

## Frequently Asked Questions

- Q:** *When does camp begin?*  
**A:** Registration begins Friday at 5:30 p.m. No supervision will be provided for children who arrive early.
- Q:** *When does camp end?*  
**A:** Sunday after lunch at 1:00 p.m.
- Q:** *Is dinner served Friday?*  
**A:** Yes!
- Q:** *May I call my camper? May my camper call me?*  
**A:** **Only** in the event of an emergency.
- 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, extra socks and shoes for when they get wet, and be prepared for the possibility of snow and/or rain!
- Q:** *What do I bring?*  
**A:** Bible, notebook, pen, warm sleeping bag, clothes for cold and wet weather/snow, extra socks AND shoes, bath towel, flashlight.
- Q:** *What don't I bring?*  
**A:** Cell phone, Ipad, any electronic game devices.
- Q:** *What are your policies for sick campers?*  
**A:** We ask that anyone who doesn't feel well (or has been directly exposed to any virus/flu) to please stay home. If a camper gets sick while at camp we will contact the parents and request camper pick up as soon as possible.
- 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 2022**

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

*John 17:3*



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

Director: Paul Wiens  
P.O. Box 494591  
Redding, CA 96049  
office (530) 722-9961  
[www.shastachristianyouth.org](http://www.shastachristianyouth.org)

## Winter Retreat Schedule

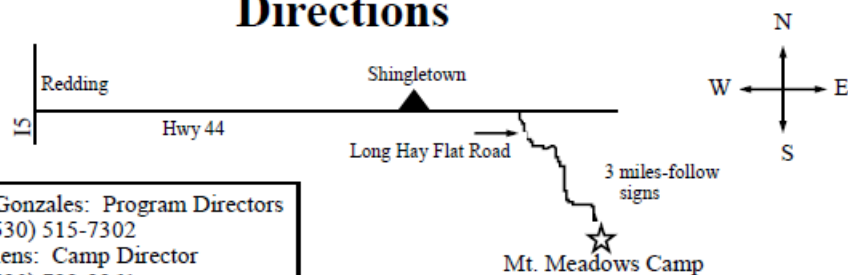
All camps begin Friday for dinner at 5:30 p.m.  
All camps end Sunday after lunch at 1:00 p.m.

<b>Junior</b>	<i>For high energy kids in grades 4-6</i>	<b>January 14-16</b>	<b>\$75.00</b>
<b>Junior High</b>	<i>For the wild and crazy ones in grades 7-8</i>	<b>Jan 28-30</b>	<b>\$75.00</b>
<b>High School</b>	<i>For teens in grades 9-12</i>	<b>February 11-13</b>	<b>\$75.00</b>

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



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

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

( ) ( ) ( )

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 ----- 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 an 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"/> Pepto Bismol <i>(upset stomach)</i>	<input type="checkbox"/>	<input type="checkbox"/> Cough drops
<input type="checkbox"/>	<input type="checkbox"/> Ibuprofen <i>(head/muscle aches)</i>	<input type="checkbox"/>	<input type="checkbox"/> Tylenol <i>(head/muscle aches)</i>
<input type="checkbox"/>	<input type="checkbox"/> Benadryl <i>(itching cold/allergy symptoms)</i>	<input type="checkbox"/>	<input type="checkbox"/> Loratadine <i>(allergies)</i>
<input type="checkbox"/>	<input type="checkbox"/> Cortisone 1% cream <i>(itching/bug bites)</i>	<input type="checkbox"/>	<input type="checkbox"/> Tums <i>(upset stomach)</i>

- 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.  
**Payment is required with your registration form!**

**Payment:**

Camp Cost	\$ 70.00
Donation to camp to help keep camper fees low	\$
Total Enclosed	\$

\*\*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.

**Payment Address:**  
*(Please send form AND money to)*

Mountain Meadows Camp Registrar  
P.O. Box 494591  
Redding, CA 96049

**Late registrations are usually okay, but please phone or text 530-515-7302 to reserve a spot within the last week before camp.**

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

