



# HOUSEBOAT

CAMP 2020

# Sr. High at Lake Shasta 2020

**WHO:** Those entering 9th, 10th, 11th, or 12th grade in the fall. Graduating seniors are also invited.

**WHERE:** Holiday Harbor, Lake Shasta

**WHEN:** July 20-24, 2020 Be at the church by 7:30am, Monday, July 20. Return approximately 6:00pm, Friday, July 24.

**COST:** \$450 (see schedule below)

## WHAT TO BRING:

- Spending money for two meals (\$15 suggested)
- Appropriate clothing for hot summer days & cool evenings
- Modest swimwear is respectfully requested. Call Pastor Dan if you are uncertain what "Modest" swimwear is. (Read 1 Corinthians 8 for some perspective)
- Camp chair, sleeping bag, pillow, bath towel and beach towel
- Bible (hard copy, not electronic) & pen
- Water bottle to avoid dehydration
- Personal stuff, including sunscreen, insect repellent, deodorant, biodegradable soap and shampoo, toothbrush, and toothpaste.

## DO NOT BRING:

Alcohol, firearms, tobacco, fireworks, drugs, knives, Airsoft guns  
*THESE ITEMS WILL BE CONFISCATED AND PARENTS NOTIFIED.*

Questions? Contact Pastor Dan, [dchapin@cedargrove.org](mailto:dchapin@cedargrove.org).

## PAYMENT SCHEDULE

\$100 deposit	March 29	ALL MONEY DUE IN FULL JULY 5.
\$100 payment	April 26	
\$100 payment	May 31	
\$150 final payment	July 5	

## Register for Houseboat Camp:

By July 5, turn in the following to Pastor Dan or the church office:  
–Completed CGCC registration & medical release  
–\$450 payment

NAME \_\_\_\_\_

GRADE NEXT FALL \_\_\_\_\_ GENDER  MALE  FEMALE

ADULT T-SHIRT SIZE :

SMALL  MEDIUM  LARGE  X-L  XX-L

List 2 people you would like to be in a small group with:

\_\_\_\_\_

\_\_\_\_\_

(We'll do our best, but no promises.)

Houseboat space is limited!  
Reservations will be made on a first-come, first-serve basis.



MEDICAL/ACTIVITY RELEASE & INFORMATION  
CEDAR GROVE COMMUNITY CHURCH  
2021 COLLEGE AVE, LIVERMORE, CA 94550  
(925) 447-2351 · www.cedargrove.org/student

FULL NAME \_\_\_\_\_  MALE  FEMALE

ADDRESS \_\_\_\_\_

CITY/ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

ADDITIONAL PHONES \_\_\_\_\_

EMERG CONTACT \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ YEAR GRADUATING \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

MEDICATION NOW BEING TAKEN \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RESTRICTIONS/ALLERGIES \_\_\_\_\_

\_\_\_\_\_

In case of emergency, I hereby give permission to the licensed physician or hospital selected by Cedar Grove Community Church to hospitalize, secure proper treatment for, and order injection, anesthesia, surgery for

\_\_\_\_\_  
(Student's name)

I, (Parent/Adult) \_\_\_\_\_ am responsible for any medical care needed for myself/my child in case of a medical emergency. I release Cedar Grove Community Church and its respective agents from any liability for injury or damage, and assume all risks from my/my child's participation in ANY CEDAR GROVE SPONSORED ACTIVITIES IN 2020.

\_\_\_\_\_  
(ADULT/PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(DATE)