



PARENT/GUARDIAN PERMISSION FORM
(must be read, signed and returned)

Messiah West Coast desires that your son or daughter have a life-changing experience at camp. In order to accomplish this goal, here are some points of clarification:

- *Make sure your youth WANTS to be at Messiah West Coast. Do NOT send us an unwilling camper. Please inform us of any situation/difficulty/conflict/etc. pertaining to your youth so that we can provide the best experience possible for them and for others.*
- *Your youth is responsible for any special dietary requirements or allergies. While you must disclose ALL dietary issues to our medical staff, it is the responsibility of your youth to know what they can and cannot eat and to inquire before eating something that may be detrimental to their special dietary requirements. We ensure that all meals are Biblically clean.*
- *Your youth's likeness may be used in the promotion of Messiah West Coast in the form of photos, video, etc. This is non-negotiable. By attending the camp, you and your youth are giving us permission to use their likeness in future promotional material. Your youth needs to read, understand, and sign the Youth Contract that follows. Please be aware of its contents as well.*
- *Your youth is highly encouraged to participate in summer camp activities. Some activities, by their nature, are physically and mentally demanding and subject to hazards which cannot be foreseen or prevented. Your youth is responsible for his or her own participation in such activities and assumes all ordinary risks associated with these activities, which may include injury. Please disclose ALL health related issues so our medical staff can best assist your youth's participation in Messiah West Coast.*
- *Your youth needs to read, understand, and sign the Youth Contract that follows. Please be aware of its contents as well.*
- *Please make sure your youth understands the importance of keeping up with personal belongings. Any items not claimed from the lost and found that are left behind will be donated.*
- *Please make sure to designate who is bringing your youth to camp, and who is authorized to pick up your youth after camp.*

Please return this signed Parental Permission Form with the Youth Contract and the Campground Waiver form immediately upon registering your youth. Your youth is not confirmed until all of these forms are turned in along with your completed registration.

Your Statement:

I _____ (Parent Name) have read and understood the above information. I hereby authorize treatment for my youth, _____ (Camper Name), while at camp by any doctor, nurse, or hospital as deemed necessary by camp authorities in the event of an accident, injury, or illness, and I, the legal guardian of said youth, assume the responsibility for all medical bills and release Messiah West Coast, Growing in Torah and Safe Haven Sustainable Farms, and any of their staff or volunteers from any liability in all matters. I give permission for my youth to ride in any vehicle designated by the adult in whose care he/she has been entrusted while attending and participating at Messiah West Coast. I certify that my youth is in good physical condition and is able to participate in all camp activities.

Parent/Legal Guardian Signature _____ Date _____

Please return this signed form to your online application, email to MessiahWestCoast@gmail.com, or snail-mail to MWC, Attn: Christine Lopez, 41781 Rd. 142, Orosi, CA 93647.



YOUTH CONTRACT

(must be read, signed and returned)

One of the goals of Messiah West Coast is to provide a fun and safe environment for Torah-observant youth to congregate and leave the secular world behind. For this reason, we have some rules that must be followed to ensure that everyone at Messiah West Coast will have a fun and blessed time. These rules will be discussed in detail on the first day of camp.

Prohibited Possessions: Tobacco in any form, alcohol, drugs, weapons of any kind, any explosive device (fireworks), lighters, matches, any items associated with the occult, unsuitable novels, paintball equipment, video games, electronic devices, TVs, CDs, MP3 players, comic books, handheld gaming devices, etc.

Prohibited Actions: Blatant disregard for rules and authority, physical altercations (fighting), stealing, trespassing another's property, sexual innuendos and/or sexual contact with another camper.

- The possession or action of any of the above items will result in disciplinary action, up to and including immediate dismissal from Messiah West Coast without refund, removal from the premises of Camp Oakhurst, and/or a ban from subsequent Messiah West Coast events at the discretion of the Camp Director.
- The use of foul language and questionable actions will not be tolerated in any form or fashion. It will be the judgment of any adult staff member to determine what is inappropriate. Fighting or activity that has the intention of causing harm to another person will not be tolerated.
- Modesty will prevail in all clothing matters. Likewise, any questionable slogans or graphics on clothing will not be allowed. It will be the judgment of any staff member to determine what is inappropriate. During swim activities, girls are to wear a dark t-shirt over their one-piece bathing suit with board shorts, and boys are to wear a dark t-shirt with swim trunks. You will not be allowed to leave the camp facilities for any reason without the approval of the camp director. You must also comply with further guidelines that will be announced on the first day of camp. See specific dress code requirements in the General Rules and Additional Information document.

PURITY AGREEMENT

I commit to keeping myself in check emotionally by not allowing my actions or thoughts to encourage any intimate (both emotional and physical) relationship with anyone while at MWC. I understand that the standard of MWC is to keep oneself pure before marriage; thus no dating, flirting, or excessive physical contact allowed. Any appearance or report of "crossing the line" by any member of the MWC team will be dealt with immediately. "The line" will be completely discerned and determined by the leadership of the MWC team. This is not to say that you will not develop an interest with others while at MWC, but that if you do, you will pursue your interest through your parents and leadership of MWC and not directly with the person of interest. I will not engage in any lengthy private conversations with those to whom I may be attracted. All actions must be totally above board so as to refrain from the appearance of evil. This applies to all staff members, campers, adults, counselors, etc. The spiritual climate we are creating is quite intense, so what you would normally give little thought to can be an intense battle. This may be unnecessary, but please be advised and guarded.

Your Statement: I _____ understand and agree to obey the rules of camp and conduct myself in a manner that is moral and upright before Yahweh. I will follow the camp schedule and participate in all camp activities to the best of my ability. I will respect all "off-limit" areas and each nightly curfew. I will not be alone with any member of the opposite sex at any time during Messiah West Coast. I understand that the six days of Messiah West Coast are to be a departure from the secular world where I live. I will do my best to meet new friends and be a blessing to everyone at camp. Most of all, I will strive to honor Yahweh in all I do at Messiah West Coast! In order to complete registration, your parent/guardian must return this form.

Youth Signature: _____ Date: _____

Please return this signed form to your online application, email to MessiahWestCoast@gmail.com, or snail-mail to MWC, Attn: Christine Lopez, 41781 Rd. 142, Orosi, CA 93647.

Health & Medical Release Form

Campers Under 18yrs



36611 Mudge Ranch Road, Coarsegold, CA. 93614
Fax (855) 683-2207 Phone (559) 683-6563
www.CampOakhurst.org
GuestServices@CampOakhurst.org

What to do with this form?

- To be completed by *parent or legal guardian*. Return the form to your Group Leader.
- Camper will be **RESTRICTED** from all physical activities until completed Health History with insurance information is on file at camp.

Group _____ Camp Dates _____

Please print clearly or type.

Camper's name _____ Male Female Age at Camp _____ DOB ____/____/____.
Parent or Guardian _____ Home Phone (____) _____
Work Phone (____) _____ Cell (____) _____ Email _____
Home address _____
Emergency Contact (In addition to Parents) _____ Relationship _____
Phone (____) _____ Other _____

Insurance Information

COMPLETE Information required for emergency purposes

Name of Insured (Parent, Camper, Family)____
Insurance Company# _____
Policy # _____ Subscriber # _____
Other info a doctor should know: _____

Allergies

Please list all medications, dietary, and environmental allergies, along with treatment plan. If Epi-Pin is required please send one with your camper to camp.

Allergy	Reaction	Treatment

Medications Required while at Camp

Prescription must be sent in their original bottle/packaging with label.

What? _____ Why? _____

Dosage? _____ Schedule? _____

Dietary Needs

Please describe special dietary requirements including vegetarian, lactose intolerant, etc.

My child has food related allergies & I have filled out the Food Allergy Form. In some cases, an additional fee will be charged for special meals.

Photography & Email Release Waiver

Yes No I give permission to Camp Oakhurst to use quotes, photos, & video footage of the above mentioned person for future promotional materials, including but not limited to, brochures and website postings, without expectation of compensation.

Yes No I also give permission to Camp Oakhurst to use my mailing and e-mail addresses for Camp Oakhurst Mailings and information only

Signature _____ Date _____
(of Parent or Guardian)

Authorization and Consent for Treatment

I, the undersigned parent/guardian, give permission for my child to participate in all camp activities and give authority to Camp Oakhurst officers, agents, servants, or employees to supervise all activities at Camp Oakhurst. I further authorize Camp Oakhurst as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given in pursuant to the provisions of Section 25.8 of the Civil Code of California.

Signature _____ Date _____
(of Parent or Guardian)

Medical & Liability Release

MEDICAL RELEASE: This health history is correct so far as I know and this person has permission of the undersigned to engage in all camp activities except as noted. In case of illness or injury, Camp Oakhurst has my permission to procure medical treatment for the above named (minor, if applicable). I understand Camp Oakhurst does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am responsible for any / all such fees and charges arising from illness or injury that may occur. I agree to hold harmless and indemnify Camp Oakhurst, its officers, agents, and employees from and against every expense, including attorney's fees, liability, or payment by reason of any damages or injury to person (including death) or property as arises out of or in connection with the camp or conference including the use of Camp Oakhurst property, facilities or equipment.

LIABILITY RELEASE: I the undersigned, for myself and on behalf of my child(ren) or ward(s) and their personal representatives, assigns, or heirs, (hereinafter referred to as Releasors,) hereby agree to defend, hold harmless, indemnify, release and forever discharge, to the broadest extent allowed by law, Camp Oakhurst, their owners, directors, trustees, agents, successors, insurers, or any employee, (herein after referred to as Releasees,) from and against all claims, demands, actions and liability for loss, damage, injury, death, or any other claim whatever to the person or property of any guest or participant whether caused by negligence of Releasees or any other person or thing while participating in activities sponsored by or associated with Camp Oakhurst. The undersigned elects to participate and / or allow his or her child(ren), ward(s), to participate voluntarily and assumes all risk of loss, damage, injury or death, known or unknown, foreseen or unforeseen, that may be sustained.

YOU HAVE THE OPTION NOT TO PARTICIPATE OR ALLOW YOUR CHILD, CHILDREN, WARD OR WARDS NOT TO PARTICIPATE IN ANY ACTIVITY WHERE YOU DO NOT WISH TO WAIVE LIABILITY. IT SHALL BE YOUR RESPONSIBILITY TO INSURE THAT YOUR CHILD, CHILDREN, WARD OR WARDS DO(ES) NOT PARTICIPATE IN THE ACTIVITIES FOR WHICH YOU CHOOSE NOT TO BEAR LIABILITY.

The undersigned has read and voluntarily signs this medical release and waiver of all liability.

Signature _____ Date _____
(of Parent or Guardian)

FOOD ALLERGY FORM

Due by 3 weeks before arrival

Group Name _____ Dates of Stay _____
Camper Name _____ Camper Age _____
Guardian if under 18 years old _____
Phone Number _____ Email _____

Special Diets

Food allergies are a special concern for our staff. Because we must place our food order in advance, it is vital that we have a list of your special requests 3 weeks prior to arrival.

Our kitchen can accommodate vegetarians and gluten free. If you require a vegan or 100% organic meal or you have allergies that require special cooking needs where cross contamination could be a factor, we ask you to bring your own pre-made entrees. Our kitchen staff can then heat your food and serve it during the normal meal times.

Our breakfast includes oatmeal, toast, yogurt, fruit, cold cereals and usually a breakfast meat and eggs. Both lunch and dinner have a fresh salad bar along with the entree.

For those wishing not to bring their own food, we can shop and prepare gluten free meals for an additional charge of \$6 per meal. There is no additional charge for vegetarian meals.

Please complete the following using a scale of 1 – 5 with 5 being the most allergic.

You can add a note under each section, especially if the camper carries an Epi-pen for these allergies.

Milk (lactose)	1	2	3	4	5	Nuts	1	2	3	4	5
_____						_____					
Eggs	1	2	3	4	5	Gluten	1	2	3	4	5
_____						_____					
Soy	1	2	3	4	5	Other	1	2	3	4	5
_____						_____					

Additional notes _____

I am bringing my own pre-made entrees that can be stored and heated by the kitchen Yes ___ No ___

Camp Oakhurst Kitchen to provide these meals

Vegetarian Meals Yes ___ No ___
No extra charge

Gluten Free Meals Yes ___ No ___
Breakfasts ___ Lunches ___ Dinners ___
Total meals ___ x \$6 = ___

Camper or Guardian signature

Date