



DISCIPLES UNION SUMMER YOUTH RETREAT 2023

GENERAL RETREAT INFORMATION

Retreat Dates: Monday, 7/17/23 – Thursday, 7/20/23 (3 NIGHTS)

Age Group: Incoming 5th grade to 9th grade students

Campsite Address: The Delta Estate, 19900 Sherman Island Cross Road, Rio Vista, CA 94571

Campers Drop-off at: 4:00 pm on Monday, 7/17/23

Campers Pick-up at: 10:00 am on Thursday, 7/20/23

Camp Fee:

- Early-Bird discount: \$250 per person, sign up by **3/31/23**.
- \$275 per person AFTER 3/31/23.
- Transportation to and from campsite is available for an additional **\$50**. See Transportation Options below.
- Payment form: Personal check payable to **"The Church of God In Oakland"**. Please note Camper's name and **"Summer Youth Retreat 2023"** on the check memo.

Transportation Options:

Two transportation options are available for your child's drop-off and pick-up at the retreat.

- Option 1: Parents or guardians to arrange their child's transportation to and from Rio Vista.
- Option 2: Receive transportation from Disciples Union for an **additional \$50**.

Please make your camp transportation selection on the following REGISTRATION FORM.

HOW TO SIGN UP:

Complete, sign, and turn in the following to Meijing Liu at DisciplesUnionFellowship@gmail.com by email or in person. **Early-bird discount ends on March 31st, 2023.**

- RETREAT REGISTRATION FORM
- CAMP REFUND POLICY
- PARENT/GUARDIAN PERMISSION AND RELEASE OF LIABILITY
- PHOTO AND VIDEO RELEASE PERMISSION
- APPLICABLE CAMP FEE

THE CHURCH OF GOD

Oakland

3350 MacArthur Blvd.,
Oakland, CA 94602
oak.bachurch.org



**DISCIPLES UNION SUMMER YOUTH RETREAT 2023
REGISTRATION FORM**

Participant's Information:

Name: _____

Birthdate: _____ Gender: _____

School Attending in Fall: _____ Grade in Fall: _____

Home Address: _____

E-mail Address (if applicable): _____

Please make your retreat transportation selection below.

My child will choose the following Camp Drop-Off **AND** Pick-Up Option:

I will arrange transportation for my child.

My child will be dropped off by _____,

and picked up by _____

My child will need transportation provided by Disciples Union for an **additional \$50**.

Parent or Guardian's Information:

Name: _____

Phone Number: _____

E-mail Address: _____

Emergency Contact Information:

Name#1: _____ Phone Number: _____

Relationship to Participant: _____

Name#2: _____ Phone Number: _____

Relationship to Participant: _____

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Participant's Medical Information:

Physician's Name: _____ Phone #: _____

Address: _____

Health Insurance Plan: _____

Policy Number or Medical Record Number : _____

Policy Holder's Name: _____

Participant has a:

Special Condition: _____ Yes _____ No

Disabilities: _____ Yes _____ No

Allergies: _____ Yes _____ No

Medical: _____ Yes _____ No

Please list any Special Conditions, Disabilities, Allergies, or Medical Information below:

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid by camp staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs.

Parent/Guardian Signature _____ Date _____

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CAMP REFUND POLICY

We understand that unforeseen circumstances may arise, and we strive to be fair and reasonable in our refund policy. Please read the following carefully to understand our refund policy.

Refunds will be granted only in the following circumstances:

1. **Sickness or Injury:** If a participant becomes sick or injured and is unable to attend camp, we will refund the full camp fee.
2. **COVID-19 Related Issues:** If a participant is unable to attend camp due to COVID-19 related issues, such as a positive test result or mandatory quarantine, we will refund the full camp fee.

No refund will be granted for any other reason, including but not limited to, homesickness, schedule conflicts, or changes of mind.

If a participant becomes sick during the retreat, parents will be contacted and will be required to come and pick up their child. Please note that in such a case, the camp fee may not be refunded as it is necessary to ensure the safety and well-being of all participants attending the retreat.

To request a refund, please submit a written request with documentation of the illness or COVID-19 related issue to **Meijing Liu** at DisciplesUnionFellowship@gmail.com. Refunds will be processed within two weeks after the request is received.

We appreciate your understanding and cooperation with our refund policy. Please initial below to acknowledge your review and understanding of the Camp Refund Policy.

Parent/Guardian Initial _____

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**PARENT/GUARDIAN PERMISSION AND RELEASE OF LIABILITY FOR
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I, _____, am the parent/guardian of _____.

I give my permission for my child to participate in all retreat activities, including off-site trips and excursions in the **Summer Youth Retreat 2023** at **The Delta Estate, 19900 Sherman Island Cross Road, Rio Vista, CA 94571**. This retreat is organized by **The Church of God in Oakland** on **July 17th, 2023 to July 20th, 2023**.

I understand that although my child will be supervised by The Church of God in Oakland staff and volunteers, I do assume the risk in my child's participation in these events. I understand that the participant will be responsible for their own behavior and actions, and that any damage caused by the participant will be the responsibility of the participant and/or their parent/guardian.

I acknowledge that I will not seek to have the The Church of God in Oakland held liable if any accident, injury, loss of property or any other circumstance or incident occurs during or because of my child's participation in these camp activities. This release of liability includes accident, injury, loss, or damages to my child, as well as, to other individuals or property which may result from my child's participation in these events. I hereby release and agree to hold harmless The Church of God in Oakland, its staff, and volunteers, from any claims arising out of my child's participation in these events.

I have read and understand and accept all the statements recited above and accept full responsibility as described.

Parent/Guardian Signature _____

Date _____

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**PHOTO AND VIDEO RELEASE PERMISSION FOR
SUMMER YOUTH RETREAT 2023**

I, _____, am the parent/guardian of _____.

I give permission to **The Church of God in Oakland** (the organization) to use photos and videos of my child, taken during the **Summer Youth Retreat held on July 17th, 2023 to July 20th, 2023**, for promotional and educational purposes.

I understand that these photos and videos may be used in various forms of media including but not limited to brochures, flyers, posters, social media, and the organization's website.

I acknowledge that the organization has the right to crop or edit the photos and videos as they see fit.

I understand that my child's name may be used in conjunction with the photos and videos.

I hereby release The Church of God in Oakland from any liability or claims that may arise from the use of my child's photos and videos.

I have read and understand the above agreement. I **give my consent** for my child's photos and videos to be used for the purposes outlined above.

I have read and understand the above agreement. I **DO NOT give my consent** for my child's photos and videos to be used for the purposes outlined above.

Parent/Guardian Signature _____

Date _____