

# SHASTA CAMP 2022

AT SHASTA METHODIST CAMP  
(8 MILES WEST OF MT. SHASTA CITY)  
JUNE 22<sup>ND</sup> – 25<sup>TH</sup> 2022  
(WED. 3:00 PM–SAT. NOON)

FOR THOSE GOING INTO  
4<sup>TH</sup> – 8<sup>TH</sup> GRADES

COST \$170  
(scholarships available)

DIRECTED BY:  
DAVE SAMELSON  
Pastor, Point Pleasant UMC

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## 2022 SHASTA CAMP REGISTRATION

### CAMPER

PLEASE PRINT CLEARLY

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (at time of camp) \_\_\_\_\_ Gender: Male Female Grade Entering in fall : \_\_\_\_\_

Swim Level: low/none medium high Local Church: \_\_\_\_\_

Active in Youth Group or Sunday school Yes No

### PARENT/GUARDIAN

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child lives with: both \_\_\_\_\_ Parent 1 \_\_\_\_\_%; Parent 2 \_\_\_\_\_%

We want this to be a wonderful Christian camp experience,  
what knowledge of your child should we know that would help us accomplish this?

\_\_\_\_\_  
\_\_\_\_\_

Please read and sign back of page.



**CONDITIONS OF ENROLLMENT**

1. We agree that the camper and his/her family will abide by the rules and regulations set by the camp for the health, safety and welfare of the camper.
2. We agree that the camp reserves the right to cancel, change or substitute programs or activities as listed in its brochure when necessary during the week.

**DISMISSAL FROM CAMP**

We understand that the camp reserves the right to dismiss a camper whose conduct is dangerous, illegal, or in the discretion of the Camp Director, detrimental to the camp community and/or to other campers or otherwise unsatisfactory, including the following:

1. Possession, use or involvement of any kind with tobacco, drugs or alcoholic beverages.
2. Abuse or disrespectful behavior toward any member of the camp community.
3. Possession of any type of weapon or fire-producing device.
4. Inappropriate clothing, language, or behavior.
5. Unauthorized absence from cabin or activity.

In the event of dismissal, the minor camper or staff's parent must provide transportation home within 12 hours of dismissal from camp.

**RELEASE OF LIABILITY**

Shasta Methodist Camp offers a variety of services and voluntary activities designed to enrich the camping experience. These services and voluntary activities may include, without limitation, the provision of food, lodging and transportation, as well as the sponsorship of challenging and educational activities often associated with camping and the outdoors, such as **hiking, swimming, campfires, Beach activities, crafts and the like**. Both campers and staff members (including volunteers) may have the opportunity to participate in one or all of these activities.

While each Camp will endeavor to assure the safety of its campers and staff members, there are unavoidable risks of injury—and even death—associated with camping and its related services and activities. Consequently, a properly executed Release of Liability is required before anyone may attend a Camp as either a camper or a staff member. Such a Release of Liability is set forth below. If you are a prospective camper or staff member under eighteen years of age, one of your parents or your legal guardian must print his or her name below and then sign and date the line designated "Parent or Guardian of Minor Camper or Staff Member." If you are a prospective camper or staff member eighteen years of age or older, you must print your name below and then sign and date the line designated "Adult Camper or Staff Member." You are encouraged to consult an attorney if you have any questions about the meaning of this document. In addition, you are encouraged to contact Rev. Dave Samelson, Point Pleasant United Methodist Church (707) 834-9958 or email to [samelson6@gmail.com](mailto:samelson6@gmail.com) if you have any questions about the services or activities provided at any Camp.

**By signing, I, \_\_\_\_\_**  
**(print neatly the appropriate name as described above, parent of camper, acknowledge and agree to the following:**

1. I have read and understand the risks summarized above;
2. I understand that my participation in camp activities and receipt of camp services is voluntary;
3. In consideration of attending a United Methodist Camp(s) as a camper or staff member, I expressly assume the risks of such attendance. Further, for myself and on behalf of my executors, administrators and heirs, I release and hold the California-Nevada Conference of the United Methodist Church and the United Methodist Camp(s) I attend, including the owners, trustees, officers, employees, agents and volunteers of these entities, harmless from any and all claims or suits arising in any way from my attendance at a United Methodist Camp(s) for injury to my person or property or my death caused by the negligence of these entities and/or individuals; or (as appropriate);
4. In consideration of my child's attendance at a United Methodist Camp(s) as a camper or staff member, I, for myself and on behalf of my minor child and our executors, administrators and heirs, release and hold the California-Nevada Conference of the United Methodist Church and the United Methodist Camp(s) my child attends, including the owners, trustees, officers, employees, agents and volunteers of these entities, harmless from any and all claims or suits arising in any way from my child's attendance at a United Methodist Camp(s) for injury to my child or his or her property or his or her death caused by the negligence of these entities and/or individuals.
5. We consent to the use of any pictures/video of the camper in connection with the camp's future promotion this may include social networking sites such as "Facebook", but is our policy that **NO CAMPER OR STAFF BE "TAGGED"** in any photos.

\_\_\_\_\_  
Parent/Guardian of Camper

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Camper

\_\_\_\_\_  
Date

**Cost: \$170 -- Payment Enclosed:** \_\_\_\_\_

**Or if special arrangements have been made please note** \_\_\_\_\_

**Please mail this form to: Point Pleasant United Methodist Church 3329 Point Pleasant Rd. Elk Grove, CA 95757**  
**or Email to: [Samelson6@gmail.com](mailto:Samelson6@gmail.com)**

**You will receive a medical information form after this registration form is received.**