

Frequently Asked Questions

Q: *When does camp begin?*

A: Registration begins at 8:30 a.m. and a parent/legal guardian MUST be present in the a.m.

Q: *When does camp end?*

A: Saturday before dinner at 4:30 p.m., don't worry your camper will be provided a snack!

Q: *Who can bring my camper? Who can pick my camper up?*

A: A PARENT/ LEGAL GAURDIAN must drop off each camper. You may designate anyone you like for pickup at drop off time.

Q: *How do I register this year?*

A: **Because of limited availability this year please call to register your child. Availability is first come first serve.)530-515-7302)**

Q: *What is the weather like?*

A: Mt. Meadows is located at 4,300 feet in elevation. The cabins and bathrooms are heated, but please bring warm clothes and be prepared for the possibility of snow!

Q: *What do I bring?*

A: Bible, notebook, pen, a mask for when indoors, clothes for cold weather/snow, please be sure to send your camper with a backpack/personal bag .

Q: *What don't I bring?*

A: Cell phone, Ipad, any electronic game devices.

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 nurse 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

Winter 2021

“And this is eternal life, that they may know You, the only true God, and Jesus Christ whom You have sent.”

John 17:3



A Ministry of
Shasta Christian Youth, Inc.
Camp (530) 474-3143

Director: Paul Wiens
P.O. Box 494591
Redding, CA 96049
(530) 722-9961

www.shastachristianyouth.org

Winter Retreat Schedule

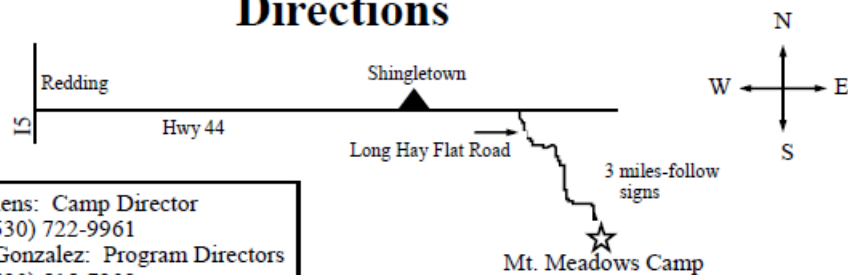
All camps begin Saturday at 8:30 a.m.
All camps end Saturday before dinner at 4:30 p.m.

Junior	<i>For high energy kids in grades 4-6</i>	January 23	\$30.00
Junior High	<i>For the wild and crazy ones in grades 7-8</i>	January 30	\$30.00
High School	<i>For teens in grades 9-12</i>	February 6	\$30.00

The road to camp can be icy and slippery during the winter months. We encourage you to bring chains, four wheel drive vehicles or carpool with someone whose vehicle can handle the winter conditions!

****Please drive slowly past neighbors on Long Hay Flat Road****

Directions



Paul Wiens: Camp Director
(530) 722-9961
Felipe & Molly Gonzalez: Program Directors
(530) 515-7302

Cut on dotted line and Mail With Payment

Please do not write outside dotted line

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

Camp Registration Form

Camp (circle one): Junior Jr. High High School College

Camper Name Birthdate (mm/dd/yy)

Age Grade Gender M/F ONE Cabin Buddy Request (no guarantee)

Parent Name

Street Address City State Zip Code

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Home Phone Work Phone Cell Phone

Home Church Email Address

Secondary Emergency Contact (if unable to reach parents):

()

Name Relationship Phone

PHOTO CONSENT: Mountain Meadows Bible Camp 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 Meadows Bible Camp 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	
Physician Phone Number	
Mt. Meadows accidental 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

	YES	NO
Able to Swim -----	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations current -----	<input type="checkbox"/>	<input type="checkbox"/>
Date of last Tetanus Vaccine _____		
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"/>
	Pepto Bismol (upset stomach)		Cough drops
<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)		Loratadine (allergies)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cortisone 1% cream (itching/bug bites)		Tums (upset stomach)

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

CALL IN ONLY REGISTRATION.

We will NOT be accepting mail in registrations this winter. Please call Felipe and Molly to register for winter camp.

Bring completed form and payment on the day of camp!

Payment

Camp Cost	\$ 30.00
Bring check or cash with you	\$

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

Scholarship Source	
Scholarship Amount	\$

Checks Payable To:

Shasta Christian Youth, Inc.

Please **DO NOT** send form OR money to Mountain Meadows Camp Registrar
 Please bring a check or exact change with you the day of your child's camp

Late registrations are usually okay, but please phone Felipe and Molly at 530-515-7302 to reserve a spot before camp.

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

