

YOUTH SUMMER CAMP IS COMING! CAMP

**JUNE
18TH - 20TH
2026**

**THEME:
WELCOME TO
THE VINEYARD**

**REGISTRATION
FORMS AND INFO
ATTACHED**

**\$280 IF PAID BY 4/1
\$290 IF PAID BY 5/1
\$310 AT THE DOOR**



ACOG YOUTH SUMMER CAMP

I am the vine; you are the branches.

If you remain in me and I in you, you will bear much fruit; apart from me you can do nothing

John 5:15

WHO

Students in 6th grade - 12th grade

WHAT

3 day, 2 night cabin stay with meals, Fresh messages from God's Word, Student Choice Electives including sports, worship arts, crafts, and other specials. Activity Passes cover unlimited zip lining. Other FREE activities available during free time include: swimming, archery, shooting range, frisbee golf, gaga ball pit.

ADDITIONAL ACTIVITIES

Paintball \$\$ (if available), gift shop, vending machines

BRING IT

Sleeping bag & Pillow, toiletries, clothing you can get dirty, sneakers, sweatshirt/jacket, swimwear (NO bikinis or speedos), 2 towels, Bible, reusable water bottle.

WHEN

Arrive by 11:00AM Thursday June 18 - Depart 1:00PM Saturday June 20

WHERE

Palomar Christin Coferene Center
34764 Doane Valley Road
Palomar Mountain, CA 92060

REGISTRATION AVAILABLE ONLINE

CAMP REGISTRATION FORM AND PAYMENT -

- If postmarked by APRIL 1, 2026 . . . \$280.00
- If postmarked after MAY 1, 2026. . . \$290.00 *(last date to include camp shirt)*
- At The Door \$310.00

Complete your registration and waivers at www.acogscn.org

QUESTIONS? Call JJ Gotts 562-324-8740



**Palomar Christian Conference Center
General Release and Waiver of Rights**

THIS FORM MUST BE COMPLETED FOR ALL CONFERENCE ATTENDEES



Group Name (Church, School, etc.): _____ Event Dates: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Is Participant at least 18 years old? Yes: ___ No: ___ If no, name of Parent/Authorized Guardian: _____

GENERAL RELEASE AND WAIVER

The undersigned has asked Palomar Christian Conference Center (“PCCC”) to allow the individual named above, sometimes referred to herein as the “participant,” to participate in the Event and the activities offered at PCCC. Activities may include, but are not limited to, Archery, Rifles/Shotguns/BB Guns, Paintball, Horseback Riding, Swimming, Zipline, and Challenge Course. If the participant named above is a minor, the undersigned hereby authorizes PCCC to allow said minor to participate in all activities offered by PCCC to participants in the Event. The undersigned (a) acknowledges that participation in the Event involves a number of risks, including possible exposure to and illness from infectious or communicable diseases such as COVID-19; (b) acknowledges that participation in the Event and the offered activities involves physical exertion and other risks; (c) is aware of the possibility of risk of injury and/or illness to individuals participating in the Event and participating in or observing the activities; (d) is aware that such risk of injury and/or illness includes, but is not limited to, risk of permanent disability, blindness, loss of hearing, or death; (e) recognizes the need for each participant to follow all rules and directions given by any Staff Member, Wrangler, Range Master, Game Coordinator, or Referee; (f) understands that each participant shall be required to wear any safety gear deemed necessary by PCCC and that it is the responsibility of each participant to do so; (g) warrants that the physical and mental condition of the participant will enable him/her to participate safely in each of the activities listed above; (h) authorizes PCCC to furnish a firearm for the purpose of instructing the participant in the safe handling of firearms and safe shooting and/or allowing the participant to utilize said firearm at PCCC’s gun range; (i) understands and acknowledges that a horse, regardless of its training and usual past behavior and characteristics, may act or react unpredictably at times based upon instinct or fright, and that this is an inherent risk assumed by the participant; and (j) understands and acknowledges that other risks to which the participant may be exposed include, but are not limited to, snake bite, insect bites and stings, exposure to poisonous plants, as well as risks associated with traveling along mountain roads and inclement weather.

The undersigned, individually and on behalf of any minor participant named above, hereby waives and releases PCCC and its officers, directors, employees, agents, and insurers, and each of them, from any and all claims, demands, actions, causes of action and rights, (contingent, accrued, inchoate, or otherwise), which may arise out of, or in connection with, the participant’s attendance at the above-referenced Event and/or any activity engaged in by the participant while attending the Event, including but not limited to any claim arising from or related to a physical injury sustained or an infectious or communicable disease contracted by the participant, whether such claim is based upon PCCC’s active or passive negligence or otherwise.

In addition, the undersigned agrees to defend and hold PCCC harmless from and against any and all claims, liabilities, expenses, damages, losses, causes of action, and suits (including, without limitation, attorneys’ fees and costs) arising out of, or any way related to, the participant’s attendance at the above-referenced Event and/or any activity engaged in by the participant while attending the Event, including but not limited to any claim arising from or related to a physical injury sustained or an infectious or communicable disease contracted by the participant, whether such claim is based upon PCCC’s active or passive negligence or otherwise.

IMAGE RELEASE AND WAIVER

The undersigned hereby gives permission to PCCC to use any photographs, videos, and/or audio recordings of the participant for promotional materials, including the PCCC web site postings, without expectation of compensation, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs, videos, or audio recordings.

MEDICAL RELEASE AND WAIVER

The undersigned hereby acknowledges that PCCC does not provide medical personnel and agrees that the undersigned shall be responsible for (a) providing any emergency transportation required by the participant named above, and (b) paying any medical and hospitalization costs incurred while attending the event.

REPRESENTATION AND WARRANTY OF AUTHORITY

By signing this General Release and Waiver of Rights, the undersigned represents and warrants to PCCC that he/she is of legal age and competence to give a valid release on his/her own behalf and, if signing on behalf of a minor participant, is the parent or legal guardian of the minor participant and has full authority to give a valid release on behalf of such minor. **ALSO, THE UNDERSIGNED HEREBY REPRESENTS AND WARRANTS TO PCCC THAT THE PARTICIPANT'S PARTICIPATION IN THIS EVENT IS ENTIRELY VOLUNTARY AND IS NOT REQUIRED BY THE SCHOOL OR FOR ANY CLASS OR COURSE IN WHICH THE ATTENDEE MAY BE INVOLVED, OR BY ANY OTHER GROUP SPONSORING THE CONFERENCE OR PROGRAM.**

Name (print): _____ Signature: _____ Date: _____

ASSOCIATION OF THE CHURCH OF GOD
Southern California and Southern Nevada

PARENT/GUARDIAN OF A MINOR

CONSENT AND HOLD HARMLESS/ CONSENT TO TREAT MINOR FORM

(This form should be completed for each increased risk and offsite event and a copy should be taken on each offsite trip.)

Name of activity: _____ Date: _____

Child's Name: _____ Shirt Size: _____

Date of birth: _____ Age: _____

Address: _____

Phone number: _____

Cellphone number(s): _____

I, _____, (*printed name of parent/guardian*) the parent or legal guardian of _____

(*printed name of minor*) have been informed of the above activity sponsored by the Association of the Church of God of Southern

California/Nevada (ACOGSCN), or _____ and hereby give my consent for my minor child to participate in this

activity.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold the ACOGSCN, or _____, their leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I also understand that my minor child is to be excluded from the following activities (print each exclusion requested or required):

I do consent for (*print minor's name*) _____ to be given any e-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. 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 child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian, I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

Signature of parent/guardian: _____ Date signed: _____

Signature of parent/guardian: _____ Date signed: _____

Youth & Christian Education Ministry Teams
Association of the Church of God of Southern California/Nevada

425 Sierra Madre Villa Ave., Pasadena, CA 91107 (877) 350-5025

Application for Adult Counselor

Name: _____ Male: _____ Female: _____
Church Name: _____ City: _____
Home Address: _____
City: _____ Zip Code: _____
Home Phone: _____ Cell/Work Phone: _____ Shirt Size: _____
Birthday: ___/___/___ E-mail Address: _____

I am applying to help as an adult counselor/chaperone for the following activity/activities of the Association of the Church of God of So. California and So. Nevada: (Application must be completed for each event separately and submitted to the Association office prior to event)

___ Kids' (children's) Kamp Event Date: _____ 30 Hour Famine Event Date: _____
___ Jr./Sr. High Camp Event Date: _____ Spring Rally Event Date: _____
___ Other: _____ Event Date: _____

Please use this section to describe your experience in ministry with youth and children:

This form is to be signed by the Senior Pastor of your church and by the Chairperson of your governing church board to verify that **both national criminal** and **state sexual misconduct** background checks have been conducted upon the applicant named on this form, with no records for sexual misconduct found, and that the applicant is eligible to work with minors.

Signature of Senior Pastor: _____ Date: _____
Signature of Board Chair: _____ Date: _____
Signature of Applicant: _____ Date: _____

Emergency Treatment Consent:

I agree and consent to having the staff members and/or counselors, under whose auspices the activity is conducted, and any other worker who has been approved as a guardian for this activity, to secure any medical care or treatment that may be necessary during the entire outing, including the trip to and from our destination for me. I further assume all responsibility for any decisions made, and the emergency care or treatment so secured by or for myself.

Applicant's Signature _____ Date _____

Do you have hospitalization insurance? Yes No

If yes, Name of Insurance Company _____

Policy Identification Number _____ Group Number _____

Doctor's Name _____ Phone Number _____

Emergency Phone Numbers and/or pager or cell phone:

Home _____ Work _____ Other _____

About You: Are there any habits, medications, allergies, special diets or needs, etc. that we may need to know about?
