



MIDDLE SCHOOL CAMP

JULY 23-28, 2018

@ WALLOWA LAKE, JOSEPH, OR

Join BYC this summer for an epic time at camp! We'll have a chance to practice being peacemakers while also having a blast playing in the lake, hiking, riding horses, enjoying campfire, playing games, having amazing conversations, and learning more about ourselves, our community, and God!

BYC MIDDLE SCHOOL SUMMER CAMP

@ WALLOWA LAKE METHODIST CAMP, JOSEPH, OR | JULY 23-28, 2018

DEPARTURE:

July 23 @ 8am

Meet at the Methodist Church

RETURN:

July 28 @ 8pm

Meet at the Methodist Church

COST:

\$445 (\$495 after Jan. 24th)

Fundraising Opportunities &
Scholarship Applications
Available (see reverse side)

REGISTRATION & DEPOSIT DUE JANUARY 24 - LATE REGISTRATIONS CHARGED +\$50

LODGING:

We'll be staying at Wallowa Lake Methodist Camp in Joseph, OR.

TRAVEL:

We'll drive both church vans and rental vans, depending on the size of our group. And yes, its a crazy long drive (+/- 7 hours, plus a lot of stops) - students can bring mix CD's and car games to entertain each other! As we like to say at BYC: It's part of the fun!

SCHEDULE:

- July 23: Depart Bend / Arrive at Wallowa Lake Camp and get oriented
- July 24-26: 1/2 Camp, 1/2 Service Project Days
- July 27: Horseback Riding Adventure
- July 28: Depart Camp / Arrive back in Bend

HOW WE'LL SPEND OUR TIME:

- **Stories** | We will spend time in conversation with local peacemakers, to better understand what the kingdom of God looks like in eastern Oregon. We'll also have a chance to dive deeper into our own story and our friends' stories, because community is vital to who we are at BYC. We'll process our experiences in both large & small groups along the way.
- **Service** | There will be many opportunities to respond in tangible ways to what we are learning. We all understand that developmentally it is important for us to give our students concrete ways of serving, rather than just overwhelming them with a lot of teaching and conversations.
- **Play** | As always, we will have a blast on this trip. Camp is full of opportunities for fun and play: swimming & boating at the lake, crafts, campfire, and epic games. Every day we'll have a chance to relax, have fun, and unwind.

FUNDRAISING & SCHOLARSHIP INFO

PLEASE READ - NEW PROCESS THIS YEAR



\$200 - NON-REFUNDABLE DEPOSIT DUE WITH REGISTRATION

\$\$\$\$ - FUNDRAISING PARTICIPATION

\$\$\$\$ - SCHOLARSHIP ASSISTANCE (APPLICATION & PARTICIPATION REQUIRED)

\$ BALANCE - DUE BY MAY 23TH

\$445 = TOTAL COST OF THE TRIP (\$495 IF REGISTRATION IS RECEIVED AFTER JANUARY 24TH)

\$200 NON-REFUNDABLE DEPOSIT DUE WITH REGISTRATION BY JANUARY 24TH!

Please return this registration to Morgan, Leigh, or Shanna by January 24th to secure your spot. If the deposit is a hardship for your family, please let us know and we will figure something out.

FUNDRAISING OPPORTUNITIES:

- **Christmas Eve Photobooth @ First Presbyterian | December 24**
Host or be a photographer!
- **Papa Murphy's Pizza Take-Over | Sundays in February**
Help take pizza orders at your church, then help with pizza pick up at church!
- **Taco Bar @ Bend Church Talent Show | Early March, Date TBA**
Help prepare, serve, and clean up the annual Taco Bar!
- **Easter Photobooth @ First Presbyterian | April 1st**
Host or be a photographer!
- **Easter Pancake Breakfast @ Nativity Lutheran | April 1st**
Help prepare, serve, and clean up the annual Pancake Breakfast!

REQUIREMENTS FOR SCHOLARSHIP ASSISTANCE:

BYC always wants students to be able to participate, regardless of ability to pay. We don't have a money tree but we have folks who really believe in our students and want to help make these experiences possible through financial support. We ask two things:

1. **Scholarship Application:** New this year, we are asking that any student/family asking for scholarship assistance fill out a short application (attached), so we can determine what kind of assistance we can offer.
2. **Fundraiser Participation:** Students receiving scholarship support must participate in all fundraising opportunities, outlined above.

QUESTIONS? CONTACT:

Morgan Schmidt (mschmidt@bendfp.org) - First Presbyterian, Trinity Episcopal & Non-Church Folks
Leigh DeVries (leigh.bendchurch@gmail.com) - Nativity & Bend Church
Shanna Sharp (gracespaceyouth@gmail.com) - Grace First Lutheran

COVENANT

In order for this trip to be as wonderful as we all want it to be, in this covenant we make some promises to each other out of our care for one another.

Please read carefully, and sign at the bottom.

I, _____, covenant to be a faithful and active participant in our mission trip preparation and experience. I agree to the following:

- I will complete all preparation responsibilities for the trip, as outlined in the info packet.
- I will treat all people - those in my group & those I will meet - with dignity, respect, & love.
- I will be teachable and flexible, open to new experiences and following my leaders.
- I will pick up after myself and strive to leave each place more beautiful than I found it.
- I will be open to seeing signs of God's presence in all places & people I meet.
- I will respect all curfews, boundaries, and housing arrangements.
- I will respect my body by not consuming alcohol, tobacco, nonprescription drugs or medications not outlined in my health form.
- I will follow instructions given by the adult leaders of this trip.
- I will honor the group setting of this trip. I understand that if a family member, loved one, or dear friend is traveling with me, I will interact with all members of the team, not just my bestie or significant other.
- I understand that **no cell phones, ipods, or other electronics (with the exception of cameras) will be allowed**. I understand that the abuse of these terms will result in such items being confiscated until the end of the trip.
- I understand that BYC, Wallowa Lake Methodist Camp, and all related staff/volunteers/peacemakers are not responsible for lost, damaged, or stolen belongings.
- I understand that failure to honor this covenant can and will result in being sent home from the trip by the team leadership at my expense or the expense of my family.

Student Signature: _____ Date: _____

I/We, _____, covenant to be meaningfully engaged in our student's immersion trip experience - before, during, and after the trip.

- I/We will offer support and encouragement to our student before, during, and after this experience with our words and actions.
- I/We will allow our student to take responsibility for all trip expectations and the above covenant.
- I/We will pray for, or be mindful of, or send good vibes toward our student while they are away.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

BYC WAIVER/RELEASE – WALLOWA LAKE CAMP, JULY 23-28, 2018



Please initial each box, indicating your consent. Thank you!

I (name of parent/guardian) _____ hereby give permission for my child, (name of youth) _____ to attend and participate in the BYC Middle School Summer Camp on July 23-28, 2018. I give permission for my student to ride in any vehicle designated by the supervising adult in whose care this minor has been entrusted.

I understand that there are inherent risks in any trip. I voluntarily accept all risk of damages and injury incurred or suffered by my child. I release First Presbyterian Church-Bend, First United Methodist Church-Bend, Nativity Lutheran Church-Bend, Trinity Episcopal Church-Bend, Grace First Lutheran-Bend (five churches hereafter referred to as the Bend Youth Collective), Wallowa Lake Methodist Camp, and any partner organizations from all liability.

I understand that every effort will be made to contact me in the event of any accident or injury to my child. In the event I cannot be reached, I authorize any supervising adult to consent to whatever treatment is deemed necessary or advisable by the physician or nurse treating such injuries. I understand that I am responsible for the cost of all medical treatment administered.

I consent to the use of any video recording, photographs, audio, or any other visual or audio reproduction in which my child may appear for use by First Presbyterian Church-Bend, First United Methodist Church-Bend, Nativity Lutheran Church-Bend, Trinity Episcopal Church-Bend, or Grace First Lutheran-Bend (five churches hereafter referred to as the Bend Youth Collective). I understand that these materials may be used for promotion of the youth ministry and/or the general ministry of the Bend Youth Collective, including recruitment and fundraising efforts of the youth group. I release the Bend Youth Collective from any liability connected with the use of my child's picture or voice recording in any lawful promotional, recruitment, web-page, or fund-raising program.

Parent/Guardian Signature: _____ Date: _____

SUMMER CAMP HEALTH & RELEASE FORM

Please fill out this form completely and return it to Morgan, Leigh, or Shanna, along with \$200 deposit.

STUDENT INFORMATION:

Student Name: _____

Birthdate: _____

Address (street, city, state, zip): _____

Best Phone#: _____ Email: _____

Dates of Camp: July 23-28 Group Name: Bend Youth Collective

ALLERGIES: List all known allergies, including those involving medication, food, insect, asthma, hay fever and other allergies. Please describe reaction and management.

ALLERGY

REACTION & MANAGEMENT

Dietary Requirements: _____

Family Doctor or Healthcare Facility: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Secondary Contact: _____ Phone: _____

Insurance Carrier or Plan Name: _____ Group#: _____

Name of Insured: _____ Relationship: _____

Insurance ID or Policy #: _____

MEDICATIONS: Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Keep medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. Please be advised that your group leader will be responsible for health care and Twinlow will have health staff that can assist.

_____ Check if NO Medications taken on a routine basis.

Med. #1: _____ Dosage: _____

Specific times taken each day: _____ Reason for Taking: _____

Med. #2: _____ Dosage: _____

Specific times taken each day: _____ Reason for Taking: _____

Med. #3: _____ Dosage: _____

Specific times taken each day: _____ Reason for Taking: _____

CURRENT HEALTH CONDITIONS: Please describe any current health conditions requiring medications, treatment, or special restrictions or considerations while at camp.

PAST MEDICAL HISTORY: Please describe past medical treatment, (i.e. surgeries, heart conditions, fainting, seizures, etc.) or other medical concerns.

Are you current on all immunizations? Yes _____ or No _____

Date of last physical: _____ Date of last Tetanus: _____

Do you have a health condition (e.g. allergies, chronic conditions) or special circumstances which may affect program participation, special housing need, or anything we ought to know prior to emergency treatment? Yes _____ or No _____

If yes, please explain: _____

FOR PERSONS AGE 17 YEARS OR YOUNGER I, the undersigned parent/guardian, give permission for the above named to participate in Bend Youth Collective's Middle School Summer Camp at Wallowa Lake Methodist Camp. I understand the program activities will involve transportation off site. I authorize use of photos for future publicity. I realize that the church/youth/group/leader are primarily responsible for the health and well-being of my child, I also hereby give permission to the Bend Youth Collective to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. In signing this form, I hereby certify that the above information is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I agree to the release of any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Bend Youth Collective to secure and administer treatment, including hospitalization. This completed form may be photocopied for trips out of camp.

Signature of Parent/Guardian: _____ Date: _____

Address/City/State/Zip: _____

Best Phone: _____ Other Phone: _____

FOR PERSONS AGE 18 YEARS OR OLDER In signing this form, I hereby certify that this information is correct and complete as far as I know. I hereby give permission to the Bend Youth Collective to provide routine health care, administer prescribed medications, and seek emergency medical treatment, including ordering x-rays or routine tests. In case of emergency, I understand that every effort will be made to contact the above named Emergency Contact Person. In the event they cannot be reached, I hereby give permission to the physician selected by the Bend Youth Collective to secure and administer treatment, including hospitalization. I agree to the release of any records necessary for insurance purposes. I authorize use of photos for future publicity.

Signature of Adult Leader: _____ Date: _____

BYC SCHOLARSHIP APPLICATION

Please ask. We're here to be good news to your family.

The Bend Youth Collective is committed to doing everything we can to make sure all students are able to participate in our gatherings, events, retreats, and trips. As such, we have scholarship funds that are budgeted, fundraised, and donated so that we can meet the needs of our community.



Please note BYC's scholarship commitments, as follows:

1. The names of scholarship applicants are kept confidential.
2. Scholarship requests are determined by our Steering Committee, in consultation with the BYC Co-Directors & Assistant Director.
3. BYC activities are designed to "break even" - neither making nor losing money. The cost of activities are not inflated for profit or to subsidize student scholarships. All scholarship money comes from a finite amount in our budget or from specially designated donations.
4. We always ask that families or students pay something towards their trip, so they're invested in it.
5. Scholarships are given on the basis of need, however we will never ask a family to prove financial need - we just ask that you let us know how we can help.
6. **All students who receive scholarship support are REQUIRED to participate in all fundraising opportunities that BYC provides, to help offset the cost of their trip.**

To apply for scholarship support, please make sure to turn this form in along with your completed registration and waiver. Thanks!

Student Name: _____

Seeking Scholarship Assistance for Middle School Summer Camp 2018

Cost of the trip: \$445

Amount family can contribute: _____

Fundraisers you're committed to:

- Papa Murphy's Pizza Takeover | Sundays in February (dates TBA ASAP)
- Taco Bar @ Bend Church UMC | Early March (date TBA ASAP)
- Easter Photobooth @ First Presbyterian | April 1st
- Easter Pancake Breakfast @ Nativity Lutheran | April 1st

I am in agreement with and understand the scholarship process:

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

IDAHO MISSION PROJECT

MIDDLE SCHOOL IMMERSION | JULY 2-7, 2017



Super Important/Mandatory Dates for your fridge / family calendar / etc:

- **January 29th:** Registration, \$100 Deposit, & Scholarship Applications are Due
- **February 5th, 12th, 19th:** Papa Murphy's Takeover Orders & Delivery @ Churches
- **March 3rd:** Taco Bar @ Bend Church Talent Show
- **April 16th:** Easter Photobooth @ First Presbyterian
- **April 16th:** Easter Pancake Breakfast @ Nativity Lutheran
- **July 2-7th:** The trip, of course!
- **Mandatory Storytelling Sundays @ BYC Churches, Sept. 2017 - Dates TBD**

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