



## CAMP PHOTO / T-SHIRT

The Camp Photo and Camp T-Shirts are available for purchase only at Camp for \$12 each.

Products available at Camp:

\* **Camp Photo (\$12)** \* **Camp T-Shirt (\$12)** \* **Candy/Flower Grams**

*(Sizes available: Small - 3X)*

## TERMS AND CONDITIONS

By consenting to the following terms and conditions, I, the Registrant (Camper), Parent/Legal Guardian, hereby give the approval to participation in the activities of Apostolic Assembly of the Faith in Christ Jesus, Inc -- South Central District of California (SCDC) Youth Camp, August 1-3, 2025 and the rules set forth by the South Central District of California Messengers of Peace (SCDCMOP).

**LIABILITY:** I hereby release, absolve, indemnify and agree to hold harmless the Apostolic Assembly of the Faith in Christ Jesus (AAFICJ), the South Central District of California (SCDC), the South Central District of California Messengers of Peace (SCDCMOP), Hartland Christian Camp, the organizers, directors, sponsors, supervisors, counselors, and administration from any claim, demand, or action arising out, or in any way related to SCDC Youth Camp 2025, including any and all liability for personal injury, illness, or property loss or damage. I ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATING IN CAMP ACTIVITIES, INCLUDING BUT NOT LIMITED TO CAMP RECREATION, AND TRANSPORTATION TO AND FROM CAMP AND THE ASSOCIATED ACTIVITIES.

**PHOTO RELEASE:** I understand that I/my child may be photographed during the course of camp activities. I authorize the publication of any photos and/or video that contain my/my child's likeness for promotional purposes only, including but not limited to web-based social media platforms.

**MEDICAL TREATMENT:** If serious emergency arises, it might be necessary for a physician or staff nurse to administer medical treatment before the camp staff can get in touch with your emergency contact or designated physician. Such care can be provided ONLY if you will sign the following AUTHORIZATION FOR MEDICAL TREATMENT.

I authorize that medical and/or surgical care may be provided for myself/my child while I/he/she is in attendance at SCDC Youth Camp. I authorize such care to be provided through the facilities of the nearest hospital. I personally assume responsibility for any costs of such care.

By signing below, I, the Camper, Parent/Legal Guardian certify that I have carefully read the above Terms and Conditions and agree to it voluntarily. I affirm that the above provided information – Camper Information, Emergency Contact, Health Information -- is accurate. I have read the Camp Rules and agree to follow them.

_____	_____	_____
<b>Camper Printed Name</b>	<b>Camper Signature</b>	<b>Date</b>
_____	_____	_____
<b>Parent/Guardian Printed Name (If Camper Under 18)</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>
_____	_____	_____
<b>Pastor Printed Name</b>	<b>Pastor Signature</b>	<b>Date</b>

**PAYMENT OPTIONS:** Cash, Church Check (No Personal Checks please), Cashier's Check, and Money Order. Payable to: **Apostolic Assembly**

For debit/credit card or electronic payment (Square) visit [linktr.ee/scdcmop](http://linktr.ee/scdcmop)

\*We will also be accepting registration forms and taking card payments at Pre-Camp Service in Bakersfield on Saturday, July 19, 2025.

**Questions?** Contact our Camp Registrar or email us at [scdcmop@gmail.com](mailto:scdcmop@gmail.com) or [linktr.ee/scdcmop](http://linktr.ee/scdcmop)

**ADMIN USE ONLY:**  Check # \_\_\_\_\_  Cash  Card  Other \_\_\_\_\_ Amount: \$ \_\_\_\_\_  Paid in Full  
\$240