Junior High Camp (JHC) is a Christian youth camp sponsored by the National Japanese American United Methodist Caucus (NJAUMC) for all youth entering 6th grade to 9th grade in the Fall of 2017. JHC surrounds participants with God's love and focuses on encouraging youth to exercise Jesus' lessons in their everyday lives. In an enjoyable and supporting environment, the camp provides a positive atmosphere for youth to discover and deepen their Christian faith. Through worship, small groups, fellowship, programs, and fun, campers are given the opportunity to learn more about their faith and themselves. JHC provides youth with an experience to make life-long friendships with their peers, counselors, staff, and God. All that is required of the participants is an open heart, a willingness to learn about themselves and others, and the desire to grow in God's love.

Theme

Found in Family

God gives us family, however we may define it, and our family is who we turn to for support. Once we learn to fully understand and appreciate the immense role that support and our family plays in our lives, we will then be able to branch out and share this support to other communities. We follow the story of Joseph throughout this week, turning to him as an example of how we can express God's love to guide us in our most trying times.

When and Where

This year, camp will be located at **Camp Lodestar**, which is located in the Sierra foothills, in Wilseyville California. The site features a variety of activities such as basketball, volleyball, a pool, ping-pong tables and a frisbee golf course. Camp Lodestar spans 425 acres of meadow and woodlands.

Camp will be held from: Sunday, July 2, 2017 To Friday, July 7, 2017

Correspondence to campers and staff during the week of JHC 2017 should be sent to the address below and clearly marked with the individual's name(s) and "c/o JHC 2017" on the outside.



Camp Lodestar 6135 Blue Mountain Rd. Wilseyville, CA 95257



Registration Information

Registration

Registration fee for Junior High Camp is \$450, which includes food, lodging, camp supplies, camp T-shirt and a camp picture. Please send completed, the attached registration and medical release forms, along with a check or money order payable to NJAUMC Junior High Camp to:

> Gina Kuhlmann Junior High Camp Registrar 378 31st Ave. San Francisco, CA 94121

Registration forms must be postmarked by May 21, 2017. Thereafter a late fee of \$100 will apply. Absolutely no registration forms postmarked after June 11th, 2017 will be accepted nor received. Sorry there are no exceptions.

Campers may withdraw from camp before June 11th with no penalties. If a camper wishes to withdraw from camp after June 11th, the family will be refunded minus a \$100 withdrawal fee per camper.

Transportation



Transportation to and from JHC 2017 is coordinated according to the region in which you reside.

- **NorCal: Ryan Fong**
 - bballfong@hotmail.com
- **SoCal: Darrell Mark**
 - o TGIF.faithumc@gmail.com
- **PNW: Patrick Dayton**
 - o <u>patdayton.blaine@gmail.com</u>
- If you live outside the above regions, please reach out to your church's youth director!

Campers will not be allowed to leave the campsite before the conclusion of JHC without prior consent, except in the cases of emergency.

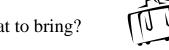
Questions or Concerns?



Please contact me, Stephanie Chou, with any questions or concerns at:

stephanie@juniorhighcamp.org

What to bring?



Each camper should bring:

- a Bible,
- pens, paper and/or stationary,
- flashlight,
- sleeping bag,
- toiletries and towel,
- bathing suit,
- warm jacket and/or a sweatshirt,
- ✓ couple extra sets of clothes,
- messy day clothing,
- and yourself with an open heart and mind!

Campers are not advised to bring snacks or food for the cabins. Camp Lodestar will not tolerate food as we are also sharing the campsite with an assortment of wildlife!

Your JHC Registration Checklist

Please go over the following checklist to make sure that you and your parent/quardian have signed and completed the forms properly:

- **Registration Form**
- JHC Camp Guidelines (signed by parent and youth)
- Medical Release
- **Immunization History**
- Medical Authorization
- Photocopy of Insurance Card
- **Registration Payment**

Early: \$450 postmarked before May 21, 2017 \$550 postmarked before June 11, 2017 Late:

LATE AND FINAL Registration Deadline is June 11, 2017

Please send completed, the attached registration and medical release forms, along with a check or money order payable to: NJAUMC Junior High Camp to:

> **Gina Kuhlmann Junior High Camp Registrar** 378 31st Ave. San Francisco, CA 94121

Registration Form

PERSONAL INFORMATION	
Name:	
Address:	
City: State:	Zip Code:
Phone#:() Date of Birth: / /	Grade in FALL 2017: 6 7 8 9
My child's picture/video may be taken by JHC staff and used	in JHC promotions: O Yes O No
Parent Contact Email Address:	
Please indicate (adult) T-shirt size: O Small O Me	edium O Large O X-Large
Gender Self-identification An individual has the right to be addressed by the name and authentic gender.	inclusive pronoun that matches the person's
I identify my gender as: (male	, female, transgender)
What is your preferred gender pronoun?	(ie: he, she, gender neutral)
AT CAMP INFORMATION	
Please list any relatives (and their relation to you) who MAY	be attending JHC 2017:
Please list any special needs that we should be aware of (i.e.	asthma, allergies, vegetarian, handicaps):
CHURCH AFFILIATION	For Registrar Use Only
Home church:	Date Received:
Pastor/Youth Leader Signature:	□ Registration Form □ Camp Rules □ Medical Authorization □ Medical Release □ Insurance Card □ Immunization History
	\$ Received: Check #:

JHC Camp Guidelines

Non Discrimination Policy

The foundation of our camping ministries is the inclusion and celebration that all people are created, valued and loved by God. Our camps do not tolerate discrimination, harassment, and bullying against any person for any reason – for example, because of age, ancestry, color, disability, national origin, race, religion, gender identity, gender expression or sexual orientation.

A basic code of behavior is needed for any group of people who come together for any length of time. The camp philosophy has always been one of freedom, but there are certain rules that have to be established and followed by all campers and staff. The guidelines below are kept to a minimum and reflect concern for the rights of others and the law.

Under all conditions, these guidelines will be strictly enforced and any camper in violation of these rules will be subject to immediate dismissal from Camp. As mature youth we hope that you understand the reasons behind such guidelines.

- Drugs and alcohol are not used at camp. They are illegal for minors and will not be tolerated under any circumstances at JHC.
- All medications, including over-the-counter nonprescription medication must be dispensed by the camp nurse.
- Romantic interests are a natural part of life, but physical relationships must not be taken too far at camp and one's personal space will be respected.
- 4. No one is allowed to leave the campgrounds. This is enforced for your safety. Know the camp boundaries and stay within them.
- 5. "LIGHTS OUT" means that you must be in your assigned cabin and the lights must be out. There are no exceptions.
- 6. Shoes or sandals must be worn at all times.
- 7. Visitations in cabins of the opposite sex are not allowed at all times.
- 8. Pagers and cell phones must be turned off at all times.
- Gaming devices, iPods, laptops and portable DVD players (and any other recreational electronic devices) are not to be brought to camp. They will be confiscated and held by the Directors for the duration of camp and will be returned to the camper on the last day.

- Attendance is required at all meals and regularly scheduled activities.
- 11. CABIN CHECKS each cabin will be checked daily. Please take care of and respect the property at Camp Lodestar. We are responsible and liable for all replacements and repair costs.
- 12. RESPECT Respect must be given to the authority of the counselors, directors and other adult supervision. Your counselors are experienced and able leaders. Please give them the respect they deserve.
- 13. Any violation of these guidelines will result in a phone call to your parents and possible dismissal from camp.

It is our belief that if we follow these rules, react with openness and respect the rights of others, and use our common sense, everyone will have an enjoyable and memorable experience. But for the safety of all, we do regard them with utmost seriousness and pray that you will do the same.

Acceptance of the Camp Guidelines to be signed by both **Parent** and **Participant**

I have read the guidelines explained above and understand that they are to be abided by at National Japanese American United Methodist Caucus Junior High Camp 2017. In case of dismissal, I, the undersigned parent, will be responsible for any cost incurred in transporting the participant home.

Signed:		
	Parent/Guardian	
Date:		
Signed:		
	Camper/Counselor	
Date:		

Medical Release

Name:				
Address:				
	State:		B:/	
	Home Church:			
	leave blanks. Please write "none			
		_	I = = .	
Allergen	Reaction	Anaphylaxis EpiPen □ Yes □ No	Expiration Date	
2		EpiPen ☐ Yes ☐ No		
Please list all handicaps, p	past hospitalizations, and/or serious il	Inesses:		
Food Restrictions:				
My son/daughter may be	given: Tylenol Advil S	Sudafed Cough Dro	ops Antacid	
	Benadryl	_		
Asthma History:	b eriadi yi			
Diagnosis (Year):	Last Attack (Year):	Hospitaliza	tion: ☐ Yes ☐ No	
Please list triggers for atta	acks:			
In case of an emergency	please contact:			
Day Time – Name:	Relationship to the Child:	Phone #: (_)	
Night Time – Name:	Relationship to the Child:	Phone #: (Phone #: ()	
Doctor's Name:		Phone #: ()	
Insurance Provider:	Insured's Name:	Policy #:		
Please attach a cle	ar copy of the camper's ins	urance card.		
	LIABILITY RELEAS			
make any necessary decisions in hospitalize, secure proper treatr	e above named, I hereby grant permission for a n case of emergency. I also hereby give permi ment for, order injection anesthesia or surgery, nsportation back home if necessary for my chi	attendance as well as authoriz ission to a physician selected b for the above named, and wi	by the camp staff to	
held liable for any first aid render In the event of an emergency, e	panese American United Methodist Caucus, its ered or treatment, drugs or medicines, or surgi every effort will be made to contact the parent pies of this form made by the Jr. High Camp D	ical procedures performed pur or guardian before any medic	suant to this consent. al service is rendered	
Parent/Guardian Name	Parent/Guardian Signature	Date		

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Immunization History

Child's Name:		
Date of Birth: _	//	

Vaccine	Date of last Immunization
Diptheria/Tetanus/Pertussis (TDap)	
Polio	
Meningococcal (MCV4)	
Measles/Mumps/Rubella(MMR)	
Varicella(chickenpox)/ or date of infection	
Hepatitis B	
Tuberculin test or negative chest X-Ray	

Medical Authorization

Dear Parents and Guardians,

The National Japanese American United Methodist Caucus requires that **PARTICIPANTS WHO NEED OR ARE REQUIRED** to take medication during the week of Junior High Camp do the following:

- [1] Present this completed consent form signed by the parent or legal guardian, and the camper's physician.
- [2] Bring the medication in the original prescription bottle properly labeled by a registered pharmacist as prescribed by law.

All medication will be dispen The following must be comp		p nurse, or other h	ealth staff as di	rected by the prescr	ibing physician.
Child's Name:	nild's Name: Date of Birth: / /				
	то ве	COMPLETED B	Y PHYSICIAI	N	
Name of Medication	Expiration Date	Taken For	Dosage	Time(s) to be Given	Special Instructions
Special Instructions or Comments by Physician: Inhalers will be kept with the Camp Nurse unless otherwise directed: Yes No Youth has a clear understanding of inhaler use, dosing, frequency: Yes No Child should carry their inhaler on his/her person:					
Physician's Name (please print): Phone: ()					
Physician's Signature: Date:					
	TO BE COMP	PLETED BY PAR	ENT OR GUA	RDIAN	
I,Parent / Guardian	, give perm	ission for my chi	ld to receive th	ne above medicati	on as directed.
Signature of Parent or Gu	ıardian:			Date: _	
Day Phone#: () _		Eve	ening Phone#:	()	

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