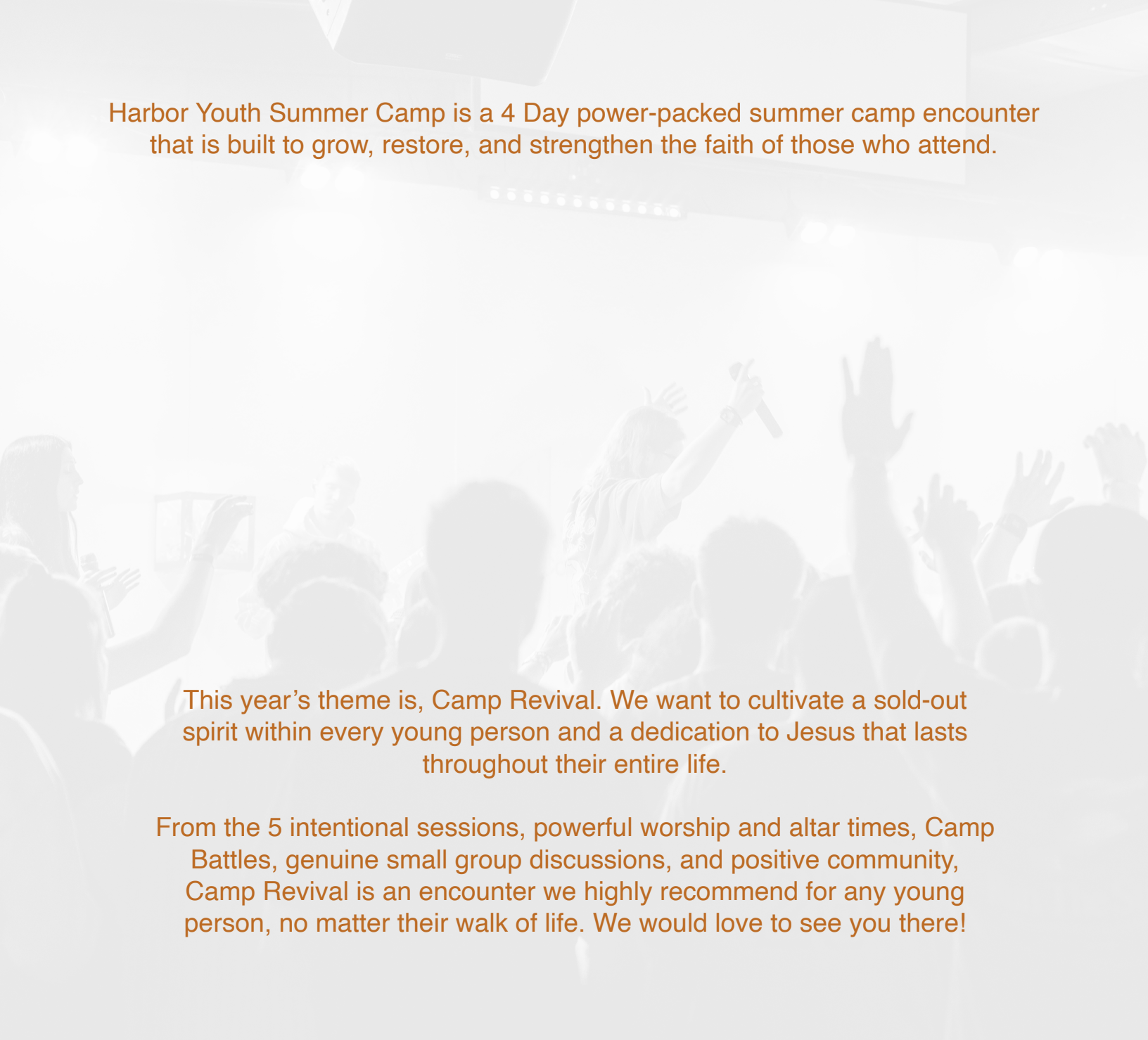


CAMP *july*
REVIVAL 2026
harbor youth



Harbor Youth Summer Camp is a 4 Day power-packed summer camp encounter that is built to grow, restore, and strengthen the faith of those who attend.

This year's theme is, Camp Revival. We want to cultivate a sold-out spirit within every young person and a dedication to Jesus that lasts throughout their entire life.

From the 5 intentional sessions, powerful worship and altar times, Camp Battles, genuine small group discussions, and positive community, Camp Revival is an encounter we highly recommend for any young person, no matter their walk of life. We would love to see you there!

CAMP - New Life Camp

701 MAYHEW RD ROSE CITY, MI 48654

CHECK IN - Check-In will start on Friday at 12pm. We will leave shortly after.

*(Bags will be checked before leaving for Camp)

FOOD ALLERGIES - If you have any food allergies your form needs to be turned in no later than **July 15th**. Please note allergies and not preference.

**HARBOR YOUTH**

WHAT TO PACK:

- Bible / Pen or Pencil
- Sleeping Bag / Blankets / Pillow
- Medication (see medication form)
- Socks / Underwear / Changes of Clothes / Pajamas
- Appropriate Swimsuit / Labeled Bag (for wet clothes)
- Gym Clothes / Shoes
- Personal Care Items (towel, flip-flops, shampoo, deodorant, toothbrush, etc)
- Food / Drinks / Snacks
- Money for Snack shop
- Sunscreen / Bug spray
- Flashlight
- Grade Color clothing items

Everything you pack must in a bag labeled with your name before it can be loaded onto the trailers.

WHAT NOT TO PACK:

- **PHONES.**
- Handheld Gaming System (ie. Switch)
- Drugs / Alcohol / Tobacco / Vape Pens / etc
- Clothing With Vulgar Slogans or Images/
Outlandishly-Sized holes
- Firearms / Fireworks
- Prank / Gag Materials
- Comics / Magazines
- Weapons of any kind

NOTE - Cellphones are prohibited
For communication with your student, the leaders, Pastor Luke, and Mia will have their cellphones on them in case of emergency, as well as the camp phone will be available.

*P.D.A. is prohibited (Embracing, Kissing, Holding Hands, Etc.)
In A Romantic Manner*

CAMP *july*
REV⚡VAL 2026
harbor youth

PARENT PERMISSION FORM

Please complete, sign and return the lower portion of the permission slip.

Name:		Grade Going Into:	
Dates of Trip:	Departure Date - Friday, July 24th	Return Date - Monday, July 27th	
Camp is planned for your young person as indicated below. Camp requires parent approval and information needed in the case of an emergency.			
Event:	Harbor Youth Summer Camp 2026	Destination:	New Life Camp
Transportation:	Bus/Van	Food:	Provided
Departure Location:	Harbor Church	Departure Time:	Friday - 12pm
Return Location:	Harbor Church	Return Time:	Monday - 1:15 pm

PARENT PERMISSION FORM

Please complete, sign and return the lower portion of the permission slip.

- I hereby give my young person permission to participate in the above named event and do hereby relieve Harbor Church of all responsibility beyond that of normal supervision. Their behavior at this event is regulated by and subject to the Harbor code of conduct.
- All Students must travel according to the mode indicated above unless a special arrangement is made between the parent/guardian and the NextGen Pastor.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have prior approval of the NextGen Pastor.
- For this student to participate in this event, parent/guardian must have given permission to participate. Also, this form must be in the possession of the leader by a specified date from departure to return from this activity.
- Students are expected to bring only the luggage you can carry. Luggage and bedding should be bagged and tagged with your name. Luggage WILL be inspected.
- Any limiting physical or medical condition(s) or medications that the leaders of this event need to accommodate should be noted here. _____

Parent/Guardian Signature:		Date:	
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HARBOR CHURCH CODE OF CONDUCT AND RULES

TRAVEL, BEHAVIOR, AND CABIN RULES

I agree to:

- be responsible and accountable for my own actions.
- be considerate of everyone with whom I come in contact with conducting myself in such a manner as to bring pride to myself, my church, and Christ
- use appropriate language and demonstrate good behavior.
- stay with my designated grade and never travel any place alone. (I must not leave any facility except in an approved group.)
- wear appropriate clothing during the trip. (This includes swim wear.)
- attend and be on time for all activities, services, and meal functions for this trip.
- refrain from the possession or use tobacco, vaping, alcohol or drugs unless said drugs are prescribed by a physician.
- assume full responsibility for all valuables taken on the trip.
- comply, throughout the trip, with any and all instructions directed to me and/or the group by a leader or staff member.
- **Electronics are prohibited**
- stay in my own room from the curfew time until the next morning.
- sleep in my assigned room and not entertain members of the opposite sex in my room.
- pay for any damages to property or furnishings and/or theft of property.
- not enter the cabins of guests not from our group, nor allow people from outside our group to enter my room.
- not leave my group, cabin, unless first given permission by a leader.

Students should plan on a leader staying in their cabin. Security will monitor the grounds. Everyone is expected to keep his/her area neat. Cabins will be checked.

If a problem arises that is serious enough in nature to warrant the below-named student's removal from the event we (the parent/guardian) agree to come and pick the student up at the parent/guardian expense. I understand and agree that my student / young adult will follow these rules at all times and behave responsibly in a manner that will reflect Harbor Church positively.

Student's Signature

Date

Parent's / Guardian's Signature

Date

STUDENT – CONSENT FORM

This form communicates to the parent the particulars of this church sponsored event and affords the Youth Pastor/ Youth Leader(s) the information necessary to act reasonably in the case of an accident, emergency or other situation that could arise during this event.

I permit my student (please print name) _____ to participate in Harbor Youth's Summer Camp at New Life Camp with Pastor Luke Schlanderer and the rest of the Harbor Church Staff and team members.

When my student is involved in the event and I am otherwise unable to provide authorization directly, I grant the Youth Pastor/ Youth Leader(s) the authority to act for me and to provide any required consents and authorization for the delivery of medical care, diagnoses, and treatment, including surgical intervention, if necessary on behalf of any minor student named above, and do all other necessary things as I might or could do to provide for the student's health and safety, if I were present. (this authorization is valid for the current calendar year or until such time as I withdraw the authorization).

I give my permission for my student to participate in the above named event, medical authorization to act in the student's best interests in the event I am not available to do so, and do hereby relieve Harbor Church of all responsibility beyond that of normal care and supervision.

Student behavior in this activity is regulated by and subject to the HARBOR CHURCH CODE OF CONDUCT AND RULES.

All Students must travel according to the mode indicated unless a special arrangement is made between parent and the Youth Pastor.

This form must be completed and in the possession of the Youth Pastor / Youth Leader(s) prior to the activity departure and taken by Youth Pastor / Youth Leader(s) on the travel trip.

Parent's / Guardian's Signature _____ Date _____

CAMPER REGISTRATION – 2026



CAMPER INFORMATION

NAME: _____
BIRTH DATE: ____/____/____ AGE: _____ GENDER: M / F
CAMPER PHONE: _____ CAMPER EMAIL: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____
CHURCH/SCHOOL/GROUP NAME: _____

PARENT/GUARDIAN INFORMATION (FOR MINORS)

NAME: _____ PHONE: _____
EMAIL: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____
EMERGENCY CONTACT: _____
RELATIONSHIP: _____ PHONE: _____

I (THE UNDERSIGNED) DO HEREBY RELEASE AND ABSOLVE NEW LIFE CAMP AND ITS WORKERS OF ANY RESPONSIBILITY IN THE EVENT OF AN ACCIDENTAL INJURY OR ILLNESS TO MY SON/DAUGHTER. THIS ALSO APPLIES TO OFF-CAMP ACTIVITIES, INCLUDING BUT NOT LIMITED TO CANOE TRIPS, HAYRIDES, TRAIL RIDES, AND TRANSPORTATION TO AND FROM THE CAMP WHEN TRAVELING IN CAMP VEHICLES. FURTHER, MY CHILD HAS PERMISSION TO ENGAGE IN ALL PRESCRIBED CAMP ACTIVITIES EXCEPT AS I HAVE NOTED IN WRITING. IF NECESSARY, I GIVE MY PERMISSION FOR EMERGENCY MEDICAL CARE, AND ROUTINE/NON-ROUTINE SURGICAL/NON-SURGICAL MEDICAL CARE TO BE ADMINISTERED TO MY SON/DAUGHTER BY A QUALIFIED DOCTOR OR NURSE. I ALSO GIVE PERMISSION FOR MY CHILD'S IMAGE TO BE USED IN PROMOTIONAL MATERIALS FOR NEW LIFE CAMP OR ASSOCIATED CHURCHES. I UNDERSTAND IN THE CASE OF A MINOR CHILD THAT, TO PROTECT THEIR PRIVACY, NO PERSONALLY IDENTIFIABLE INFORMATION WILL APPEAR ALONG WITH THAT IMAGE.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

MEDICAL INFORMATION

DOCTOR: _____ PHONE: _____
INSURANCE COMPANY: _____ POLICY NUMBER: _____

DOES YOUR CHILD EXPERIENCE ANY OF THE CONDITIONS LISTED BELOW?

- | | |
|---|--|
| 1. HAY FEVER, ASTHMA, OR WHEEZING Y / N | 7. FREQUENT COLDS, SORE THROAT, EAR ACHE (4+ PER YEAR) Y / N |
| 2. ECZEMA OR FREQUENT SKIN RASHES Y / N | 8. TROUBLE WITH PASSING URINE OR BOWEL MOVEMENTS Y / N |
| 3. CONVULSIONS/SEIZURES Y / N | 9. SPEECH PROBLEMS Y / N |
| 4. HEART TROUBLE Y / N | 10. MENTAL PROBLEMS Y / N |
| 5. DIABETES Y / N | 11. OTHER Y / N |
| 6. SHORTNESS OF BREATH Y / N | IF YES, DESCRIBE: _____ |

PLEASE EXPLAIN ANY PROBLEM AREAS IDENTIFIED ABOVE:



CAMPER REGISTRATION – 2026



ALLERGIES:

BEE STINGS | Y / N BUG BITES | Y / N SEASONAL ALLERGIES | Y / N

LIST FOOD ALLERGIES: _____

OTHER ALLERGIES: _____

CHILDHOOD DISEASES:

RHEUMATIC FEVER | Y / N MUMPS | Y / N CHICKEN POX | Y / N OTHER: _____

DOES YOUR CHILD HAVE ANY CURRENT INFECTIOUS DISEASES? Y / N

IMMUNIZATIONS:

ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE? Y / N LAST TETANUS SHOT (MM/YYYY): ____ / ____

MEDICATIONS

MEDICATION PERMISSION

MEDICATIONS CURRENTLY TAKING:

MY CHILD MAY BE GIVEN THE FOLLOWING OVER-THE-COUNTER MEDICATIONS:

ACETAMINOPHEN (I.E. TYLENOL)	Y / N
IBUPROFEN (I.E. MOTRIN)	Y / N
ANTACIDS (I.E. TUMS)	Y / N
BISMUTH SUBSALICYLATE (I.E. PEPTO BISMOL)	Y / N
DIPHENHYDRAMINE (I.E. BENADRYL)	Y / N

MEDICATION	DOSAGE	FREQUENCY	TIME OF DAY

SHOULD THE CHILD'S ACTIVITY BE RESTRICTED BECAUSE OF ANY PHYSICAL DEFECT OR ILLNESS? Y / N

LIST PHYSICAL LIMITATIONS IF ANY:

LIST ANY OPERATIONS OR INJURIES:

SPECIAL PHYSICAL, EMOTIONAL, OR BEHAVIORAL CONSIDERATIONS (I.E. SPECIAL DIET, DIABETES, ADHD):

SPECIAL CONDITIONS TO BE WATCHED FOR (REACTION TO FOOD, PENICILLIN OR OTHER DRUGS), BEDWETTING, FAINTING, SLEEPWALKING, ETC:

I CERTIFY THAT THIS INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND IS VALID ONLY FOR 2026.

INSURANCE POLICY: NEW LIFE CAMP IS A NON-PROFIT CHARITABLE ORGANIZATION DEPENDENT UPON GOD AND HIS PEOPLE. THOSE WHO USE NEW LIFE CAMP'S FACILITIES OR ENGAGE IN RELATED ACTIVITIES WAIVE AND RELEASE NEW LIFE CAMP FROM ANY CLAIM TO PERSONAL INJURY OR PROPERTY DAMAGE. ATTENDEES AGREE TO CARRY INSURANCE OR HAVE THE MEANS TO COVER EXPENSES RELATED TO PERSONAL INJURY OR PROPERTY DAMAGE.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____



Medication Administration Record (MAR) for NEW LIFE CAMP

Name _____ Date of Birth _____ Date of Camp _____ Group Name _____

Age _____ M / F Allergies _____ Phone # _____ Parent's Sig. _____

Medication Administration Guidelines:

1. Please place medications in a Ziploc bag clearly labeled with full name in permanent marker on the outside.
2. Medications must be in original container with doctor's directions if it is a prescription (no pills in bags or daily dispensers).
3. Please send an inhaler if your child has asthma. Please send an Epi-pen if your child has a history of severe allergic reaction.
4. Primary dispensing times for medications will be at meal times unless otherwise directed by a physician. Thank you!
5. Fill out shaded column only; daily columns for administration use only.

Frequency	B=Breakfast L=Lunch D=Dinner N=Night	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Medications								
Name	Dose							
Route	Frequency	B	L	D	N			
Reason								
Name	Dose							
Route	Frequency	B	L	D	N			
Reason								
Name	Dose							
Route	Frequency	B	L	D	N			
Reason								
Name	Dose							
Route	Frequency	B	L	D	N			
Reason								

PLEASE DO NOT WRITE IN DAILY COLUMNS! FOR ADMINISTRATION USE!

NOTES:



HARBOR CHURCH

EVENT CONSENT & LIABILITY WAIVER

EVENT: _____

PARTICIPANT NAME: _____

"I _____, the parent/legal guardian of _____, a minor, do so make the following consents as indicated by my initials and personal signature—

Permission to travel to and participate in the aforementioned event, under the covering of Harbor Church, East Tawas, MI.

Permission to use the previously filed, "Annual Medical Consent Profile", as a means of emergency medical authorization. I further confirm that all medical information submitted is true and up-to-date.

Consent to the terms and usage of the previously filed "Annual (Minor) Media Release"

Release of Liability: 'I release and forever discharge Harbor Church, their agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives from any and all damages and causes of action either at law or in equity that I may have as a result of my (or my child's) participation in, attendance at, and travel to and from the event. Furthermore, I do hereby expressly stipulate and agree to indemnify and hold forever harmless at Harbor Church, its agents and servants, successors, and assigns, directors, officers, employees, and other representatives against loss from any and all present or future claims, demands, or actions in law or in equity that may hereafter be made or brought by me or my child, by anyone on behalf of me or my child, or by anyone else on their own behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss sustained by me or my child during this event or travel to and from the same.'

I, the undersigned, hereby acknowledge that I have read and understand the contents of this document, and sign this *Consent and Liability Waiver* knowingly, freely, and willingly.

Parent/Guardian of Participant

____/____/____
Date