

# Footprints in the Sand

## CYF FebCamp 2012

One night I dreamed I was walking along the beach with the Lord.

Many scenes from my life flashed across the sky.

In each scene I saw my life in the sand.

Sometimes there were two sets of footprints.

Other times there were one set of footprints.

Camp Tuolumne Trails

22988 Ferretti Road

Groveland, CA

209-962-7534

I could see only one set of footprints.

So I said to the Lord,

"You promised me Lord,

that if I followed you,

you would walk with me always.

But I have noticed that during

the most trying periods of my life

Keynoted by Rev. Steve Moore

Directed by Michael Hamm.

Why, when I needed you most,

you have not been there for me?"

registrations and medical forms available

online at [www.ccncn.org/youth](http://www.ccncn.org/youth)

"The times when you have

seen only one set of footprints,

is when I carried you."

Mary Stevens

# Feb Camp 2012 Registration

Registration due by February 11, 2012

Participant's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parent/ Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Youth Email: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Parent Cell Phone: (\_\_\_\_) \_\_\_\_\_ Parent Email: \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_

Gender: \_\_\_\_\_ **Grade Completed** (circle one): 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> Adult

**Feb Camp 2012 Covenant** Note: Covenant must be signed by all participants (youth & adults).

- † I agree to participate in all activities – sharing my gifts, my enthusiasm, and my concerns.
- † I agree to help create a community of love, acceptance, and caring for all persons attending.
- † I will care for and respect my body by not bringing or using alcohol, cigarettes, or other drugs.
- † I agree not to participate in inappropriate sexual behavior.
- † I will love and respect the world God has created by caring for it and avoiding any activity that would harm the environment.
- † I agree to respect the property of others.
- † I agree to observe the specific rules of Feb Camp, which will be discussed at camp, 2012.

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

\_\_\_\_\_  
Date

- † I have read the covenant.

**This section to be completed by Parent/Guardian (regardless of camper's age):**

- I give my consent for \_\_\_\_\_ to attend and participate fully in Feb Camp 2012. I have read the covenant above, and I understand that if my child violates the covenant, I will be responsible for his/her early transportation home. \_\_\_\_\_  
(Initial)
- I give my permission for the registrant to be photographed for educational/publicity purposes (with the possibility of the pictures being published on the Regional Website). I understand that the photographer will follow the CCNC-N's Cyber Policy. The policy is available upon request. \_\_\_\_\_  
(Initial)

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## Camper's Covenantal Agreement

**I have read and agree to abide by the Covenant above. I understand that serious violation of this covenant may result in my being sent home from the event stated above.**

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send registrations, medical forms and \$160.00 or \$140.00 to:  
CCNCN, 9260 Alcosta Blvd. C-18, San Ramon, CA 94583**

Please register in advance to help us prepare enough food.  
Checks can be made payable to CCNCN, with memo: Feb Camp

Note on transportation: No youth are to ride as passenger in cars driven by other youth (21 or younger) on the way to or from the event. Please find adults to drive unless licensed youth drivers are alone in their own car.

## Youth Medical Form for Youth Event–2012

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Camper's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender (circle one): M / F

Youth Event (circle one): Junior / Chi Rho / CYF I / CYF II / Feb Camp / Mid-Winter

The following information is required to ensure that your child's individual needs are met while attending camp. Information is confidential and will be made available only to those people who are directly responsible for your child's well being. In the event of an emergency, every effort will be made to contact the parent/guardian. No person will be allowed to attend camp without a completed and signed copy of this form.

**MEDICAL HISTORY:** Has your child been subject to any of the following? Please check all that apply.

	In past year	More than 1 year ago		In past year	More than 1 year ago
Diabetes			Hyperactivity		
Epilepsy			Convulsions		
Heart disease			Fainting spells		
Rheumatic fever			Tires easily		
Chicken pox			Nosebleeds		
Rubella			Eye/ear problems		
Mumps			Fractures		
Whooping cough			Muscle sprains		
Scarlet fever			Bed wetting		
Hepatitis			Depression		
Encephalitis			Other (specify)		
Emotional problems					

Does your child have any allergies? \_\_\_\_\_

Are immunizations up to date? \_\_\_\_\_ Date of last tetanus booster: \_\_\_\_\_ Date of last DPT booster: \_\_\_\_\_

Usual source of care: Physician \_\_\_\_\_ Phone no. \_\_\_\_\_

Dentist \_\_\_\_\_ Phone no. \_\_\_\_\_

Eye Doctor \_\_\_\_\_ Phone no. \_\_\_\_\_

Glasses? \_\_\_\_\_ Contact Lenses? \_\_\_\_\_

Health Insurance Carrier and no.: \_\_\_\_\_

Is your child currently under care of a physician? \_\_\_\_\_ Counselor? \_\_\_\_\_ If yes, please give additional information: \_\_\_\_\_

Does your child have any special dietary needs? (Please specify food allergies, if vegetarian, etc.) \_\_\_\_\_

Is there additional information, which would be of help in promoting your child's welfare while at camp? \_\_\_\_\_

