



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 2016. 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

CONfaithDENCE

More often than not, our biggest obstacles in life are within ourselves. There are times when we fear un-acceptance and failure, we face doubt in our faith and ourselves, and we stray away from who we are.

Throughout it all, God remains a constant.

His unfailing love and confidence in our goodness is what guides us to be the best versions of ourselves. Above all else, we have confidence that with God by our side, even with faith as small as a mustard seed, we are capable of moving even the biggest mountains.

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, and Ping-Pong tables. Camp Lodestar spans 425 acres of meadow and woodlands.

Camp will be held from:
Sunday, July 3, 2016
To
Friday, July 8, 2016

Correspondence to campers and staff during the week of JHC 2016 should be sent to the address below and clearly marked with the individual's name(s) and "c/o JHC 2016" on the outside.



Camp Lodestar
6135 Blue Mountain Rd.
Wilseyville, CA 95257





Junior High Camp

Registration Information

Registration



Registration fee for Junior High Camp is **\$445**, 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
378 31st Ave.
San Francisco, CA. 94121

Registration forms must be postmarked by **May 22, 2016**. Thereafter a **late fee of \$100** will apply. Absolutely no registration forms postmarked after **June 12th, 2016** will be accepted nor received. Sorry there are no exceptions.

Campers may withdraw from camp before June 8th with no penalties. If a camper wishes to withdraw from camp after June 8th, the family will be refunded minus a \$100 withdrawal fee per camper.

Transportation



Transportation to and from JHC 2016 is coordinated according to the region in which you reside.

- **Northern California:** Rides coordinated by Mika Yanai-Visitation. Please contact her at (408) 295-0367 or mika.yanai11@gmail.com If you need transportation to camp please contact Mika by May 1, 2016.
- **Southern California:** Local churches must coordinate their own transportation. Please contact Darrell Mark for more information 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.



Questions or Concerns?

Please contact Camille Obata with any questions or concerns at:

camille@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/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 22, 2016

Late: \$545 postmarked before June 12, 2016

**LATE AND FINAL Registration Deadline is
June 12, 2016**

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
378 31st Ave.
San Francisco, CA. 94121



Junior High Camp

Registration Form

PERSONAL INFORMATION

Name: _____ ☐ Male
Address: _____ ☐ Female
City: _____ State: _____ Zip Code: _____
Phone#:(____)_____ Date of Birth: ____ / ____ / ____ Grade in FALL 2016: 6 7 8 9
Camp Adult T-Shirt Size: ☐ Small ☐ Medium ☐ Large ☐ X-Large
Parent Contact Email Address: _____

My child's picture/video may be taken by JHC staff and used in JHC promotions:

☐ Yes ☐ No

Parent Signature: _____ Date: _____

AT CAMP INFORMATION

Please list any relatives (and their relation to you) who *MAY* be attending JHC 2016:

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

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.

1. Drugs and alcohol are not 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. Pagers and cell phones must be turned off at all times.
9. 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.

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 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 2016. 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: _____

**Junior High Camp****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 ☐ Aleve

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 _____



Junior High Camp

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	
Hepatitis B	
Tuberculin test or negative chest X-Ray	



Junior High Camp

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: ____ / ____ / ____

TO BE COMPLETED BY PHYSICIAN

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: ☐ 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#: (____) _____