Treasured by My Father

June 16th-19th, 2025

At Twin Rocks Camp, Rockaway Beach, OR

Join us for a great year of fun and growing in the Lord at Twin Rocks Camp!
There will be plenty of games, fun, food, waves, sand castles, singing and much more.

- Departing on Monday, June 16th
- Campers be at the Church by 11:00am
- Counselors and GAGG Staff be at the church by 10:00am
- Everyone bring a sack lunch that is disposable, as we will be stopping at a park on the way for lunch
- Arriving back home on Thursday, June 19th at approximately 3:00 p.m.

Ohana!

What TO Bring:

Sack Lunch!!
Box of favorite cereal
Box of favorite snack bars
Water bottle
Flashlight
Bible/Pen
Toiletries
Sun Block
Swimsuit (modest)
Two towels — for beach and for shower
Warm clothes for coastal weather & shorts and stuff for warm days
Jacket/Sweatshirt
Tennis shoes/Sandals
Warm clothes for coastal weather & shorts and stuff for warm days
Jacket/Sweatshirt
Tennis shoes/Sandals
Sleeping Bag & Pillow
Small Throw blanket
Medications (must be given to the camp nurse at check-in, to dispense during camp).

What NOT TO Bring:

Electronics such as phones, tablets, music players, or handheld games.
Fireworks of any kind
Weapons of any kind

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Children's Ministries

A Ministry of First Evangelical Church

WAIVER, RELEASE, INDEMNIFICATION AGREEMENT AND MEDICAL AUTHORIZATION

I wish to participate in recreational activities that will be available to participants at:

KIDS KAMP 2025
including such activities as:

Swimming, Hiking & Game Activities, etc
and/or other activities that may be hazardous or otherwise involve a risk of physical injury or death to participants (the "Activities").

I expressly assume any and all risks of injury or death arising from or relating to the "Activities" and waive and release any and all actions, claims, suits or demands of any kind or nature whatsoever against *First Evangelical Church*, its corporate affiliates, contractors, vendor, officers, agents, sponsors, volunteers or representatives of any kind (collectively "Releasees") arising from or relating in any way to my voluntary participation in the "Activities". I understand that this Waiver, Release and Indemnification Agreement means, among other things, that if I am injured or die as a result of my participation in any of the "Activities", I and/or my family or heirs cannot under any circumstances sue Releasees or any of them for damages relating to or caused by my injuries or death.

I agree to indemnify Releasees or any of them, and their subrogees, if any, in the event of any loss, damage or claim arising from or relating in any way to my participation in any of the "Activities". I understand and agree that I would not have been permitted to participate in any of the "Activities" had I not executed this Waiver, Release and Indemnification Agreement.

I have read this Waiver, Release and Indemnification Agreement, have asked and received answers to any questions I had concerning its meaning, and execute it freely, without duress, and in full complete understanding of its legal effect, and of the fact that it may affect my legal rights.

IF YOU ARE OVER 18 YEARS OF AGE, SIGN HERE:

Date:_____ Signature:_____

Print Name:_____

IF YOU ARE UNDER THE AGE OF 18, PARENTS PLEASE SIGN HERE:

I am the parent or legal guardian of the child whose name and signature appear above. I have read and understand this Waiver, Release and Indemnification Agreement, and consent on behalf of the Participant to its terms. I also agree to indemnify and hold harmless Releasees in the event that a court determines that any payment should be made to my child, notwithstanding the above release provisions. I authorize any of the Church's adult leaders to authorize necessary medical or dental care for my child in the event of an emergency.

Date:_____ Signature:_____

Print Name:_____

FIRST EVANGELICAL CHURCH HEALTH, CONSENT AND RELEASE FORM

NOTE TO THE PARENT/GUARDIAN: First Evangelical Church wants the event experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information: Medical history, Medical insurance information, and Emergency information

Name_____Birthdate_____ Sex_____ Age _____
Last First Middle Initial

Grade you will be in the fall:_____ Tee Shirt Size: _____

Friend(s) I have come with:_____

Parent or Guardian:_____

Home Address:_____Phone:_____
Street and Number City State Zip Area/Number

Cell#:_____

Second Parent or Guardian Emergency Contact:_____Phone:_____
Area/Number

If not available in an emergency, notify: Name:_____Phone:_____
Area/Number

Health History (Give approximate dates)	**Diseases**	**Allergies (Date not needed)**
_____Frequent Ear Infections	_____Chicken Pox	_____Hay Fever
_____Heart Defect/Disease	_____Measles	_____Ivy Poisoning, etc.
_____Diabetes	_____German Measles	_____Insect Stings
_____Bleeding/Clotting Disorder	_____Mumps	_____Penicillin
_____Hypertension	**Emotional Health**	_____Other Drugs
_____Mononucleosis	_____Depression	_____Asthma
_____Convulsions	_____Anger	_____Other (Specify)_____
_____Epilepsy	_____Other	

Operations or serious injuries (Dates):_____

Chronic or recurring illness or medical condition:_____

Please fill out attached Medication Form for ALL over the counter medications and prescription medication.
ALL MEDICATIONS MUST BE SENT IN ORIGINAL CONTAINER
ALL MEDICATIONS SHOULD BE TURNED INTO MEDICAL STATION WITH MEDICATION FORM.

Dietary restrictions:_____

Current medications (staple to this form detailed instructions for administering medications):_____

_____

Other diseases:_____

Are there any other concerns you would like the staff to be aware of? _____

The applicant is under the care of a physician for the following condition(s):_____

_____

Name of family physician:_____Phone:_____

Name of dentist/orthodontist:_____Phone:_____

Insurance Company:_____Policy#:_____Group#:_____

Address:_____Phone:_____
Number/Street City State Zip Area/Number

Activities that the student cannot participate in:_____

_____

Do you give permission for the above student to be given Tylenol, Advil or other over the counter drugs if needed at camp? Yes ___ No ___
Please initial you response

Student Medication Form

This form must be completely filled out for campers bringing any medication to camp. You will be allowed to keep the inhalers but all medications will be kept and given out by the Medical Team. Please fill out one section of this form for each medication.

ALL MEDICATIONS MUST BE SENT IN ORIGINAL CONTAINER

Medication for ____

(Name of Camper)

As needed Only

Medication name ______________________________ Dispense Regularly

	Time	Dosage		Time	Dosage		Time	Dosage	
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									

As needed Only

Medication name ______________________________ Dispense Regularly

	Time	Dosage		Time	Dosage		Time	Dosage	
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									

As needed Only

Medication name ______________________________ Dispense Regularly

	Time	Dosage		Time	Dosage		Time	Dosage	
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									