) \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor  
If Fair or Poor, please explain your condition: \_\_\_\_\_

List any medical difficulties for which you are currently being treated: \_\_\_\_\_  
Check any of the following that cause you problems and explain: Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_  
Kidney Trouble \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Stomach Upset \_\_\_\_\_ Hay Fever \_\_\_\_\_  
List any any medicines or substances to which you are allergic: \_\_\_\_\_  
List any previous operations or serious illnesses \_\_\_\_\_  
List any medications you are currently taking: \_\_\_\_\_  
List any special diet or special needs: \_\_\_\_\_  
Childhood Diseases: \_\_\_\_\_ Chickenpox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Other \_\_\_\_\_  
Date of Tetanus Immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Family Physician \_\_\_\_\_ Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_ Subscriber Number \_\_\_\_\_ Place of Employment \_\_\_\_\_  
Subscriber Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge LifeWay Christian Resources of the Southern Baptist Convention, the Fuge Venue, the Church, camp or event sponsors and state conventions and their employees ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in this camp or event. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in this camp or event or while on property leased or owned by any of the Released Parties. Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature).

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent/ Guardian Signature \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Notary Acknowledgement (Notary: please affix seal to both sheets.)

State of \_\_\_\_\_  
County of \_\_\_\_\_  
On \_\_\_\_\_ before me, \_\_\_\_\_ Notary Public personally appeared

\_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that that h/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State that the foregoing paragraph is true and correct.

WITNESS my hand an official seal.

Notary signature: \_\_\_\_\_  
My commission expires: \_\_\_\_\_

JENNESS PARK CHRISTIAN CAMP CAMPER INFORMATION FORM

(To be completed by parent or legal guardian of Camper, if Camper is under the age of 18; both sides must be completed in full)

Contact Information:

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (check):  Male  Female

Parent/Guardian of Camper: \_\_\_\_\_ Group Name: \_\_\_\_\_ Dates of Camp: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Work Phone

Family Doctor: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Insurance

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Office Phone \_\_\_\_\_

JENNESS PARK CHRISTIAN CAMP'S INSURANCE IS ONLY SECONDARY INSURANCE, AND BEGINS WHERE CAMPER'S HEALTH AND ACCIDENT INSURANCE POLICY TERMINATES, AND IS ONLY VALID WHEN OTHER INSURANCE HAS BEEN EXTENDED TO ITS LIMITS AND DEDUCTIBLE(S) PAID.

Health History:

Does the Camper have any physical, mental or other medical conditions and restrictions? If so, please explain: \_\_\_\_\_

Does the Camper have any known allergies to food, medication, insect bites or other allergens? If so, please explain: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

If Camper is under the age of 18, I, the undersigned parent or legal guardian, give Jenness Park Christian Camp permission to administer the following medication (or its generic equivalent) to Camper (check all that apply):  Tylenol  Ibuprofen  Aspirin  Benadryl  Pepto Bismol  Neosporin  Sudafed

Camper is responsible for bringing to Camp all regularly required medications and dosages: Please list all medications brought to Camp: \_\_\_\_\_

- Name of Medication: \_\_\_\_\_ Frequency and Dosage Schedule: \_\_\_\_\_  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

MEDICAL RELEASE:

If I, the undersigned, am injured as a Camper or cannot be reached in an emergency involving my child during the camp dates show above, I hereby authorized Jenness Park Christian Camp to give consent and agree, on my behalf, to pay for any emergency medical or dental care for me or my child under Family Code section 6910, as the case may be. This authorization includes the authority to give consent and agree, on my behalf, to pay for any injection, anesthesia, surgery or orthodontic care deemed necessary by, and to be rendered under the general or special supervision of a qualified physician, surgeon or dentist. I also authorize the health supervisor on duty at Jenness Park Christian Camp to administer medical aid as required for illness of or injury to me or my child.

Signature of Adult Camper or Parent/Legal Guardian of Minor Camper  
Date

Printed Name

Signature of Witness  
Date

Printed Name

**JENNESS PARK CHRISTIAN CAMP  
ASSUMPTION OF RISK AND LIABILITY RELEASE**

**WHILE JENNESS PARK CHRISTIAN CAMP MAKES EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR EACH CAMPER, WE REQUIRE THAT THIS RELEASE BE READ, UNDERSTOOD, FILLED OUT SIGNED AND DATED BY THE ADULT CAMPER OR THE PARENT OR LEGAL GUARDIAN OF ANY CAMPER UNDER THE AGE OF 18.**

**1. Voluntary Participation/Permission.** I, the undersigned, am (check one)  a Camper of at least 18 years of age or  the parent or legal guardian of the minor Camper named on the preceding page, and I acknowledge that I have voluntarily applied to participate in the activities that occur at, on, or around Jenness Park Christian Camp, or authorized my child to participate in the activities that occur at, on or around Jenness Park Christian Camp, as the case may be. I understand that these activities include, but are not limited to, swimming in the lake, boating, adventure recreation (including, but not limited to, zip line, leap of faith, Jacob's ladder, giant swing, climbing wall, and team building activities), archery, paintball, go karts, strenuous competition games, and other camp activities and exercises (collectively, the "Camp Activities"). I accept full responsibility for any injury or accident to me or my child, as the case may be, that may occur as a result of my participation or my child's participation in any of the Camp Activities or attendance at Jenness Park Christian Camp.

**2. Assumption of Risk.** I AM AWARE THAT THE CAMP ACTIVITIES ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES OR PERMITTING MY CHILD TO PARTICIPATE IN THESE ACTIVITIES, AS THE CASE MAY BE, WITH KNOWLEDGE OF THE DANGER INVOLVED. I FURTHER HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH TO ME OR MY CHILD, AS THE CASE MAY BE, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_

**3. Release.** As consideration for me or my child, as the case may be, being permitted by Jenness Park Christian Camp and the California Southern Baptist Convention to participate in the Camp Activities and use related facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of Jenness Park Christian Camp or the California Southern Baptist Convention, or any of their respective employees, directors, officers, or agents, on account of injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or contractor of Jenness Park Christian Camp or the California Southern Baptist Convention as a result of my participation in any of the Camp Activities.

**4. Knowing and Voluntary Execution.** I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND JENNESS PARK CHRISTIAN CAMP AND THE CALIFORNIA SOUTHERN BAPTIST CONVENTION, AND SIGN IT OF MY OWN FREE WILL.

**5. Use of Media.** I acknowledge and agree that for promotional or marketing purposes, Jenness Park Christian Camp may use any audio, video, and/or photography of guests or Campers, which may include me or my child, participating in the Camp Activities or otherwise present at Jenness Park Christian Camp.

**6. Indemnity.** Should Jenness Park Christian Camp and/or the California Southern Baptist Convention, or anyone acting on their behalf, incur any loss, liability, damages or attorneys' fees and costs to enforce this Release, I agree to indemnify and hold Jenness Park Christian Camp and the California Southern Baptist Convention harmless for any such loss, liability, damages, or attorneys' fees and costs.

**BY SIGNING THIS RELEASE, I ACKNOWLEDGE THAT IF THERE ARE ANY INJURIES OR PROPERTY DAMAGE DURING MY OR MY CHILD'S PARTICIPATION IN THESE ACTIVITIES, I AND/OR MY CHILD MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED ANY RIGHT TO MAINTAIN A LAWSUIT AGAINST JENNESS PARK CHRISTIAN CAMP OR THE CALIFORNIA SOUTHERN BAPTIST CONVENTION ON THE BASIS OF ANY CLAIM WHICH HAS BEEN RELEASED HEREIN. I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT, HAVE READ AND UNDERSTOOD IT, AND AGREE TO BE BOUND BY ITS TERMS.**

\_\_\_\_\_  
*Signature of Adult Camper or Parent/Legal Guardian of Minor Camper*

\_\_\_\_\_  
*Printed Name*

**DECLARATION OF WITNESS**

I certify that the signatory set forth above acknowledged in my presence that he/she read and fully understood the meaning and consequences of the foregoing ASSUMPTION OF RISK AND LIABILITY RELEASE, and signed it in my presence.

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Printed Name*

DMS: 760321\_1