

EARLY
BIRD
REGISTRATION
ENDS
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CALIFORNIA OPEN BIBLE

COWBOY CAMP

this ain't our first rodeo

JULY 7-10, 2026

KOINONIA CONFERENCE GROUNDS,
WATSONVILLE, CA



CAMPER REGISTRATION PACKET

2026 Camper Registration Form

Please complete this form in its entirety and have it signed by an adult parent/guardian.

Name: _____ Gender: M/F

Grade last completed:

5 6 7 8 9 10 11 12

Church Affiliation (youth leader/youth group):

T-Shirt Size:

XS S M L XL 2XL

Contact Information

Emergency Contact: _____

Address: _____ City: _____

Phone Number: _____ Relation: _____

Medical Insurance Information

Company: _____ Policy #: _____ Group #: _____

Permission and Release

PERMISSION TO PARTICIPATE: We (I) the parent(s) or legal guardian(s) of the student named on this form hereby grant our (my) permission for the student to participate fully in camp activities July 7-10, 2026.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult camp staff member, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned student pursuant to this authorization.

PHOTO & VIDEO RELEASE: I understand and grant permission for the student's image and voice to be captured in photography, video or audio during camp, and that image shall be the property of Nor Cal Open Bible Kids/Youth for promotional use.

Signature: _____

Date: _____

Koinonia Conference Grounds Camper Health Form

Full Name: _____ Date of Birth: _____ Age at Camp: _____

Gender: Male Female Camp Dates: _____

The information provided on this form will be used to brief kitchen staff about nutritional needs, educate Cabin Leaders & the Camp Director about camper needs, and provide Healthcare Staff with background about your child. Receiving adequate information at least two weeks prior to your child's arrival is crucial to our ability to provide the proper supportive environment. Please read and complete this form thoroughly.

HEALTH HISTORY: To be completed and signed by parent or guardian. Please keep a copy for your records and to record changes in your child's health status. Please notify Koinonia Conference Grounds in writing if there are any changes.

ALLERGIES: Please mark those that apply to this camper.

This camper has no known allergies.

This camper has an allergy to the following: (List all foods, medications, and substances) _____

Does this cause anaphylaxis? Yes No Unknown

Please describe allergic reaction (if any) and what steps are taken to manage it (attach additional information if needed): _____

NUTRITION: We are able to work with some medically prescribed diets but are unable to cater to individual food preferences. Please mark those that apply to this camper. Please call if you have any questions.

This camper eats a regular, varied diet

This camper is on a special diet

(Our expectation is that the camper will bring his/her own supply of products (such as Lactaid and gluten-free items) and will contact the camp nurse when the supplement is needed.)

CHRONIC CONCERNS: Please mark all that pertain to this camper and provide information about supportive health care.

This camper has no chronic health concerns and is capable of full participation in this program.

This camper has the following chronic health concern(s):

Asthma

Headaches

Sleepwalking

Diabetes

Hearing Difficulties

Menstrual Cramps

Frequent ear infections

Bedwetting

Bee Sting Allergy

Seizure Disorder

Surgical History

Fainting

Fears/Phobias

Other (please describe): _____

Please provide information about supportive health care needed for each marked item (if any): _____

Date of camper's last physical exam: ____/____/____ (must be within 12 months of camp)

If *Surgical History* is marked above, please explain: Date of Surgery: _____ Type of surgery: _____

Are all symptoms resolved? Yes No - Please explain: _____

Is the camper cleared by parent and physician for active camp participation? Yes No Date of last Tetanus shot: _____

Camper's Physician: _____ Office Phone: (____) _____

Camper's Dentist: _____ Office Phone: (____) _____

MEDICATIONS: All medications MUST be in original, pharmacy-provided containers and appropriately labeled. Please attach a note if the camper has been taking current dose for less than three months prior to arrival or if there are any changes.

This camper does not take any medication.

This camper takes daily medication:

1. Medication: _____ Reason for Taking: _____

Dose Taken: _____ How often each day? _____

2. Medication: _____ Reason for Taking: _____

Dose Taken: _____ How often each day? _____

3. Medication: _____ Reason for Taking: _____

Dose Taken: _____ How often each day? _____

MEDICATIONS (continued):

The following medications, stocked in the Gauze Pad/Health Center, are used to manage illness or injury and dispensed as directed by our medical protocols. Generic form may be used. Please cross-out any medicine your camper **should not** be given:

Acetaminophen (Tylenol)	Chamomile Tea	Guaifenesin/DM (Cough Med)	Kaopectate/Anti-Diarrheals
Aloe	Cough Drops	Hydrocortisone Cream	Nix
Antacid	Decongestants	Ibuprofen (Motrin)	Tinactin
Bismuth liquid/tabs	Diphenhydramine (Benadryl)	Insect Repellant	Triple Antibiotic Cream
Calamine Lotion	Dramamine	Iodine Swabs	

MENTAL, EMOTIONAL AND SOCIAL HEALTH: Please mark YES or NO for each statement.

1. This camper has been diagnosed with ADD or ADHD Yes No
2. This camper has psychiatric diagnosis such as depression, OCD, panic/anxiety disorder Yes No
3. This camper has an emotional health concern Yes No
4. During the past academic year, this camper has seen or is currently seeing a professional to address mental/emotional health concerns. Yes No
If yes, please specify: _____
5. This camper has had a significant life event that continues to affect the camper's life Yes No
If yes, please provide written information about the event.

WHAT HAVE WE FORGOTTEN TO ASK? Please provide additional information about your child's health which may have been neglected on this form. We are particularly interested in information which has impact upon your child's ability to fully participate in our active camp program.

BILLING INFORMATION FOR HEALTH CARE: Parents/Guardians are financially responsible for health care given by an out of camp provider. To whom should this provider route charges for your campers health care if the need arises? **Please include a copy of an insurance card.** Please copy both sides of the card so addresses and telephone numbers are readable.

This camper is not covered under an insurance policy.

This camper is covered under the following health insurance:

Insurance Company: _____ Policy/Member #: _____

Insurance Company Telephone: (_____) _____ Name of Subscriber: _____

Insurance Company Address: _____ City: _____ State: _____ Zip: _____

PARENT CONTACT INFORMATION: We will call in the event of an emergency or if we have questions about your child. Please provide contact information for other people who know your child and with whom we can consult if we cannot reach you. We will assume you have spoken with these individuals and that they are willing to assist, should the need arise.

Custodial Parent/Guardian: _____ Relationship to Camper: _____

Camper Lives With (name): _____ Daytime Telephone: (_____) _____

Address: _____ Evening Telephone: (_____) _____

City: _____ State: _____ Zip: _____ Cell Phone: (_____) _____

Alternate Contact: _____ Telephone: (_____) _____

Relationship to Camper: _____

Alternate Contact: _____ Telephone: (_____) _____

Relationship to Camper: _____

PARENT/GUARDIAN CONSENT AND AUTHORIZATION FOR HEALTH CARE: This health history is correct and the camper described has permission to participate in all camp activities, except as noted by me and/or the examining physician. I will not hold Koinonia Conference Grounds or its agents liable for injury caused by common accident, illness, or the rendering of emergency care. I give permission for this child to be transported to and from any offsite locations in emergency situations (if any) by authorized vehicles. Koinonia Conference Grounds has my permission to obtain a copy of my child's health record from the providers who treat my child. I understand that information about my child's health will be shared on a "need to know" basis with other Koinonia Conference Grounds staff. I give permission to the physician selected by Koinonia Conference Grounds to order X-rays, routine tests and treatment for the health of my child. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child. This form may be photocopied. By signing below, I give permission to Koinonia Conference Grounds to use video or photography of me or my family members for promotional purposes.

***SIGNATURE OF CUSTODIAL PARENT/GUARDIAN:** _____ **DATE:** _____

Koinonia's Adventure Program Acknowledgment of Risks

The Koinonia Conference Grounds Adventure Programs are designed to challenge and encourage participants to get out of their "comfort zone" and involves a variety of activities that often include games, group initiative problems and other rigorous physical adventure activities such as low and high ropes course elements.

These activities may include wearing a climbing harness, climbing, running, lifting, bending, balancing, traversing elements and cables up to 85 feet above the ground, riding down a cable on a pulley, belaying, being belayed by other participants or staff, traversing cables low to the ground, spotting participants from falling, being held several feet above the ground by other participants.

Koinonia Conference Grounds states that these activities are not without risk of physical injury and emotional stress. The potential hazards of the program include debris falling from trees, falling from a high or low element, improper belay or spotting technique, swinging into trees, platforms or other objects, and equipment failure. Some of the potential injuries or losses include loss of property, sprained or broken limbs, cuts, scrapes, bruises, heart attack, stroke, stress, overexertion, sunburn, allergies, insect bites, and dehydration.

I acknowledge the risks of the activity, including, though not exclusively, those described above and understand they may cause loss of property, personal injuries and even death. My participation in these activities is purely voluntary.

Name of Participant _____ Date of Birth _____ Date of Session _____

This program is a physically active experience. We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. Some potential conditions that may affect your participation are: recent or recurring injuries, problems with your neck or back, recent medical procedures, pregnancy, diabetes, seizures, asthma, allergies, and heart conditions. Please carry emergency medication for the above conditions.

Information on this sheet is used only by our program staff to help you participate in a safe manner.

1. Is there any medical information or conditions we should know about? (If yes, please explain) _____

2. Do you have any allergies, reactions to medications, or any other medical limitations that we should know about? (If yes, identify and explain) _____

3. I certify that I am fully capable of participating in these activities. YES _____ NO _____

4. Health Insurance Carrier _____ Policy # _____

Koinonia's Adventure Program Acknowledgment of Risks Cont.

I understand that in signing this form that I am providing both a Medical and Liability Release to Koinonia Conference Grounds for myself, or the minor child named above. I hereby acknowledge that during attendance at an Adventure Program session certain risks exist, which may be known or unknown at this time, and may result in physical injury. In case of a medical emergency, I hereby give permission to a KOINONIA CONFERENCE GROUNDS employee or agent, and the physician selected, to secure proper treatment, to hospitalize, order injections, anesthesia, and/or operations as may be urgently necessary. In signing this Liability Release, I assume full responsibility for mitigation of such an incident, and I am granting permission for the participation of the named guest (myself or named minor) in all activities, unless specifically noted on this form.

I agree that, in the event of dispute between myself as a guest or parent/legal guardian of, or on behalf of, the named minor, I will submit to arbitration by an organization sanctioned for this purpose, in lieu of pursuing litigation in a court of law. I further agree, to absolve and hold harmless Koinonia Conference Grounds a Non-profit Corporation, its Board of Directors, agents and employees against liability for, damages, losses, or injuries to myself, my property, or the named minor. Signing this form gives Koinonia Conference Grounds, and it's Adventure Program Department, rights to use video and photography of me or said minor for promotional and advertising purposes.

Participant's Signature

Date

Parent/Guardian's Signature (if participant is under 18 years old)

Date

CAMP RULES/GUIDELINES:

Stuff you should NOT bring to camp...

Tobacco, narcotics, alcohol, weapons of any kind, pornography, fireworks, or other combustible materials. Possession of any of these items will be cause for immediate dismissal from camp. Also, campers should not bring valuables such as laptops, iPads or other electronics.

Dress code

Everyone must wear shoes when walking on the grounds.

Guys – Shirts must be worn at all times, except in the pool or at the lake and if you are a 'skin' for basketball. Your shorts need to stay up around your waist. For swimming, guys must wear swim trunks that stay up, no speedos and no cut offs.

Ladies – Your shirt and pants should touch. Your shorts or skirts should be at least mid-thigh. For swimming, ladies must wear modest one-piece suits. If you have a two-piece, you must wear a t-shirt over it.

Staying in dorms at night

Any student found, for any reason, outside of these confines will be subject to disciplinary action and possible dismissal from the remainder of camp; no refunds or exchanges. If sent home the parent/guardian will be responsible for retrieving the student from campgrounds.

Social skills

Fighting, intimidating, or verbally abusing anyone, camper or staff, is not permitted and may result in the camper losing their privilege of finishing camp. Public displays of affection are not allowed during camp.

Mobile phone policy

Phones and other electronic devices will not be allowed to be used at camp. If they come with the camper, the device will be taken from them, placed in a protected area, and returned prior to departure from camp. The primary reason for this is attention. Our hope and goal are to encourage our students to take their focus off the electronic world and pay attention to God and the friends around them. If a parent is concerned about connectivity with their student, give them the camp number for emergencies. Remind parents that students can receive mail while at camp during lunch time.

Common Sense Thinking

When you make decisions during camp week, use common sense and treat other people the way you would want to be treated. Also, show respect for the campgrounds. Simply put, USE THE BRAIN GOD GAVE YOU.

What to Bring

The following is a partial list of things you will want to remember to bring with you to camp. Please be sure to personalize your items and luggage.

- Warm sleeping bag, pillow, pajamas
- Outdoor clothes (warm and cool)
- Warm sweater and jacket, bug spray
- Comfortable sturdy shoes, sandals
- Sunblock, towels, swimsuit (One-piece, modest)
- Toiletries - soap, toothbrush, shampoo, towels, etc.
- Bible, notebook, pen, camera, flashlight
- Prescription medications (labeled and handled by the Health Supervisor)

What Not to Bring

Please leave the following items at home - your week will be better without them.

- Items of value such as, game systems, cell phones (there is no reception at Koinonia)
- Magazines, books, fireworks, matches, or weapons of any kind
- Drugs, alcohol, tobacco