

FOURSQUARE



NEXTGEN

SUMMER
youth **CAMP**

John 14:6

"I AM"

Camp Dates

Sunday, July 21st to
Thursday, July 25th at
Camp Cedar Crest

Registration & Payment Due Date Information

Due on Wednesday, June 26th
Price: \$300

Payment Assistance

If your teen would like to come to
camp, but the cost is an obstacle,
please email Pastor Brittany at
brittany@faithsandiego.org.

We want to help ensure your teen can
join us for
this camp experience.

First, Register Through Brushfire...

Step 1: Follow this link to the camp registration home page -
<https://brushfire.com/thefoursquarechurch/summercamp24/574171>

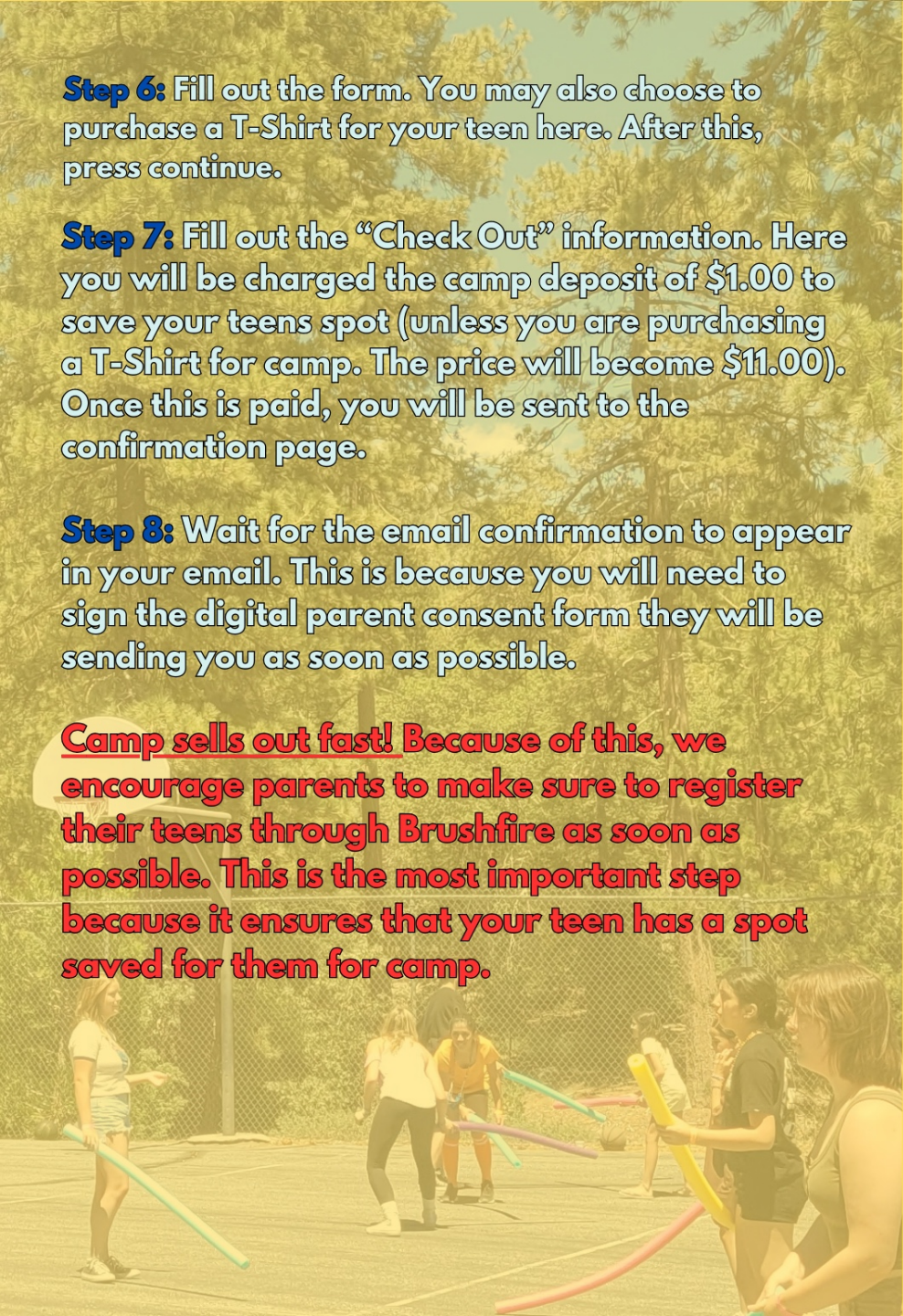
(Make sure that the link sent you to Combo Camp #3)

Step 2: Click on "Register" at the bottom of the page

Step 3: Select "Register as a Group" followed by "continue". When you are led to the next page, there will be a grey box that says "Join a Group Instead". Click on this box.

Step 4: Find our group under the pull down menu labeled "Search for existing group". Our group name is "Faith Community Church". Once you have found our group, click the box below where it says "Passcode to join this group". enter "nuggetvillesummer24".

Step 5: Once on the next page, click the "+" button in the section labeled "Student" for each student you are registering. This should be located next to the deposit of "1.00 of 300.00"



Step 6: Fill out the form. You may also choose to purchase a T-Shirt for your teen here. After this, press continue.

Step 7: Fill out the “Check Out” information. Here you will be charged the camp deposit of \$1.00 to save your teens spot (unless you are purchasing a T-Shirt for camp. The price will become \$11.00). Once this is paid, you will be sent to the confirmation page.

Step 8: Wait for the email confirmation to appear in your email. This is because you will need to sign the digital parent consent form they will be sending you as soon as possible.

Camp sells out fast! Because of this, we encourage parents to make sure to register their teens through Brushfire as soon as possible. This is the most important step because it ensures that your teen has a spot saved for them for camp.

Next, Register with Faith...

Step 1: Follow this link to our Summer Camp 2024 registration form -
<https://faithsandiego.ccbchurch.com/goto/forms/435/responses/new>

Step 2: Fill out the form with the information needed.

Step 3: Once the form has been completed, you will receive an email confirming you filled out the form.

Once this is completed, make sure you are able to complete the following:

- Please make sure that your digital consent form from registering on Brushfire is completed. **If the digital consent form is not filled out by Sunday, June 30th, there may be a chance your teen’s spot is forfeited to another camper.** Please make sure to sign this emailed form as soon as you receive the digital confirmation of your teens registration.
- Print and fill out the copy of our youth permission slip form attached to the registration packet. You may turn this in any time before camp or day of our departure. This will include a place for you to list your teens medical needs such as medications they are currently taking and doctor information in case of emergencies.

A Note From Pastor Brittany

Jeremiah and I love Foursquare camps! We have seen the impact Foursquare NextGen Winter and Summer Events have had not only on us, but our friends' and our students' lives. Because of this, we look forward to experiencing the wonder and goodness of the Lord with you this summer.

We invite you to join us in prayer for each and every teen who is attending camp. We are praying that their eyes would see the wonder working and mighty power of God and believe. We are praying that what teens and their friends experience at camp leads them to a deeper and personal relationship with the Lord like never before. And we ask that teens attending camp would encounter and be led by Holy Spirit as God's loving and willing disciples to be His witnesses to the world around them.

Blessings to you and your families! And reach out if you have any questions.

Pastor Brittany
(209)625-7933
brittany@faithsandiego.org



9.11. Activity Permission, Release and Medical Power of Attorney

1. I, the lawful parent or guardian of _____ (the "child"), give permission for my child to participate in the activity described on the reverse and release from all liability and indemnify the International Church of the Foursquare Gospel d/b/a _____ (local church, camp, or school legal name) and its directors, officers, council, agents, representatives, volunteers, and employees ("Church") from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any damage, injury or illness incurred or caused by my child while participating in or traveling to or from the activity, or otherwise in Church custody. I understand the risks in these activities, including the possibility of unforeseen hazards, serious injury or death. I certify my child is able to participate in the activity.
2. I agree to instruct my child to cooperate with the Church and its representatives in charge of the activity and understand my child may be prohibited from participating and/or sent home for any failure to follow the rules established by the Church.
3. I appoint Church representatives who are acting as leaders, or designated by such leaders, as my attorney in fact to act for me in my name and my behalf, in any way that I could act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity, related travel or while my child is in Church custody.
 - a. To give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency transportation, medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our medical attorney-in-fact shall deem necessary or appropriate for the best interest of the child.
 - b. I understand the Church will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.
4. My child is to be **excluded** from the following activities _____ and/or from release to the following persons _____
(IF LEFT BLANK, NO ACTIVITIES OR PERSONS ARE EXCLUDED.)
5. I agree that the Church may use my child's and/or my own name, voice, portrait, photograph or image for promotional, website, office or any other church related purposes. These may be used in any broadcast, telecast, digital or print medium, including video images, photographs, pictures or renderings, audio recordings, or other likenesses, in combination or alone.

I will notify the Church immediately of any change in the information presented and agree it is valid until revoked in writing by me. I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Signature of parent or guardian (*individually and as parent/guardian*)

Date

Signature of parent or guardian (*individually and as parent/guardian*)

Date

Medical Information — Completed by Parent or Guardian — Please Print

Child's name

Birth date

Allergies

Medications

Chronic/other medical conditions (e.g. epilepsy, diabetes, asthma, heart, etc.)

Medical insurance company

Policy number

Parent/guardian name (print)

Emergency phone number

Parent/guardian name (print)

Emergency phone number

Family doctor

Phone number

(See reverse side for form instructions and activity information)