



National Japanese American United Methodist Caucus

Junior High Camp

General Information

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 2015. 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

One Body

This week the youth will learn about how to build strong friendships using Christ as our example. Our relationships with others are constantly changing, and God leaves us with valuable lessons to help us keep these relationships strong.

Our theme will be tied into the 2014 Disney movie, Big Hero 6. We hope to learn lessons of friendship and community through the growth of the team of superheroes outlined in the movie.

When and Where

This year, camp will be located at **Camp Lodestar**. This campsite is located in the Sierra foothills of Wilseyville, California. Camp will be held from:

Sunday, July 5, 2015
To
Friday, July 10, 2015

Correspondence to campers and staff during the week of JHC 2015 should be sent to the address below and clearly marked with the individual's name(s) and "c/o JHC 2015" on the outside. The address below is what should be used when looking up directions to the campsite. Another address where mail can be sent will be sent out to the email on this registration form.

Camp Lodestar
6135 Blue Mountain Rd.
Wilseyville, CA 95257

Transportation

Transportation to and from JHC 2015 is coordinated according to the region in which you reside.

- **Northern California:** Rides coordinated by Ms. Viki. Please contact her at (408) 295-0367 or viki@wesleysj.net. If you need transportation to camp please contact Ms. Viki by May 3, 2015.
- **Southern California:** Local churches must coordinate their own transportation. Please contact Darrell Mark for more information at (562) 810-7459 or at tgif.faithumc@gmail.com.
- **Outside California:** Churches will coordinate their own transportation.

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

Please contact Darin Chun, with any questions or concerns at:

darin@juniorhighcamp.org



Junior High Camp

Registration Information

Registration

Registration fee for Junior High Camp is **\$445**, which includes food, lodging, camp supplies 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:

**Blaine Memorial UMC
Attn. Lynne Onishi/Jr. High Registrar
3001 24th Avenue S.
Seattle, WA 98144**

Early registration forms must be postmarked by
May 24, 2015.

Thereafter a late fee of \$100 will apply.

Absolutely no registration forms postmarked after June 7, 2015 will be accepted.

Sorry there are no exceptions.

Campers may withdraw from camp before June 7, with no penalties. If a camper wishes to withdraw from camp after June 7, the family will be refunded minus a \$100 withdrawal fee per camper.

Financial Assistance

Please contact your local church for financial resources and fundraising efforts.

The NJAUMC Camping Board also has allotted funds for financial assistance. Please contact, Pamela Nakano, scholarship coordinator, via email to request a scholarship application form. Contact Pamela at: pinouyeotr@aol.com

Questions or Concerns?

Please contact one of our directors, Darin Chun, with any questions or concerns at: darin@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,
- ✓ 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!

Please go over the following checklist to make sure that you and your parent/guardian 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: \$445 postmarked before May 24, 2015
Late: \$545 postmarked before June 7, 2015

LATE Registration Deadline is June 7, 2015

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

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Registration Form

PERSONAL INFORMATION

Name: _____ ☐ Male
Address: _____ ☐ Female
City: _____ State: _____ Zip Code: _____
Phone#:(____)_____ Date of Birth: ____ / ____ / ____ Grade in FALL 2015: 6 7 8 9
Email Address: _____ My email may be printed in the Camp Booklet : ☐ Yes ☐ No
My picture/video may be taken by JHC staff and used in JHC promotions: ☐ Yes ☐ No
Parent Contact Email Address: _____
Camp T-Shirt (adult sizes): Small ☐ Medium ☐ Large ☐ X-Large ☐

AT CAMP INFORMATION

Please list any relatives (and their relation to you) who *MAY* be attending JHC 2015:

Please list any special needs that we should be aware of (i.e. asthma, allergies, vegetarian, handicaps):

CHURCH AFFILIATION

Home church: _____

Pastor/Youth Leader Signature: _____

For Registrar Use Only

Date Received: _____
Registration Form T-Shirt Size: _____
Camp Rules Photo
Medical Release Medical Authorization
Immunization History Insurance Card
\$ Received: _____ Check #: _____
Region: _____
Cabin: _____ Group: _____



Junior High Camp

JHC Camp Guidelines

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 non-prescription 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.

No one is allowed to leave the campgrounds. This is enforced for your safety. Know the camp boundaries and stay within them.

"LIGHTS OUT" means that you must be in your assigned cabin and the lights must be out. There are no exceptions.

Shoes or sandals must be worn at all times.

Visitations in cabins of the opposite sex are not allowed at all times.

Pagers and cell phones must be turned off at all times.

CD and tape players, 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.

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.

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.

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 2015. 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: _____



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Medical Release

Name: _____ ☐ Male
Address: _____ ☐ Female
City: _____ State: _____ Zip Code: _____ DOB: ____/____/____
Phone#: (____) _____ Home Church: _____

Please Specify (Do not leave blanks. Please write "none" or N/A)

Allergen	Reaction	Anaphylaxis	Expiration Date
1		EpiPen <input type="checkbox"/> Yes <input type="checkbox"/> No	
2		EpiPen <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list all handicaps, past hospitalizations and/or serious illnesses: _____

Food Restrictions: _____

My son/daughter may be given: ☐ Tylenol ☐ Advil ☐ Sudafed ☐ Cough Drops ☐ Antacid
☐ Benadryl

Asthma History:

Diagnosis (Year): _____ Last Attack (Year): _____ Hospitalization: ☐ Yes ☐ No

Please list triggers for attacks: _____

In case of an emergency please contact:

Day Time – Name: _____ Relationship to the Child: _____ Phone #: (____) _____

Night Time – Name: _____ Relationship to the Child: _____ Phone #: (____) _____

Doctor's Name: _____ Phone #: (____) _____

Insurance Provider: _____ Insured's Name: _____ Policy #: _____

Please attach a clear copy of the camper's insurance card.

LIABILITY RELEASE

As the parent or guardian of the above named, I hereby grant permission for attendance as well as authorize the camp staff to make any necessary decisions in case of emergency. I also hereby give permission to a physician selected by the camp staff to hospitalize, secure proper treatment for, order injection anesthesia or surgery, for the above named, and will be responsible for any expenses incurred, including transportation back home if necessary for my child.

In no event will the National Japanese American United Methodist Caucus, its officers, leaders, counselors or agents be held liable for any first aid rendered or treatment, drugs or medicines, or surgical procedures performed pursuant to this consent. In the event of an emergency, every effort will be made to contact the parent or guardian before any medical service is rendered aside from general first aid. Copies of this form made by the Jr. High Camp Directing Staff will be considered as an original.

Parent/Guardian Name

Parent/Guardian Signature

Date



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Immunization History

Child's Name: _____

Date of Birth: ____ / ____ / ____

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



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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 dispensed by the camp nurse, or other health staff as directed by the prescribing physician. The following must be completed.

Child's Name: _____ Date of Birth: ____ / ____ / ____

Name of Medication	Expiration Date	Taken For	Dosage	Time(s) to be Given	Special Instructions

TO BE COMPLETED BY PHYSICIAN

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: ☐ Yes ☐ No

Physician's Name (please print): _____ Phone: (____) _____

Physician's Signature: _____ Date: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

I, _____, give permission for my child to receive the above medication as directed.
Parent / Guardian

Signature of Parent or Guardian: _____ Date: _____

Day Phone#: (____) _____ Evening Phone#: (____) _____