



ELYON

HUME SUMMER 2024

Please fill out and return to your leader.

CAMPER'S NAME _____ AGE _____ GRADE _____

CAMP DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ REQUESTED CABIN PARTNER _____

PARENT'S NAME _____

Scholarship Request

PARENT'S EMAIL _____

To complete registration, you will receive an email from register@humelake.org with directions to fill out Hume's medical / liability release online



COMPLETE REGISTRATION ONLINE



LIVINGOAKSCHURCH.ORG/STUDENTS

WHAT'S DUE Payments & Paperwork Due SUNDAY, JULY 28

- Living Oaks Church Medical Release (enclosed)
- Hume Lake Online Registration (forthcoming e-mail)
- \$100 Deposit (June 9) and Final Payment (July 28)

DEARPARENTS,

At Living Oaks Church, it's our goal to see Jesus at the center of every student's life! That's why we're headed to Hume Lake Christian Camps! Offering a clear gospel message, dynamic worship, godly counselors, and a wide variety of recreational activities. Hume Lake will help your students grow in their understanding of God's Word and reaffirm their commitment to Jesus, all while having an incredibly good time! It is our eager expectation that this week will cause your students to grow closer in their relationship with God by developing a deeper understanding of His Gospel and the call to take a stand for Christ amidst an ungodly culture. Not to mention, to get away from everyday distractions, gain meaningful friendships, engage in high-energy recreation-launching off the blob or dominating in Kajabe Kan Kan-make many memories, and hear from the Word of God! We're excited! Are you?!

THEME VERSE

Matthew 16:13-16

WHAT TO BRING

Bible, notebook, pencil, sleeping bag, flashlight, pillow, towel, toiletries (6 Day Supply), warm and cool clothes including modest swimwear, jacket, and spending money (at least \$100 recommended).

REMEMBER MODESTY

Please do not wear spaghetti straps, strapless or halter tops, sagging pants or shorts which expose undergarments, spandex shorts, clothing that exposes bare midriffs, and no short shorts/skirts/dresses. When wearing leggings, please tie a shirt, flannel or sweatshirt around your waist.

Swimsuits: One-piece suits are required. No speedos, tankinis or high-cut bathing suits. We ask that all guests remain fully clothed, except when wearing bathing suits while in and around the waterfront or pool areas.

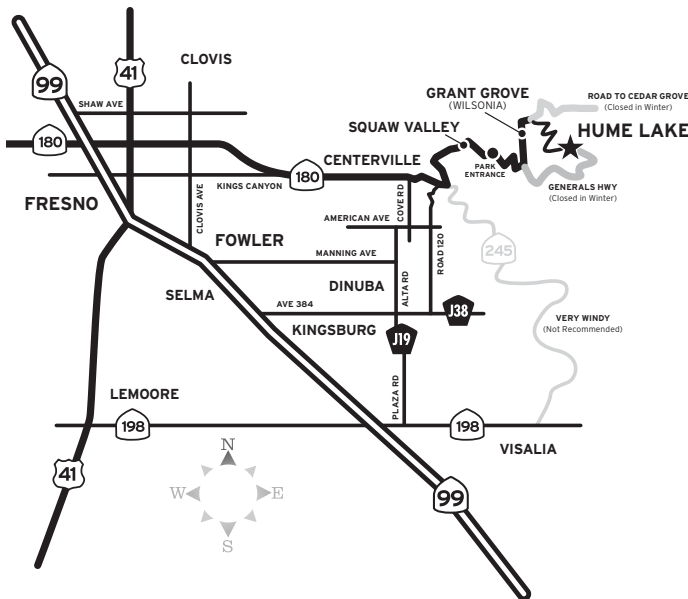
WHAT NOT TO BRING

Drugs (unless prescribed by a doctor), alcohol, tobacco, vapes, fireworks, firearms, weapons, or electronic devices.

MAIL

You may send mail to the following address:
(Please send 5 days prior to desired delivery day)

Camper Name / Church registered with
Hume Lake / Week of Camp
64144 Hume Lake Rd.
Hume, CA. 93628





Living Oaks Church
Medical / Liability Release & Participation
Form January 1, 2024 – December 31, 2024

Student Name: _____ Age: _____ D.O.B. _____

Grade: _____ Male Female E-Mail: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Medical Insurance Carrier: _____ Policy #: _____

Parent/Guardian: _____ Home Phone: _____ Cell/Work: _____

Emergency Contact: _____ Home Phone: _____ Cell/Work: _____

Doctor's Name: _____ Office Phone: _____

Date of Last Tetanus Shot: _____ Comments: _____

Please check the following areas of concern for your student:

1. For his/her safety and our knowledge, is your student a: good swimmer fair swimmer non-swimmer

2. Does your student have allergies to:

Pollens Medications _____
Insect Bites Food _____ Other _____

3. Is your student suffering from or currently being treated for any of the following:

Asthma Epilepsy/Seizure Disorder Heart Trouble Diabetes Frequent Upset Stomach
Physical Handicap: _____ Other: _____

4. Please list and explain any major illnesses your student experienced during the last year:

5. Additional Comments (list activities your student is restricted by or not permitted to participate in or other concerns):

Note: Please attach a detailed description of the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your student is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. All medication will need to be turned in at Check-In. A nurse will supply your student with his/her medication at the appropriate time of day. All over-the-counter drugs will be confiscated if not turned in. Include original label of prescription medications and dosages that must be taken.

PLEASE READ AND SIGN ON BACK ->

Minor Participation Authorization and Consent to Emergency Medical Treatment

I, the undersigned, certify that I am the parent or legal guardian of _____ a minor, and give my permission for him or her to attend and participate in the following activities of Living Oaks Church (hereinafter "the Church").

Activities: may include, but are not limited to: barbeques, beaches, swimming, basketball, roller skating, rollerblading, skateboarding, games in the park, soccer, dodge ball, gaga ball, basketball, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible Studies at various homes, golfing, miniature golf, paintball, air soft, theme parks, Sky High, Hume Lake Christian Camps, and other Christian Camps.

Dress Code: No exposed undergarments, cleavage, or bare mid-section; no inappropriately short, tight, or revealing clothing (including yoga/spandex pants or spaghetti straps); no gang-style or offensive clothing. All girls must wear a one-piece bathing suit; or, they must have a dark, full-length t-shirt covering their midsection.

Student Behavior: Your student is expected to respect and comply with the Church, its staff, and event schedule while away from home. Please note that there is a zero-tolerance policy for: PDA (personal display of affection); breaking dress code; foul or inappropriate language; use of electronics; possession or use of alcohol, drugs, or tobacco; weapons, fireworks, matches, lighters, explosives, or other combustible materials; fighting; boys in girls' sleeping quarters / girls in boys' sleeping quarters at any time. Students who fail to comply with these expectations will be sent home at your expense.

Photography Release: I authorize the adults acting as agents of said Church to take and use images (photo and/or video) of said minor in Church promotional media including, but not limited to, flyers, posters, other print materials, video publications, and the website. In consideration of the images taken and produced I do not require any monetary or financial payment of incentive or benefit but consider the images taken to be a form of service to the Church.

Medical Release: I, the undersigned parent or legal guardian, hereby authorize the minor listed above to participation in the Living Oaks Church sponsored activity aforementioned. Authorization is hereby given to the Church and its staff (paid or volunteer) to secure hospitalization or other medical treatment necessary in case of an emergency. I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the Church or sponsoring organization will be used as the secondary coverage.

Liability Release: I recognize that there are risks involved in participating in these activities and hereby assume all risk of injury, harm, damage, or death to my minor in connection with his/her participation in all of these activities. To the fullest extent permitted by law, the undersigned releases Living Oaks Church, any members, or staff from all claims which may hereafter develop and accrue on account of, or by reason of, any injury, loss, or damage which may be suffered, by me, my student, or any member of my family, or to any property because of any matter, thing, or condition whatsoever, and I assume and accept the full risk or danger of any hurt, injury, or damage which may occur through or by reason of any matter, thing, or condition, negligence, or default, of any person or persons whatsoever.

This authorization will remain effective while the minor listed on this form is involved or participating in the Church's activities. It shall be effective on the following dates: **January 1, 2024 – December 31, 2024**, unless it is revoked in writing by the undersigned and delivered to said Church.

I, the undersigned, also acknowledge and agree to bring my student home at my own expense should they become ill or if deemed necessary for any other reason by the Church and its staff.

The undersigned have read and understand the above.

Student Signature: _____

Date: _____

Parent/Guardian
Signature: _____

Date: _____