

## Frequently Asked Questions

- Q: When does camp begin/end?*  
A: Due to the nature and variance of trips, a packet of information will be sent upon receipt of registration form including: start and end times, drop off and pick up locations, exact location of trip, and other information and forms.
- Q: How many staff and campers will there be?*  
A: We will have 2-3 staff with up to 8 campers.
- Q: May I call my camper? May my camper call me?*  
A: Our guides will carry cell phones, but reception will be limited and phones will be used for emergency use only.
- Q: What is the weather like?*  
A: Weather conditions will vary depending on location and altitude, so follow the packing list suggestions!
- Q: What do I bring?*  
A: Bible, notebook, pen, flashlight, sleeping bag... Mt. Valley Expeditions will provide backpacks, cooking gear, food, water filters, and tents. For a more detailed list see our website's "Gear List."
- Q: What don't I bring?*  
A: Cell phone, CD/MP3 player, any electronic game devices, I-Pod etc.
- Q: Can I send medications with my child?*  
A: All medications brought to camp **must be turned in to camp administration** for safe-keeping and distribution. All medications will be given by the camp staff according to the doctor's label or signed instructions from the parent. Over-the-counter medications (Tylenol, cough syrup, etc.) that have been approved by a camp-associated physician are available and will be given as symptoms warrant. Parents will be notified if symptoms persist.

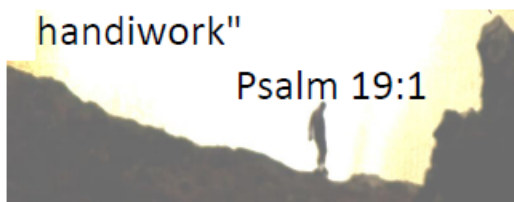
Mountain Meadows Bible Camp  
Presents



Summer

"The heavens declare the  
glory of God; And the  
firmament shows His  
handiwork"

Psalm 19:1



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A Ministry of Shasta Christian Youth, Inc.

Camp (530) 474-3143

Redding Office: (530)722-9961

Program Director (Drew): (530)588-4547

Director: Paul Wiens

P.O. Box 494591

Redding, CA 96049

[www.shastachristianyouth.org](http://www.shastachristianyouth.org)



## MOUNTAIN VALLEY EXPEDITIONS



**Trips:**

Multiple trips will be taken, please contact our Program director, Paul Wiens (530)949-3706, to sign up



**Cost**

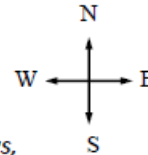
\$200 for 3 day trip and \$250 for 5 day trip



Possible trips later in August, check our website to see if any are added.



Currently these trips are for High School/Jr High age boys, but if there is enough interest, a girls trip might be possible. If interested, please contact our program director Paul.



Mountain Valley Expeditions are designed to take you out of the comforts of home and place you into God's creation. These 3-5 day backpacking trips will consist of hiking several miles a day to some beautiful places in God's creation. Along the way we will get to know our Creator better as we observe the things God has made and study His word. Amidst this environment, you can also expect to learn from your guides and each other about successfully enjoying packing trips. Some of the many wilderness areas we may visit include, but are not limited to, the Trinity Alps, The Tahoe Basin, and the Lassen Volcanic National Park. Currently, these trips are open to all high school aged young men, but space is limited to 8 people per trip and may fill up fast! We hope you will join us for one of these Expeditions!

We will provide backpacks, water filters, cook stoves, food, and tents, so that you can enjoy your hiking experience!

**Information Packet will be sent upon receipt of registration form with more details including trip location, meeting times and places, lists of things to bring, and additional forms to be filled**

Check Out Our Website for More Information

[www.shastachristianyouth.org](http://www.shastachristianyouth.org)



MOUNTAIN VALLEY  
EXPEDITIONS



**Cut on dotted line and Mail With Payment**

Please do not write outside dotted line

Info Sent

RL rcvd

*Please do not write above this line. For office use only.*

## Camp Registration Form

Camp (write in group and date): \_\_\_\_\_

|             |       |            |                                                  |
|-------------|-------|------------|--------------------------------------------------|
| Camper Name |       | Birth Date |                                                  |
| _____       | _____ | M/F        | _____                                            |
| Age         | Grade | Gender     | Alternate Camp Choice in case 1st choice is full |

Parent Name \_\_\_\_\_

|                |           |           |          |
|----------------|-----------|-----------|----------|
| Street Address | City      | State     | Zip Code |
| ( ) _____      | ( ) _____ | ( ) _____ | _____    |

|            |            |            |
|------------|------------|------------|
| Home Phone | Work Phone | Cell Phone |
| _____      | _____      | _____      |

|             |               |
|-------------|---------------|
| Home Church | Email Address |
| _____       | _____         |

**Secondary Emergency Contact (if unable to reach parents):** ( ) \_\_\_\_\_

|       |              |       |
|-------|--------------|-------|
| Name  | Relationship | Phone |
| _____ | _____        | _____ |

**PHOTO CONSENT:** *Mountain Valley Expeditions uses pictures from the weekend to make DVDs of slide shows and may use pictures in printed/web publications. Your registration constitutes permission for Mountain Meadows Bible Camp to use images for those purposes. A written statement must be on file if you do not give consent.*

### Authorization of Treatment

I certify that I am the parent/guardian of \_\_\_\_\_.

I/We (parent/guardian) do hereby authorize Mountain Valley Expeditions as agents for the undersigned to administer my child's prescribed and over the counter medications as indicated by a physician and/or myself. I further consent to any x-ray examinations, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act on the medical staff or licensed hospital. I understand that every effort will be made to contact me in the event of an emergency.

|                              |       |
|------------------------------|-------|
| Signature of Parent/Guardian | Date  |
| _____                        | _____ |

**Cut on dotted line and Mail With Payment**

Please do not Write outside dotted line

**Medical/Health History**

*\*Confidential\**

|                                                                                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------|--|
| Personal Health and Accident Insurance                                                                                    |  |
| Policy Number                                                                                                             |  |
| Personal Physician                                                                                                        |  |
| Phone Number                                                                                                              |  |
| Mt. Meadows accident insurance is a secondary coverage. In the event of an accident, your insurance will be billed first. |  |

Please check YES or NO on the following

|                                                  |                          |                          |
|--------------------------------------------------|--------------------------|--------------------------|
| Able to swim-----                                | YES                      | NO                       |
| Immunizations current-----                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Date of last Tetanus Vaccine-----                | <input type="checkbox"/> | <input type="checkbox"/> |
| Any activity restrictions for medical reasons?*- | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergies to food/medicine*-----                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Special Dietary Needs*-----                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Condition requiring medication*-----             | <input type="checkbox"/> | <input type="checkbox"/> |

\*If yes to these questions above, please include attachment with further explanation of needs.

**Health History:** (Circle those that apply)  
 Diabetes      Anaphylaxis      Frequent Urination  
 Asthma      Iodine allergy      Heart Problems  
 Ear Infections      Epilepsy/Seizures      Other:

Occasionally, it is necessary to provide campers with non-prescription medications when they are at camp. Please check below to indicate whether you give permission for the listed medication to be administered by qualified camp staff. We will not administer any medication without this authorization.

Please check YES or NO for each medication

|                                          |                          |                             |                          |
|------------------------------------------|--------------------------|-----------------------------|--------------------------|
| YES                                      | NO                       | YES                         | NO                       |
| <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Cough Drops                              |                          | Neosporin (cuts/scrapes)    |                          |
| <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Ibuprofen (head/muscle aches)            |                          | Tylenol (head/muscle aches) |                          |
| <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Benadryl (itching cold/allergy symptoms) |                          | Tums (upset stomach)        |                          |
| <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Caladryl Cream (itching/bug bites)       |                          |                             |                          |

**ALL MEDICATIONS and PRESCRIPTIONS MUST:**  
 1. Be in the original container.  
 2. Have a note with HOW, WHEN, and WHY to administer which is SIGNED by the legal guardian.

**OFFICE USE ONLY**  
 Recent exposure to pink eye, flu, other infections?  
 Feeling sick?  
 Medications?

**Payment Details**

Unless you get a phone call from Shasta Christian Youth, your registration is confirmed.

**Deposit (non-refundable) is required with your registration form!**

**Payment Worksheet**

|                                              |  |
|----------------------------------------------|--|
| Camp Cost                                    |  |
| T-Shirt (included)                           |  |
| Donation to MVE to help keep camper cost low |  |
| <b>Total Amount Due**</b>                    |  |
| <b>Total Enclosed (\$50 Deposit Minimum)</b> |  |
| <b>Balance Due Upon Arrival**</b>            |  |

\*\*Please list amount and source of all scholarships that will be applied to your payment (if applicable).

**Payment Methods**

|                    |    |
|--------------------|----|
| Scholarship Source |    |
| Scholarship Amount | \$ |

1. Pre-registration - Payment IN FULL (preferred) or \$50 non-refundable deposit with check or cash guarantees camper's placement.

**Checks Payable To:**

Shasta Christian Youth, Inc.

**Payment Address**

(Please send form AND money to)  
 Mountain Meadows Camp Registrar  
 P.O. Box 494591  
 Redding, CA 96049

Please Cut Here (Mail in this section with your payment) (Keep this section)

