



National Japanese American United Methodist Caucus

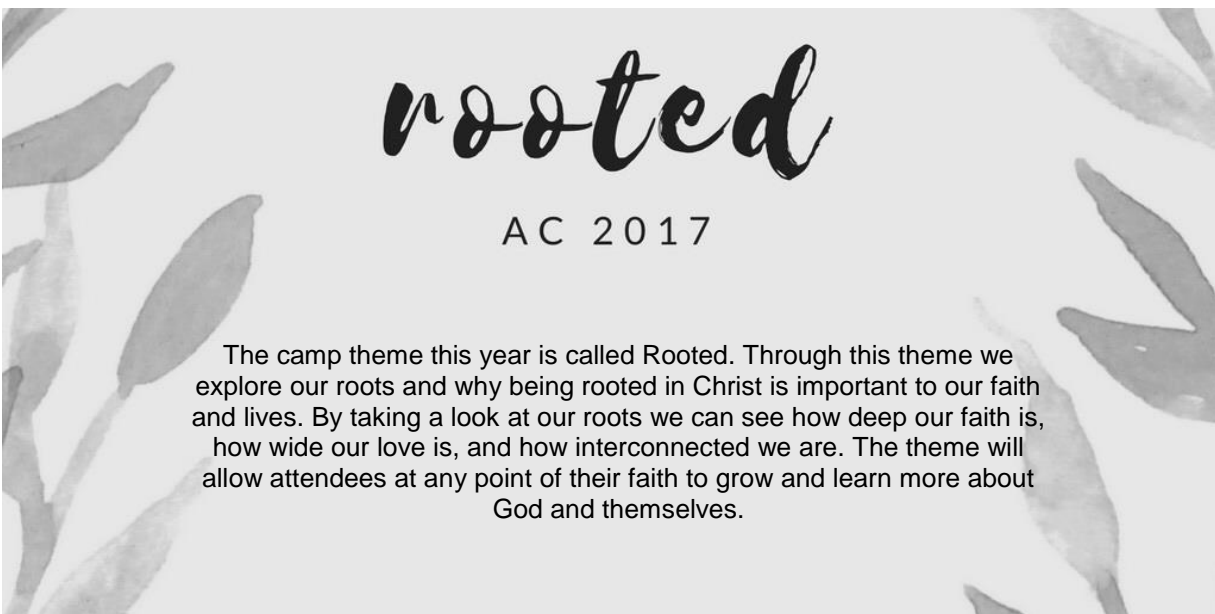
## Asian American Summer Camp



The National Japanese American United Methodist Caucus American Summer Camp, in its 43<sup>rd</sup> year history of empowering and inspirational ministry, has developed a reputation amongst its participants as a family-like community, yielding lifelong relationships and faithful servants of God.

The mission of “Asian Camp” is to introduce youth to Christ, nurture their faith and send them forth as Christian disciples and leaders for the transformation of their community and world. Through worship, fellowship, prayer, growth groups, community builders, and other outdoor activities, Asian Camp encourages campers, as well as staff, to explore their faiths, reflect on their personal identities, and use their spiritual gifts for God’s glory. With special focus on equipping for the future, Asian Camp seeks to instill pride in each camper’s spiritual, cultural, and ethnic identity.

A hallmark of Asian Camp that sets it apart from other Christian summer camps is a tradition of creating its own programming, with inclusion of activities that focus on our Asian heritages and social justice issues relevant to today’s youth. With every aspect of programming, Asian Camp aims to foster an atmosphere of love and acceptance, where youth feel secure in their personal identities, but are still challenged to be all that God has created them to be. Within this context, our intent is to create life-affirming experiences that will root Asian Camp participants in an understanding of their relationships with God and with each other and in love of themselves as loved children of God.



The camp theme this year is called Rooted. Through this theme we explore our roots and why being rooted in Christ is important to our faith and lives. By taking a look at our roots we can see how deep our faith is, how wide our love is, and how interconnected we are. The theme will allow attendees at any point of their faith to grow and learn more about God and themselves.

The camp that Asian Camp is being held at, Camp Lodestar, has United Methodist affiliations and enables us to take full advantage of all that the campsite has to offer. One of these great opportunities is to use their Low and High Ropes Course! We would love for all of our campers to be able to take part in this experience in some way. Our small group leaders are planning time in their week to take their campers to do one of the two ropes courses.

The “Participant’s Waiver, Release, and Indemnity Agreement” is included in this application.

For more information about the ropes courses please visit Camp Lodestars website at:

<http://www.uccr.org/challenge-ropes-courses>



# Asian American Summer Camp



## Asian Camp 2017 will be held July 23-July 29 (Sunday-Saturday)

**We are bringing back a full week schedule!**

### Who?

Asian Camp is open to youth entering 10<sup>th</sup> grade through entering 2<sup>nd</sup> year in college in the fall of 2017. The fee for Asian Camp 2017 is **\$500** and includes programming, lodging, meals, camp picture, and camp T-shirt. Camp sweatshirts (optional) are **\$30.00**

Please address checks to **"NJAUMC"**. (memo: Asian Camp 2017)

Registration must be postmarked on or before **June 17, 2017**. Thereafter, a **late fee of \$100** will be applied. If you are submitting a late registration, please first contact the Directing Team at ([asiancampDT@gmail.com](mailto:asiancampDT@gmail.com)) to ensure there is still room. Any cancellations after **July 1, 2017** are subject to a **\$100 cancellation fee**.

Registration forms must be completed, postmarked, and mailed to:

**Kirk Inouye**  
4524 Spencer St  
Torrance, CA 90503

To request **Financial Aid** from the National Japanese American United Methodist Caucus, contact Pamela Nakano ([pinouyeotr@aol.com](mailto:pinouyeotr@aol.com)) for the application or visit [njaumc.org](http://njaumc.org). Please allow adequate time for scholarship and registration processing.

### Where?

This year Asian Camp will be held at Camp Lodestar, located in the foothills of Wilseyville, CA. (Calavaras County) To send any mail, please reserve 3-5 days for delivery and address to:

**Camp Lodestar c/o AASC**  
6135 Blue Mountain Road  
Wilseyville, CA 95257

### How? (Transportation)

For transportation arrangements please contact your regions transportation coordinator.

**Northern California Churches:** Viki Inouye (viki@wesleysj.net) or (408) 295-0367.

**Southern California churches:** Eric Iki (Iki\_eric@yahoo.com) or (310) 704-7110

**Pacific North West:** Patrick Dayton (patdayton.blaine@gmail.com) or (206) 446-5722

If you are flying in from out of state, please coordinate with a California based church for pickup and ground transportation. Asian Camp strongly urges that, for their own safety, campers **DO NOT DRIVE** to the campsite. Furthermore, campers will not be allowed to leave the campsite before conclusion of Asian Camp without prior written consent, except in cases of emergency.

### What to Bring

Camp Lodestar's facilities are either dorm style with attached bathrooms or with bathrooms in a separate building. Campers are asked to bring a sleeping bag, pillow, bath towels and toiletries, casual clothing (for warm and cool weather), athletic shoes, swimsuit for the swimming area, flashlight, and, of course, a **BIBLE**. Other optional items may include cameras, musical instruments, insect repellent. Also, please limit the amount of food you bring to camp. Food is not allowed in cabins! Please consider carefully any valuables you intend to bring to camp. Although we will do our best to recover any lost or stolen articles, Asian Camp cannot be held liable for any of them.



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## PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone#:(\_\_\_\_)\_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade in FALL 2017: 10 11 12 13 14

Parent Contact Email Address: \_\_\_\_\_ Camper Email Address: \_\_\_\_\_

### Church Affiliation

Home Church

Pastors Signature

**My picture/video may be taken by AC staff and used in NJAUMC promotions:** ☐ Yes ☐ No

Camp T-Shirt (included):

Please indicate size: ☐ Small ☐ Medium ☐ Large ☐ X-Large

Camp sweatshirt (additional \$30): If yes, please indicate size:

☐ Yes ☐ No ☐ Small ☐ Medium ☐ Large ☐ X-Large

### Gender Self-Identification

An individual has the right to be addressed by the name and inclusive pronoun that matches the person's authentic gender.

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 AC this year:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

### Registration Checklist

**Make sure you send all of the following with your Registration!**

Personal Information Page \_\_\_\_\_ ☐

Camp Guidelines/Non-Discrimination Policy \_\_\_\_\_ ☐

Medical Information \_\_\_\_\_ ☐

Immunization Records \_\_\_\_\_ ☐

Medical Authorization \_\_\_\_\_ ☐

Copy of Insurance Card \_\_\_\_\_ ☐

### For Registrar Use Only

Date Received: \_\_\_\_\_

\$ Received: \_\_\_\_\_ Check #: \_\_\_\_\_

Region/Church: \_\_\_\_\_

Cabin: \_\_\_\_\_ Growth Group: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Sweatshirt size: \_\_\_\_\_



## Non-Discrimination Policy

The foundation of our camping ministries is the inclusion and celebration that all people are created, valued and loved by God. It is the policy of our NJAUMC Camps to maintain a safe and supportive camping environment for all participants, free from harassment, intimidation, and/or bullying and free from discrimination on account of actual or perceived race, color, creed, ethnicity, national origin, citizenship/immigration status, religion, gender identity, gender expression, sexual orientation or disability.

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.

1. Drugs and alcohol are not to be used at camp. They are illegal for minors and will not be tolerated under any circumstances at JHC.
2. All medications, including over-the-counter non-prescription medication, must be dispensed by the camp nurse
3. 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. Cell phones should only be used to capture memories with the camera application during scheduled activities.
9. Cell Phones, iPods, and laptops (should they be brought to camp) are not to be used during scheduled activities. An individual's use of such items will only be acceptable on a case by case basis during times such as rest period, free time, lights out, etc.
10. 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 & Non-Discrimination Policy 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 Asian American Summer 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: \_\_\_\_\_



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## MEDICAL INFORMATION

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

Camper Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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	
3		EpiPen <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Food Restrictions: \_\_\_\_\_

My child may be given: ☐ Tylenol ☐ Advil ☐ Cough Drops ☐ 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 Asian Camp Design Team and or staff will be considered as an original.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Immunization History

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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	

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



## 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 Asian American Summer 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	Exp 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#: ( \_\_\_\_ ) \_\_\_\_\_



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## Asian American Summer Camp



### United Camps, Conferences, and Retreats- High Ropes Course Participant's Waiver, Release, and Indemnity Agreement

Date of Activity \_\_\_\_\_  
Participant \_\_\_\_\_  
Participant's Address \_\_\_\_\_  
Participant's Phone Number \_\_\_\_\_

I wish to participate in the High Ropes Course Activity at Monte Toyon/Camp Lodestar. As a condition of my being allowed to do so, I hereby voluntarily and absolutely release and discharge Monte Toyon/Camp Lodestar/United Camps, Conferences, and Retreats, and its constituent organizations and their offices, agents and employees, from any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death that I may suffer as a result of my participation in the High Ropes Course Activity or occurring by the use of facilities or equipment; whether or not such injuries or damages are caused by the negligence (active or passive) of any of the entities or individual named above.

I hereby warrant and represent that I am physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given me by a duly licensed medical doctor or dentist within the last six months, and I know of no change in my medical condition since receiving such advice that would affect the opinion of said medical doctor or dentist.

I agree to abide by the rules and regulations governing the High Ropes Activity and to obey any instructions given by the person or persons having supervision and control over the High Ropes Activity.

I will indemnify and hold harmless Monte Toyon/ Camp Lodestar/United Camps, Conferences, and Retreats and its officers, agents, servants or employees from any and all claims or causes of action by myself or by any other person or entity, and under no circumstances will present any claims against said organization and said persons for personal injury, property damage, wrongful death caused by any act of negligence by Monte Toyon/ Camp Lodestar/United Camps, Conferences, and Retreats.

I authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said event and my participation therein, and the publication or other use thereof. I waive any right to compensation thereof or any right that I otherwise might have to limit or control such making or use.

I Agree To One Of The Following (please check):

\_\_\_\_\_ I warrant and represent that I am eighteen years of age or over, and am fully aware of and understand the terms and legal consequences of the signing of this Waiver and Release. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_ Signature of Participant Date

\_\_\_\_\_ I warrant and represent \_\_\_\_\_, a minor (under the age of eighteen years old) and am fully aware and understand the terms and consequences of the signing of this Waiver and Release. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

\_\_\_\_\_  
Signature of Participant (minor) Date