



# REGISTRATION PACKET



# AWAKEN



## Winter Camp 2024

WINTER CAMPS ARE BACK! WE ARE SO EXCITED FOR THIS NEXT YEAR'S OPPORTUNITY FOR OUR YOUTH GROUPS ALL OVER THE WESTERN DISTRICT TO NOT ONLY BE REFRESHED IN THE PRESENCE OF GOD AT CAMP CEDAR CREST, BUT FOR OUR HEARTS TO BE AWAKENED TO THE LOVE OF GOD AND THE POWER OF HIS SPIRIT! DON'T MISS OUT ON WHAT THE LORD IS DOING AND WHAT HE HAS PLANNED FOR YOUR STUDENTS THROUGH THIS CAMP!

IT WILL BE AMAZING TO SEE HOW GOD WILL EMPOWER THIS NEXT GENERATION THROUGH THIS CAMP TO THEN BE SENT BACK AND DRAW MORE PEOPLE TO COME TO KNOW JESUS TOO.

WE HOPE YOUR TEEN CAN JOIN US THIS YEAR!

EPHESIANS 5:14B "AWAKE, O SLEEPER, AND ARISE FROM THE DEAD AND CHRIST WILL SHINE UPON YOU"



## Registration & Payment Due-Date Information

**DUE ON DECEMBER 10TH**

**PRICE:\$150**

**THIS INCLUDES REGISTRATION COST AND GAS**

## 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.**



## How to Register For Camp

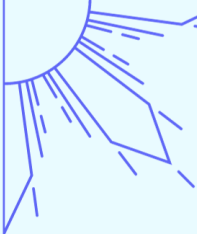
**Step 1:** Follow this link to the camp registration home page - <https://brushfire.com/564460>

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

**Step 3:** Select "Register as a Group". 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". Once you have found "Faith Community Church", click this. In the box below this one where it says "Passcode to join this group", enter "nuggetvilleinwinter".

**Step 5:** Once on the next page, click the "+" button in the section labeled "Student" and choose the "\$5.00 of \$185.00" drop-down choice. Then press "continue".



**Step 6:** Fill out your teen's information. You may also choose to put a t-shirt size for your teen. Then press continue.

**Step 7:** Fill out the "Check Out" information. Here you will be charged the camp deposit of \$5.

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

**Please note that per the camp's rules, if you do not fill the emailed consent form out by January 5th, your teen will no longer be able to keep their spot for camp. Also, please do not pay the full amount for your teen to go to camp on Brushfire. You will pay Faith Community Church through our online form the amount due of \$150. You will only pay the \$5 deposit fee to Brushfire when you sign up their teen. Then, our church will pay the collected money from our church forms for our group by the camp's deadline (January 5th) to Brushfire for every person registered with our group**

## How to Register For Camp



**Step 1:** Follow this link to the Winter Camp 2024 payment form:  
<https://faithsandiego.ccbchurch.com/goto/forms/406/responses/new>

**Step 2:** Fill in your student's information and the grade they are currently in.

**Step 3:** Fill in parent/guardian information.

**Step 4:** Add +1 under "Camp Registration". Then click checkout.

**Step 5:** Place your payment method in the boxes needed. If you are wanting to pay later or through other means, click the pull down menu under "payment type" and select your option.

**Step 6:** Read the confirmation page that follows for next steps.



IN THE EMAIL THIS PACKET WAS ATTACHED TO, YOU SHOULD FIND THE YOUTH ACTIVITY PERMISSION SLIP.

THIS WILL NEED TO BE FILLED OUT AND TURNED IN EITHER ON THE DAY WE LEAVE FOR CAMP (FRIDAY, JANUARY 26TH) OR SOONER.

WE WILL MAKE SURE TO HAVE MORE DETAILS ABOUT CAMP ACTIVITIES, A PACKING LIST, AND OTHER INFORMATION AS WE HEAR MORE FROM THE FOURSQUARE NEXTGEN LEADERS PUTTING ON THE CAMP.

IF YOU HAVE ANY QUESTIONS OR NEED HELP WITH REGISTRATION, PLEASE EMAIL PASTOR BRITTANY AT **BRITTANY@FAITHSANDIEGO.ORG.**

## 9.11. Activity Permission, Release and Medical Power of Attorney

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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)*

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