



**MISSION HILLS CHURCH HIGH SCHOOL SUMMER CAMP**

**June 27 – July 2, 2021 ~ FOREST HOME**



# Forest Home

MISSION HILLS CHURCH  
JUNE 27 – JULY 2

On Sunday, June 27<sup>th</sup> at 1:30 pm, Mission Hills Church will be going to Forest Home Christian Camp for one week and will return on Saturday, July 2<sup>nd</sup> around 2:00 pm. The total cost of camp this year will be \$575. There is a non-refundable, non-transferrable deposit of \$200 required to reserve your spot.

We look forward to seeing you there!

## HERE ARE A FEW WAYS TO HELP YOUR STUDENT GET TO CAMP

- **VERSE MEMORIZATION** - See attached sheets for information on how your student can earn up to \$150 off the cost of camp.
- **FAMILY PLAN** If you have brothers or sisters who are also registered for \*HIGH SCHOOL FOREST HOME CAMP, you are eligible for the Family Plan. You will each receive \$25 off the cost for Forest Home. (\*Please note this is for high school only and does not include middle school camp.)
- **MISSION HILLS CHURCH** has a need based scholarship based upon the student's financial situation at home. Financial funds are limited. We usually give aid of at least \$50 and not more than \$100. We will consider all requests but cannot guarantee the amount. Please fill out the attached *MHC Scholarship Request Form* to request scholarship help.
- **PAYMENT PLAN** We want to encourage you to start saving now and if possible make small payments on your camp balance. Your camp balance will be due no later than Sunday, June 13<sup>th</sup>.

**QUESTIONS?** Call or email Marjie Richardson, 760-759-2248 or [mrichardson@missionhillschurch.org](mailto:mrichardson@missionhillschurch.org)

**IMPORTANT:** Register at [www.missionhillschurch.org/our-events/FH2021](http://www.missionhillschurch.org/our-events/FH2021) or by filling out attached paperwork and returning to Marjie Richardson in the main office.

DO NOT REGISTER on the Forest Home site.

# DETAILS...

**WHAT TO BRING:** Bible, notebook, pencil, flashlight, sleeping bag, pillow, toiletries, warm and cool clothes, jacket, sandals, athletic shoes, modest one piece swimsuit (no tankinis), \$70 recommended spending money



**GIRLS:** No short shorts, bare midriffs, yoga/spandex pants or spaghetti straps.



**GUYS:** No sagging of pants and you must keep your shirt on unless you are in the pool or lake.



**WHAT NOT to BRING:** Drugs (unless prescribed by a doctor), alcohol, tobacco, fireworks, firearms, weapons or electronic devices



**FREE TIME ACTIVITIES:** Competitions at the infamous Mud Bowl, the Giant Swing, kayaking, swimming, the Zip Line, sand volleyball, Blobbing, laser tag, Zorbing, campfires (and more!) are sure to create memories that will outlast any SnapChat post.

# Camp Payment Information

Payments for camp may be made by check, cash or credit card.

Cash and check payments can be made in person to the front office during office hours, the Connection Center on Sunday mornings or to Adam on Wednesday nights or Sunday mornings.

Credit card payments may be made online at [www.missionhillschurch.org/our-events/FH2021](http://www.missionhillschurch.org/our-events/FH2021) or by filling out the information on the next page. All credit card information will be shredded after June 27, 2021 (the start of camp).

Questions about registration and payments should be directed to Marjie Richardson at 760-759-2231 or [mrichardson@missionhillschurch.org](mailto:mrichardson@missionhillschurch.org).

## Credit Card Payment Information

Name as it appears on Credit Card \_\_\_\_\_

Card # \_\_\_\_\_

Card expiration \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, zip: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

- Non-refundable deposit \$200
- Partial Payment Amount : \_\_\_\_\_
- Full Payment of \$575
- Please add donation for scholarship in the amount of : \_\_\_\_\_

Cardholder phone number if there are any questions: \_\_\_\_\_



## Memory Verses 2021

The memorization of verses is to help defray the cost of Forest Home Summer Camp. The money is taken off the total cost of the camp (i.e. is a scholarship).

Passages are worth \$25 each. Do all 4 sets and get \$125. This year we are memorizing portions of the Book of Ephesians. Choose 4 of the 6 chapters to memorize. You must memorize the whole chapter to get credit for each passage.

The **first** person to do all 4 passages gets a \$25 bonus for a total of \$150

Scholarship money will be given out 1<sup>st</sup> come, 1<sup>st</sup> served basis. When the budgeted scripture memorization money is gone, it is gone (so don't wait!).

Passages must be said to Marjie Richardson or Lori Hopkins (in the main office), or David Garcia or Adam Hankerson and be signed off by them.

Passages can be done in any order. Bring the version of the Bible you memorized with you when you recite your verses so we can follow along.

Deadline to say verses and turn in your completed sheet is Sunday, June 6, 2021. *No Exceptions* These can be turned into Adam, or Marjie/Lori at the Connection Center.

Questions? Contact Adam 760-759-2169 or [ahankerson@missionhillschurch.org](mailto:ahankerson@missionhillschurch.org) or Marjie 760-759-2248 or [mrichardson@missionhillschurch.org](mailto:mrichardson@missionhillschurch.org).

# Due by June 6th

Choose 4 of the 6 chapters of Ephesians. You must memorize the whole chapter.

Circle: Ephesians 1 2 3 4 5 6

Name \_\_\_\_\_

Leader Sig \_\_\_\_\_

Date \_\_\_\_\_

Circle: Ephesians 1 2 3 4 5 6

Name \_\_\_\_\_

Leader Sig \_\_\_\_\_

Date \_\_\_\_\_

Circle: Ephesians 1 2 3 4 5 6

Name \_\_\_\_\_

Leader Sig \_\_\_\_\_

Date \_\_\_\_\_

Circle: Ephesians 1 2 3 4 5 6

Name \_\_\_\_\_

Leader Sig \_\_\_\_\_

Date \_\_\_\_\_



# **MHC Scholarship Request Form**

## **SUMMER 2021**

**MHC Scholarships are only available to MHC students & those students who do not attend any church.**

MHC scholarships are offered to help students with a financial need to attend summer camp.

**THE CAMP REGISTRAR, Marjie Richardson, MUST HAVE THE GRAY BOX COMPLETED IN ORDER TO SEND YOU AN ONLINE CAMBERSHIP REQUEST FORM FOR YOU TO FILL OUT.**

**All financial assistance requests are due no later than, Sunday, June 6th.**

**You will be notified via email of your total MHC Scholarship award no later than Thursday, June 17th.**

Any questions? Contact Marjie at 760-759-2248 or mrichardson@missionhillschurch.org

Today's Date \_\_\_\_\_

Camp Dates June 27-July 2, 2021

Are you requesting a scholarship from Mission Hills Church?

Yes       No

Camper's Name \_\_\_\_\_

Parent's Name and Email \_\_\_\_\_

Phone \_\_\_\_\_ Small Group Leader \_\_\_\_\_

How long have you attended MHC? \_\_\_\_\_

### **Church Office Use Below**

*Mission Hills Church Scholarship Amount:* \_\_\_\_\_



**Student Ministries Consent, Acknowledgment and Release**

**Emergency Contact and Medical Information for a Child**

|  |                     |  |   |          |   |
|--|---------------------|--|---|----------|---|
| _____<br><b>Child's Name</b>             |                     | _____<br>Date of Birth                   | _____<br>Grade for 2021/2022<br>school year | M<br>Sex | F |
| _____<br><b>Parent's/Guardian's Name</b> |                     | _____<br><b>Parent's/Guardian's Name</b> |   |          |   |
| _____<br>Home Phone                      | _____<br>Cell Phone | _____<br>Home Phone                      | _____<br>Cell Phone                         |          |   |
| _____<br>Address                         |                     | _____<br>Address(if different)           |   |          |   |
| _____<br>City, ST ZIP Code               |                     | _____<br>City, ST ZIP Code               |   |          |   |
| _____<br>Alternate Emergency Contact     |                     | _____<br>Cell Phone                      |   |          |   |

**Medical Insurance Information**

|                                   |                          |
|-----------------------------------|--------------------------|
| _____<br>Name of Insurance        | _____<br>Primary Insured |
| _____<br>Physician's Name & Phone | _____<br>Policy Number   |
| _____<br>Dentist's Name & Phone   | _____<br>Group Number    |

**Medical Information**

List any current allergies, illnesses, physical conditions or medications:

\_\_\_\_\_

\_\_\_\_\_

**Participation Consent and Authorization**

I(we), the parents/guardians of the aforementioned student, do hereby authorize Mission Hills Church (MHC) as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis treatment and hospital care which is deemed advisable by and is rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or hospital.

It is understood that this authorization is given in advance of any specific diagnosis treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis or treatment deemed advisable. This authorization shall remain effective unless revoked by you.

I, the undersigned, being the parent/guardian of the aforementioned, have read and understand the above. I will keep you updated of any changes on this form. This medical release will be kept on file at Mission Hills Church to use for any future activities and/or trips.

**Activity/Trip Release, Waiver, Indemnity and Assumption of Risk Agreement**

The undersigned agrees as follows:

I fully understand and acknowledge that there are risks and dangers associated with Participation which could result in property or bodily injury, partial and/ or total disability, paralysis and death. These risks and dangers may be caused by my action, inaction or negligence or that of other third parties, including the Released Parties, as described below. There may also be other risks and dangers which are unknown or not reasonably foreseeable at this time.

I accept and assume the risk and responsibility for any losses and/or damages for any such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Released Parties

I hereby release, waive, discharge and agree not to initiate any form of legal action against MHC, its pastor, elders, officers, agents, employees and volunteers (collectively "Released Parties") for any and all rights, claims, liabilities, lawsuits, damages, and expenses, including attorneys' fees, of any kind, known or unknown, existing or arising in the future, including those arising from negligent conduct of the Released Parties ("Claims and Damages") which I have or may have in the future against Released Parties resulting from or related to my Participation.

I further agree to indemnify and hold the Released Parties harmless against any Claims and Damages arising out of or in any way connected with my Participation.

In consideration of the MINOR CHILD ("Minor") named below, being permitted by MHC to participate in this ALL ministry events, activities, trips, excursions and programs conducted by MHC, I acknowledge that I have read and understand the Activity/Trip Release, Waiver, Indemnity and Assumption of Risk Form, agree to be bound by its terms, and further agree to indemnify and hold Released Parties harmless from any and all Claims and Damages which are brought by, or on behalf of Minor, and which are in any way connected with such Participation by Minor. If I cannot accompany the Minor in this event, I authorize the **MISSION HILLS CHURCH STAFF PERSON(S) IN CHARGE OF THE ACTIVITY/TRIP/CAMP** to **accompany and take full responsibly** for the minor.

**Transportation Consent and Authorization**

I consent to and authorize my/our child to be transported to and from church sponsored activities in a church, rental, or private vehicle.

**Photo Release Consent and Authorization**

I understand that my child may be photographed and/or videotaped during his/her participation in events, activities, trips, excursions and programs conducted by MHC and consent to and authorize such photographs and/ or videos to be used by MHC for ministry related presentations, publications and/or websites. I understand that my child's name will not be used and/or published in any way, and that no compensation will be given for the use of such photographs and/ or videos.

**MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT IT AFFECTS MY LEGAL RIGHTS, AND AGREE TO BE BOUND BY ITS TERMS**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant (Minor)

\_\_\_\_\_  
Printed Name of Parent/Guardian