

# Kids Camp 2025

SEARCH • EXPLORE • DISCOVER

SoCal  
KIDS

# ADVENTURE TREK

**July 18th – 21st**

Kids 8 yrs to 12 yrs  
minimum \$50 deposit  
due upon registration

**REGISTER BY JUNE 1ST!**

## DON'T MISS OUT!!

**\$290 per camper**

**\$50 due upon registration**

**Register before June 1st**

Kids Camp is a 4 day and 3 night fun-filled adventure  
in the mountains where kids get to PLAY, SWIM,  
MAKE FRIENDS, LEARN and EXPERIENCE God  
together!

**SCAN CODE  
TO REGISTER**



**MARK YOUR CALENDAR(S).**





## SOCAL KIDS CAMP HERE'S WHAT THE KIDS SAY

**"My camp high moment was crying in the chapel & being filled with the Holy Spirit"**

**"I loved hanging out with my friends and worshipping together"**

**"My high was the sermons and the batting cages!"**

**"A really good moment was when everyone was quiet and you could hear everyone talk in their Spirit-prayer"**

**"The water slides are my HIGH!"**

**"I'll never forget when I started to cry because I realized God is the only one I can count on...guiding my future no matter what"**

**"Thank you for helping me bring the Lord to my heart"**





**SoCal Network, Assemblies of God Kids Ministries**  
**SoCal Network Kids Camp**  
**Important Information to share with Parents**  
**Copy front to back and give to every camper**

**Camp Arrival & Departure Times:**

**Pinecrest 1:** July 15-18, 2025

Check-In 2:00 pm

Check-Out 11:00 am

**Pinecrest 2:** July 18-21, 2025

Check-In 2:00 pm

Check-Out 11:00 am

**Pinecrest 2:** July 22-25

Check-In 2:00 pm

Check-Out 11:00 am

**AGE REQUIREMENTS:**

**CAMPERS:** 7.5yrs. – 12 yrs. old

**CABIN LEADERS** – must be 18+ on or before first day of camp

**STUDENT LEADERS** - 15 -17 yrs. On or before first day of camp  
(STUDENT LEADERS CANNOT REPLACE CABIN LEADERS)

**MAIL CALL:**

Due to the shortened duration of camp, there will be no Mail Call

**SPENDING MONEY:**

**Missions Offering** – Offerings will be received in chapel.

**Snack Bar** – The camp operates a snack bar on site.

**SoCal Kids Store** – Themed merchandise, toys & treats

**Skate Park**—No Charge

**What To Bring:**

- Clothes (will get messy)
- Water Bottle
- Sleeping Bag / Bed Linens
- Pillow
- Bible
- Toothbrush & Toothpaste
- Other Hygiene Products/Hand sanitizer
- Jacket/Sweater (cool weather)
- Flashlight
- Spending Money
- Play Shoes-no open toes
- Towel & Washcloth
- BGMC offering for Camp Missions (**checks payable to SoCal Network**)
- Swimwear (DURING SUMMER SEASON ONLY - girls must wear dark shirt over 2pc. Swimsuits)
- Pajamas
- Socks
- Plastic bag for wet clothes
- Medicines (if applicable-to be taken to Nurse upon arrival at camp)
- Leaders may bring a box fan

**WHAT NOT TO BRING:**

- Firearms
- Drugs
- Electronic Devices
- Alcohol
- Fireworks
- Inappropriate Clothing
- Inappropriate Reading Material
- Tobacco

**HEAD LICE CHECK:** Every camper must be examined for head lice prior to coming to camp.

**CAMP RULES AND REGULATIONS:** These apply to ALL persons both students and adults. Parents/adults need to review these and, by signing the Registration Form, are agreeing that the camp guidelines have been reviewed and will be followed. It is understood that if a guideline is not followed it may result in the camper leaving camp.

**THREE BASIC RULES** apply to all campers, Leaders, CIT's & Staff:

1. Respect those in authority (Rom. 13:1)
2. Be courteous to others (John 15:12)
3. Respect other's property (I Pet. 2:17, Matt. 7:12)

**REGULATIONS:**

1. **ATTENDANCE:** Campers will attend all classes and services.

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2. **HOUSING:** At no time are boys allowed in girls' housing or girls in boys' housing. Breaking this guideline will result in the camper being sent home. A parent will be called and will have to immediately come and pick up the child.
3. **AUTHORITY IN CAMP:** The camp is sponsored by the SoCal Network KidMin Department, in which decisions are made by the Director, Camp Director or Camp Staff all of whom are chosen by the Network SoCal KidMin Office. All persons in camp agree to follow the directions and instructions given by the staff.
4. **RESPECT FOR CHAPEL:** The chapel is to be treated with respect as a place to meet with God.
5. **DRESS CODE:** All clothing must be appropriate & without question in length or shortness. Shorts can be worn during the day. Leaders, as a role model please wear appropriate clothing that exemplifies self-respect and modesty. Examples of inappropriate clothing are: low cut necklines, shirts or tops that do not come to the waistline, short shorts, low-cut pants, underwear showing, or tight shorts/pants. Ladies, 1 piece bathing suits only. **ALL CLOTHING SHOULD BE MODEST.**
6. **LEAVING CAMP:** Except when dismissed at the close of camp, no one will leave the camp without permission of the Camp Director. For the protection of the campers, no camper may leave the campground during the camp week with anyone other than his/her parent or legal guardian unless the Network Director receives direct, written communication from the camper's parent or legal guardian stating when, why, and who may pick up the child. Identification will be required and the individual picking up a camper must sign a release form before the camper may leave.
7. **DAMAGE OF CAMP PROPERTY:** In the event a camper, student leader or adult cabin leader maliciously or accidentally destroys any of the following: camp property, other persons property, equipment belonging to a church, district or campground will result in the responsibility of the parent/guardian to pay for replacement or equal value of the item destroyed. Please be advised, when using a portable fan in the rooms, please let an adult place it in the window. Many of the Campground screens have been damaged in past years. If any screens are damaged or pushed out, a replacement fee of **\$30.00** will be charged to the corresponding church.
8. **ELECTRONICS, TOYS, PERSONAL BELONGINGS:** While we understand that kids like to bring electronics, toys, or personal items to camp such as cell phones, and other devices, these can easily become broken, lost or worse. We ask that these devices stay home and not be a distraction while at camp.
9. **POOL GUIDELINES:**
  - o Girls must wear a dark t-shirt over all 2-piece bathing suits, in and out of the pool.
  - o Always keep your feet protected by wearing shoes to and from the pool.
  - o Be sure the towels and clothing you pick up belong to you.
  - o Unless given permission by the staff or a counselor, do not leave the pool area for any reason. (Free time is the only exception.)
  - o Obey the rules given by the camp lifeguard and staff.
10. **Skate Park Guidelines:**
  - o Safety attire is **MANDATORY** when using the skateboard ramp. (This includes helmet, knee & elbow pads & shoes.
  - o Child may bring their own safety attire.
  - o Child must obey the rules given by the camp staff, counselors, volunteers & Skate Park staff during activities.

**VISITS AND CALLS:**

- Due to the brief, and fast-paced duration of camp AND for necessary health guidelines, there will be no allowed outside guests admitted.
- We ask parents to partner with us and maintain a no-cellphone/telephone use by campers for the duration of camp to help the campers adjust to the camp schedule and focus on spiritual development. If necessary, campers may sit with their **counselor at the nurse's office** for their call. This call may only be made at free time and all calls should be kept brief.
- Since the campground office phones are not always attended and campers, Cabin Leaders and staff are in activities, messages will be delivered at mealtimes unless it is a family emergency.
- **No campers may use or bring cell phones.** All camper cell phones will be collected by cabin leaders, turned into camp staff and returned at the end of camp. Counselors and CITs will not be at liberty to allow campers to call home on the leader's cell phones except at the nurse's office during free time.

**MISSIONS OFFERING:** We are excited to be receiving a special missions offering. The offering will be contributing to the all-church missions project. Don't forget to pack your offering.

**Refund POLICY:** Prior to camp, registration fees are non-refundable but are transferable.

- A. Transferring the full registration fee to a camper will depend on the availability of housing and adult cabin leaders. Before such a transfer can be made, contact the KidMin Office for verification / approval.
- B. Partial Refunds will only be given in the case of illness or family emergency. SoCal Kids Ministries will issue a refund for the full registration fee minus a \$40 processing fee.



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- C. Camper Leaving During Camp Week: The camper will receive no refund if they leave for any reason once camp has started. This is due to housing, food, etc. already been reserved for them.

**INJURIES/ILLNESSES:** All injuries or sicknesses are to be reported to the camp nurse/health supervisor. For safety reasons, walking rather than running will be the basic practice.

**MEDICAL CONCERNS:** If a camper comes to camp with prescription medicine, it must be given to the camp nurse upon arrival.

**All medications should be:**

- A. Clearly labeled with the camper's name
- B. Have the name of the prescribing physician
- C. Have the date prescribed and the prescription number
- D. Name of medication and directions for its use

SoCal Kids Network, Assemblies of God

# Kids Camp Application

Please print clearly

Check one: ☐ Camper ☐ Leader ☐ Staff  
Camper Name: \_\_\_\_\_  
Church City/Name: \_\_\_\_\_  
Pastor: \_\_\_\_\_

## REGISTRATION INSTRUCTIONS:

Complete this form COMPLETELY. Print clearly. Only a Parent or Legal Guardian can sign this form.

All Attending **Campers, Student Leaders, Cabin Leaders & Staff Members** must complete this form.

Camp Attending: \_\_\_\_\_ Pinecrest 1 (July 15-18) \_\_\_\_\_ Pinecrest 1 (July 18-21) \_\_\_\_\_ Pinecrest 2 (July 22-25)

## Registrant Information:

Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ M ☐ F  
Last First  
Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Home Ph: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

## Medical Information:

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Physician Ph.#: ( ) \_\_\_\_\_  
Does camper have diabetes? ☐ Yes ☐ No When do they take medication? \_\_\_\_\_  
Has camper had a tetanus shot? ☐ Yes ☐ No Date of shot? \_\_\_\_\_  
Does camper have any allergies? ☐ Yes ☐ No List Allergies. \_\_\_\_\_

### Check ALL applicable conditions:

- ☐ Bee Sting or Insect Bite Reactions
- ☐ Food allergies
- ☐ Hay Fever / Sinus Problems
- ☐ Asthma - Sending Rx
- ☐ Back or Neck Problems
- ☐ Bed-wetting (currently)
- ☐ Bowel Problems
- ☐ Epilepsy or seizure disorder
- ☐ Fainting
- ☐ Headache
- ☐ Heart Condition
- ☐ Nose Bleeds
- ☐ ADD / ADHD – Sending Rx (history of)

### Recent Injury / Surgery

Date of Injury: \_\_\_\_\_

Type of Injury: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

### Vegetarian / Vegan

### Sleep Walking

Diabetic Type 1 Type 2

Special ED EIP

Psychiatric / Emotional Illness \_\_\_\_\_

Child requires medical aid / supervision at all times



**Health History** (check yes or no. If Yes is checked please explain under "medical conditions we need to be aware of")

Sinus Condition	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Shortness of Breath	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Ear Problem	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Skin Infection	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Lung Problem	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Hearing Difficulty	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Heart Trouble	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Bad Eyesight	<input type="checkbox"/> YES	<input type="checkbox"/> NO
High Blood Pressure	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Wear Eye Glasses	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Allergy-Asthma	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Wear Contact Lenses	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Fainting or Dizzy Spells	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Any Medical Care within Past Year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Diabetes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Any Surgeries within Past Year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Appendix Removed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Special Diet Required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Dental Appliances	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Sleep Walker?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any disorder preventing strenuous activity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Get nervous or upset easily? Homesick?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any disorder preventing strenuous activity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Taking prescription medicine?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Exposed to infections:			Any reaction to drugs or medicine of any type?		
Disease past 3 weeks	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hepatitis past 6 months	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

**Non-Prescription Medication Available at Pinecrest**

The medications listed below are kept in stock; do not feel obligated to send these items. Please check each box below to indicate your permission for the listed medication to be administered by your groups nurse or an authorized staff member. We won't administer any medication without your authorization.

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Benadryl (itch, insect bite, sinus)	<input type="checkbox"/>	<input type="checkbox"/>	Pepto Bismol (diarrhea)	<input type="checkbox"/>	<input type="checkbox"/>	Tylenol(head/muscle aches/cramps)
<input type="checkbox"/>	<input type="checkbox"/>	Caladryl Lotion (poison oak)	<input type="checkbox"/>	<input type="checkbox"/>	Hydrocortisone Cream (itch/rash)	<input type="checkbox"/>	<input type="checkbox"/>	Cough Drops (cough)
<input type="checkbox"/>	<input type="checkbox"/>	Mylanta/Tums (upset stomach)	<input type="checkbox"/>	<input type="checkbox"/>	Polysporin Topical (minor cuts/burns)	<input type="checkbox"/>	<input type="checkbox"/>	Milk of Magnesia (constipation)
<input type="checkbox"/>	<input type="checkbox"/>	Robitussin (cough)	<input type="checkbox"/>	<input type="checkbox"/>	Betadine (disinfectant)	<input type="checkbox"/>	<input type="checkbox"/>	Ibuprofen (pain reliever, fever reducer)
<input type="checkbox"/>	<input type="checkbox"/>	Claritin (allergies)	<input type="checkbox"/>	<input type="checkbox"/>	Non-Pseudo (sinus)	<input type="checkbox"/>	<input type="checkbox"/>	

Please list below all medications your camper will be bringing to camp:

<b>Medication 1</b> _____ Frequency and Dosage _____ Purpose _____ Doctor's Name _____ Phone Number (_____) _____ - _____ <b>Medication 2</b> _____ Frequency and Dosage _____ Purpose _____ Doctor's Name _____ Phone Number (_____) _____ - _____ (Write additional medications on the back)
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Are there any medical conditions camp personnel would need to be aware of? \_\_\_\_\_

Are there any special needs or restrictions on activities for the camper? \_\_\_\_\_

**Please initial all boxes****Authorization for Medical treatment - (INITIALS REQUIRED OR CAMPER CANNOT BE TREATED)**

The undersigned do hereby authorize Managers of Camp and/or Church/group listed as agents for the undersigned, to consent to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care for myself or listed family member, which is deemed advisable by the rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medicine Practice Act or any dentist licensed under the dental Practice act, at a hospital or elsewhere. The above mentioned agent is authorized to make decisions concerning the health and general welfare of myself or listed family member. I give permission to the medical personnel selected by SoCal Network to provide routine health care, to administer medications; to release may records necessary for insurance purposes: and to provide or arrange necessary transportation for myself or listed family member for the duration of the stay at camp.

**Medication Notification:** All medications (prescription and over-the-counter) will be in the possession of the camp nurse at all times and will be administered by the camp nurse only. Failure to provide medications in original containers with the camper's name and correct prescription information on the bottle will be just cause for the camp nurse to refuse to administer the medications during the camp session. Medications that are past expiration date will not be administered. I have read and do understand the requirements for sending my camper with his/her required medications as prescribed.

**Physical Activity Release**

Pinecrest activities include, but are not limited to, **hiking, swimming, basketball, volleyball, soccer, archery skateboard park, rock climbing wall, trampoline bungee, jumper, softball batting cage, golf driving cage, zorb water hamster ball and zipline**. There are risks of physical injury or harm from participating in any of the activities listed above.

I voluntarily elect myself or family member listed to participate in the activities and assume the risks of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Pinecrest, its officers, employees, and agents and/or Church/group listed from all liability for any injury or harm to me or my family

member listed from participating in said activities. I have read and understood this release. Please list any activities that are highlighted and italicized above that you do not want to have camper participate in \_\_\_\_\_

**Camp insurance:** Begins where the individual's and/ or church's health and accident insurance policy(s) terminate. It is only valid when other insurance(s) has been extended to the limits. In case of no personal or church insurance policy, the camp's policy will provide complete coverage within its limits for accidents only.

**Consent:**

**I hereby give permission for my child to attend camp as indicated.** By signing below, you and/or the parent or legal guardian of campers under the age of 18 agree to the camp guidelines / policies. **IN CASE OF EMERGENCY:** I hereby give permission to the Camp Director or Representative to select transportation to the camp's chosen physician who may hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child or for me (if over age 18) as named above on this Registration Medical Consent form. I give full permission to SoCal Network to reproduce any photographs or captured video of the person named above for the express purposes of camp promotional materials and/or the website for the SoCal Network, Assemblies of God.

\_\_\_\_\_  
**Signature** Adult / Parent or Legal Guardian

\_\_\_\_\_  
Relationship to Camper

\_\_\_\_\_  
Date