

# EARLY YOUTH CAMP

*Extreme Makeover Life Improvement*

**June 10-14, 2008**

**Grades incoming 7-9**

 **@ QUAKER MEADOWS CHRISTIAN CAMP**

**ACTIVITIES INCLUDE: LAKE ACTIVITIES, SNACK BAR,  
CLIMBING WALL, ARCHERY, SWIMMING POOL,  
BASKETBALL, HIKING, AND MORE.**

**SIGN UP TODAY!**

# **EXTREME MAKEOVER LIFE IMPROVEMENT**

**CENTRAL CALIFORNIA DISTRICT  
EARLY YOUTH CAMP  
JUNE 10-14, 2008**

**WHO: STUDENTS ENTERING 7<sup>TH</sup>-9<sup>TH</sup> IN THE FALL 2008**

**WHAT: A LIFE CHANGING ENCOUNTER WITH GOD**

**WHEN: REGISTRATION BEGINS AT 10:00AM**

**WHERE:QUAKER MEADOW CAMP**

**WHY: TO LET GOD IMPROVE WHO WE ARE IN HIM**

**HOW: REGISTRATIONS POSTMARKED BY MAY 20, 2008**

**CAMP SPEAKERS: DAREN & AMY PITCHER**

**CAMP DIRECTOR: KEVEN HUCKABY**

**WORSHIP LEADERS: PLNU TRAVEL GROUP**

**PLEASE MAIL REGISTRATIONS TO:**

**KEVEN HUCKABY**

**P.O. BOX 20152**

**BAKERSFIELD, CA 93390**

**661-663-TEEN buckhunter1968@hotmail.com**

**ANY CHANGES TO EARLY REGISTRATIONS, PLEASE  
CALL OR E-MAIL. VISIT OUR WEBSITE FOR FURTHER  
INFORMATION [CENTRALCALNYI.COM](http://CENTRALCALNYI.COM)**

# EARLY YOUTH CAMP REGISTRATION

For grades incoming 7<sup>th</sup> to incoming 9<sup>th</sup>

**June 10-14, '08**

(youth leaders fill in your due date here)

Sex:  Male  Female

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Name of Parents / Guardians: \_\_\_\_\_ Work or Cell Phone Numbers:

a) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

b) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Church you attend \_\_\_\_\_

I \_\_\_\_\_ (campers signature), understand that the possession of any illegal drugs, alcohol, or firearms will result in me being sent home immediately at my parent/guardian's expense.

Return Camp Registrations and Medical Release, to your local church with cash or check made out to your local church for the correct amount. Only church checks will be accepted for camper fees. Each local church is responsible for mailing completed registrations and church check (Made out to CCD Camp Fund) to Camp Directors. **Mail to "Kevin Huckaby, PO Box 20152 Bakersfield, CA 93390"**  
**Early-bird registration is due by May 20, 2008 for \$250 rate, any time after (5-20-08) is \$290.**

## HEALTH HISTORY OF CAMPER

**Allergies:** (please circle)    **Drugs/Insect stings**    **Asthma**    **Diabetes**  
**Physical handicap**    **Heart Condition**    **Epilepsy**

If any of the above were checked, please give details (including normal treatment of allergic reactions)

\_\_\_\_\_

Any condition requiring medication (please list condition, medication and dosage)

**\*All Medications Must be in Originally Labeled Bottles\***

\_\_\_\_\_

Is it permissible to give this camper Tylenol?    Yes / No    Please initial: \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_ Any swimming restrictions?    Yes / No

Should this camper be restricted on any camp activity? If so, what? \_\_\_\_\_

Any physical conditions the nurse needs to be aware of? \_\_\_\_\_

Camper's physician & phone number: \_\_\_\_\_

**\*All Medications Must be in Originally Labeled Bottles\***

CCD Early Youth Camp's insurance is secondary insurance. If you have medical insurance, your carrier will be billed for medical charges first in case of illness or injury while your child is attending camp. Please complete the information below.

Primary Insured's Name \_\_\_\_\_ SS # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_