

Final Payment Due: SUNDAY, JULY 19TH

\$285

BLESSED ARE THOSE WHO HUNGER AND THIRST

MATTHEW



5:6

HUNGRY ONES



**YOUTH
CAMP**

JULY 27TH - 30TH

**20
26**



ALDERSGATE CAMPS & RETREATS 7790 MARION RD SE, TURNER, OR 97392

- PACKING LIST**
- REGISTRATION**
- CAMP DETAILS**

YOUTH SUMMER CAMP 2026

DEPARTURE & ARRIVAL: Meet at **8:00am** on **Monday July 27th** at Gateway Christian Fellowship. We'll arrive back at Gateway on Thursday, July 30th, around 5pm.

*Monday Night, July 27th is **TEAM COLOR NIGHT**, so wear our team color, which is **PINK**

WHAT TO BRING:

- **Sack Lunch** for the drive down on Monday
- **1 Bag + Personal Bag** (personal bag is a purse or backpack)
- **Flashlight**
- Clothes for the week (plan for hot weather w/ cool evenings)
- White shirt & clothes that may get dyed during Color Wars →→
- Clothing & accessories of our team color: **PINK**
- Closed toe shoes for games. Water shoes for the creek.
- Pillow & sleeping bag (personal bag & pillow must be taken on vehicle with you)
- Bathing Suit (modest- one piece only)
- Sunscreen & bug repellent
- Personal/Shower items (shampoo, deodorant, soap, etc.)
- 2 Towels (shower & water activities)
- Bible
- Pen & notebook
- Personal snacks (optional)
- Money for Snack Shack (optional)



WHAT NOT TO BRING:

- Fireworks
- Drugs or Alcohol
- Weapons
- Electronics of any kind (**NO Cell Phones, Computers, Tablets, etc.**)
- Immodest Clothing (NO Spaghetti Straps, Halter tops, or Short Shorts, etc.)

If you need to get a hold of your student for any reason you can call our Camp Administration (Julia Hawley) at (541) 951-7814. The camp staff also has a phone available for them to use if needed. Our CityLight Youth Leaders will have their phones as well.

FAQs

Q: When is Summer Camp and how much does it cost?

A: July 27th-July 30th and the cost is \$285.

Q: Where is Summer Camp located?

A: Aldersgate Camps and Retreats 7790 Marion Rd SE, Turner, OR

Q: When is Payment & Registration Due?

A: The entire \$285 payment is DUE by Sunday, July 19th. (The prior \$100 deposit goes toward the final amount of \$285)

- The included REGISTRATION form is DUE by Sunday, July 26th.

Additional Questions & Items:

For any questions, contact Jacob Benedict at jacob@gatewaycf.com or 253-549-8056

YOUTH SUMMER CAMP 2026

Name of Applicant: _____ Shirt Size: XS S M L XL 2XL (circle)

Name of Legal Guardian: _____

Phone Number: _____ Work Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Does the applicant have any allergies (medical or food)? _____ What: _____

Does the applicant take special medication? _____

For what? _____ How often? _____

(All medication must be checked into Youth Staff before departure for camp. Medical Permission Form required.)

Has the applicant had or been treated for lice in the last six months? _____

(We will be doing a lice check at registration, we can NOT have any students with lice attend camp.)

I understand that participation in Summer Camp 2025 involves a certain degree of risk. I have carefully considered the risk for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Gateway Christian Fellowship, CityLight Youth, Joy Church Medford/Circle Youth Ministries, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims and liability arising out of this participation.

In case of an emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for the purpose of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities. I have read over the permission slip and give Gateway Christian Fellowship, CityLight Youth, Joy Church Medford/CYM and Aldersgate Camps & Retreats permission to authorize and seek out appropriate medical treatment for my child in case of emergency.

Your child's likeness may be used in the promotion of GatewayCF, CityLight Youth, CYM in the form of photos, video, and/or written copy regarding their participation in Camp/CYM. This is non-negotiable. By attending the camp you and your youth are giving us permission to use their likeness in future promotional material.

Parent/Legal Guardian Printed Name

Emergency Contact Name/Number

Parent/Legal Guardian Signature

Date