

Southern California Young People

Spring 2024

Young People's Conference Registration

January 10, 2024

Dear saints:

As we look forward for this upcoming conference season, we encourage all the parents, serving ones, and college students, to pray that the young people know, experience, and enjoy the All-inclusive Christ as their allotted portion in the light.

**“Giving thanks to the Father, who has qualified you
For a share of the allotted portion of the saints in the light”**

Colossians 1:12

This semester we will have the conferences in person at Oak Glen. There will be 4 conferences carried out during four different weekends. We will NOT have a Zoom option.

In addition, we will have the 6th Grade Preparation meeting in April (online) and the 6th Grade Conference at Oak Glen in May.

As always, please be sure to register for the conferences according to the deadlines noted below.

In Him,
SCYP Office

Southern California Young People

Spring 2024

Young People's Conference Registration

2024 SCYP Event Calendar		
(The Seven Feasts Included)		
DATE	DESCRIPTION	VENUE
January 12-14	SCYP - YP Blending Conference	MCC - Anaheim
February 10-11	LSM -- Int'l Chinese-Speaking Blending Conference	Taipei, Taiwan
February 18	FTTA -- Spring Term Begins	Anaheim
March 8-10	SCYP - High School Brothers' Conference	Oak Glen
March 15-17	SCYP - High School Sisters' Conference	Oak Glen
March 18	FTTA-MA -- Spring Term Begins	Anaheim
March 29-31	SCYP - Junior High Brothers' Conference	Oak Glen
April 5-7	SCYP - Junior High Sisters' Conference	Oak Glen
April 5-7	SCCS -- College Conference	TBD
April 12-14	LSM -- April ITERO	Anaheim
April 27	SCYP - 6th Grade Preparation Meeting	Online
May 3-5	SCYP - 6th Grade Conference	Oak Glen
May 24-27	LSM -- Int'l Memorial Day Blending Conference	Bellevue, Washington
June 29	FTTA, FTTA-MA -- Graduation	Anaheim
July 1-6	LSM -- July Semiannual Training	Anaheim
July 10-14	SCCS -- College Training	Oak Glen

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Spring 2024

Young People's Conference Registration

High School Brothers' Conference

Cost: \$115/person

Dates: March 8-10

Location: Oak Glen

HSB conference registration is due by the end of the day
on **February 25, 2024.**

High School Sisters' Conference

Cost: \$115/person

Dates: March 15-17

Location: Oak Glen

HSS conference registration is due by the end of the day
on **March 3, 2024.**

Please note: Late registrations will not be accepted. Please make any needed announcements and/or arrangements in advance to avoid missing these conferences due to late registration.

Southern California Young People

Spring 2024

Young People's Conference Registration

Junior High Brothers' Conference

Cost: \$115/person

Dates: March 29-31

Location: Oak Glen

**JHB conference registration is due by the end of the day
on March 17, 2024.**

Junior High Sisters' Conference

Cost: \$115/person

Dates: April 5-7

Location: Oak Glen

**JHS conference registration is due by the end of the day
on March 31, 2024.**

Please note: Late registrations will not be accepted. Please make any needed announcements and/or arrangements in advance to avoid missing these conferences due to late registration.

Southern California Young People

Spring 2024

Young People's Conference Registration

Other Events

6th Grade Preparation Meeting

Date: April 27

Online

More details will be forthcoming.

6th Grade Conference

Cost: \$115/person

Dates: May 3-5

Location: Oak Glen

**6th Grade conference registration is due by the end of the day
on April 21, 2024.**

More details will be forthcoming.

Please note: Late registrations will not be accepted. Please make any needed announcements and/or arrangements in advance to avoid missing these conferences due to late registration.

Southern California Young People

Conference Policy

1. All saints must register with their locality.
2. The Locality Contacts from each locality are responsible for the registration of the saints in their respective locality. The locality Contact(s) must do this ONLINE by the due date. We have only provided two Locality Contacts per locality with the password for the online registration system.
3. All young people attending these conferences MUST read the rules and regulations of the conference. They and their parents/legal guardian must sign that they have read and agreed to them and hand their signed agreement in to the responsible serving ones in their locality before they can be registered for the conference.
4. A current **Release of Liability & Medical Consent Form** for each young person and adult must be in the vehicle in which they travel at all times. For conferences held in Oak Glen, each young person not accompanied by a parent must also fill out the **Health Screening Form** as well. This form can be signed by parents or legal guardians (see attachments).
5. All serving ones/helpers over the age of 18 who attends any overnight SCYP events (such as the upcoming conferences), **need to complete a mandatory background check once every 3 years**. Without a background check, they will not be allowed to attend.
6. All localities should have **at least one adult over age 25** as a serving one to company the young people to the conference. Trainees are not considered serving ones.
7. All young people must be accompanied by a parent or serving one at all times, keeping a ratio of 3 young people to 1 parent or serving one.
8. There is not a part-time fee for any of the conferences.
9. Cancellations made on the week of the conference will be charged full price. The only exceptions will be for sickness or unforeseen emergencies with previous authorization from SCYP.
10. All payments must be made when you arrive at the registration table in the meeting hall for your entire group. Please have ready one check per locality, payable to **“The Church in Anaheim”**.

Southern California Young People

Conference rules and regulations

1. No food, drink, or gum allowed in the meeting halls or the cabins other than what is provided.
2. The Conference Schedule **must be followed** by everyone.
3. Attendance at all meetings (including morning revival) is mandatory. In case of sickness, appropriate medical attention will be obtained and parents may be asked to come to take the sick child home.
4. During cabin times and overflow times, everyone is encouraged to participate.
5. Respect the camp staff. If you have a problem, tell your serving one who will tell the coordinating brothers. **DO NOT** go to the camp staff directly.
6. Take care of all the facilities. Pick up any trash, paper, water bottles or cans you see on the ground. Make your bed and keep your room clean.
7. No one may leave the facility at any time, unless with expressed permission from their legal guardian or serving one. Wandering off the property is grounds for dismissal from the conference.
8. Serving ones are permitted to rise before the scheduled rising time as long as they do not wake others.
9. Take short showers.
10. There must **not be any excessive noise** or shouting outdoors early in the morning or after the evening meeting in order to not to disturb the neighbors.
11. **NO ELECTRONIC ITEMS ARE ALLOWED (cell phones, laptops, tablets, ipads, handheld games, etc.) AT ANY TIME.**
12. **NO UNSANCTIFIED ITEMS** such as playing cards, novels or magazines are allowed at the camp.
13. **Possession** or use of smoking products, alcohol, or illegal drugs is strictly **PROHIBITED.**
14. Lights out at the scheduled time. After lights out, there should be no talking, and no leaving the cabin during the night.
15. All clothing worn during the entire weekend must be proper and modest. No shorts may be worn during the meetings. No open toe shoes or flip flops. No clothing, caps, or shirts with improper pictures, logos, or symbols may be worn.
16. **PHYSICAL ALTERCATION, VERBAL ABUSE, OR DAMAGE OF PROPERTY IS CAUSE FOR IMMEDIATE DISMISSAL AND SUSPENSION FROM THE CONFERENCE.**
17. Additional rules may be added during the conference.
18. The serving ones are responsible to see and enforce that the young people from their locality follow these rules and regulations.

I agree to abide by all the above rules and regulations.

Young Person's/People's Signature(s): _____

I have read the rules and regulations with this young person: _____ (Parent's Initial)



Oak Glen Christian Conference Center Release of Liability and Medical Consent Form

Minor

In order to comply with state laws we ask for the following Health History/Medical Consent Form completed by the parent or legal guardian for each camper under the age of 18 attending events held at the Oak Glen Christian Conference Center (OGCCC). The minor cannot begin the program unless this form is completed and the required signatures are provided. Please be aware that OGCCC does NOT provide medical or hospital insurance coverage.

Student Name _____ DOB _____ Gender _____ Ht _____ Wt _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Grade in School _____

Parent/Guardian Name(s) _____ Daytime Phone _____

Evening Phone _____ Mobile Phone or Pager _____

Emergency Contact (other than parent) _____ Relationship to Camper _____

Daytime Phone _____ Evening Phone _____

Names of anyone other than parent/guardians(s) authorized to pick up or sign camper out of camp:

Medical Information:

Is your child covered by medical/hospital insurance? Yes ☐ No ☐

Insurance Carrier _____ Policy # _____

Name of Responsible Party

Address _____ Phone _____ Relationship to Camper _____

Name of Family Physician _____ Phone _____

Date of Last Tetanus Shot _____ Are all immunizations up to date? Yes ☐ No ☐

**If no, please attach explanation*

Has your child recently been exposed (within last 3 weeks) to any kind of communicable disease?

Minor Release of Liability and Medical Consent Form:

Because of the terrain, altitude, and program involvement, OGCCC is not designed to accommodate and may not provide a safe camp experience for those with special needs. If your child has ANY chronic condition, including any of the following: Asthma,

Bleeding/Clotting Disorders, Cardiac Problems, Diabetes, Emotional Handicap, Epilepsy, Nervous Disorder, Physical Handicaps, Seizure Disorder, or require injections of any kind, notify your group leader and ask if your group has the level of medical supervision required for your condition(s). If a guest with special needs comes to OGCCC without appropriate medical supervision, the group or party may be asked to return the guest to his/her home.

List all medical conditions: physical, emotional, behavioral disorders and learning disabilities.

Please list ALL allergies:

Drug _____ Insect/Plant _____

Food _____ Diet Restrictions _____

List medications Camper will require while at camp and reason for taking the medicine:

All prescription medications, over-the-counter medications, vitamins, and herbal products that are provided to administer to your child MUST be in ORIGINAL containers with labels and dispensing instructions in English.

By signing this form I give my informed consent to the First Aid personnel assigned by OGCCC who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic First Aid and comfort measures through standardized camp treatment procedures, which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a camper with greater healthcare needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize OGCCC to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by OGCCC to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization. This completed form may be photocopied for trips away from OGCCC's properties.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer for my child: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of _____. I understand that these are stocked by the First Aid personnel and may be dispensed free of charge as needed for the comfort of my child.

I have requested OGCCC to allow my child to participate in any and all activities that may include but are not limited to those outlined in the camp brochure and/or web site. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my child's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my child and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release and discharge, indemnify and hold harmless Southern California Blending Center, Inc., and Oak Glen Christian Conference Center, their affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my child's participation in OGCCC's camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims.

I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature _____ Date _____



Oak Glen Christian Conference Center Release of Liability and Medical Consent Form

Adult

In order to comply with state laws we ask for the following Health History/Medical Consent Form to be completed and signed by each person over the age of 18 attending activities held at the Oak Glen Christian Conference Center (OGCCC). Please be aware that OGCCC does NOT provide medical or hospital insurance coverage.

Name _____ DOB _____ Gender _____ Ht _____ Wt _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Mobile Phone _____

E-Mail _____ Date(s) at OGCCC _____ Name of Group _____

Emergency Contact _____ Phone _____

Medical Information:

Are you covered by medical/hospital insurance? Yes ☐ No ☐

Insurance Carrier _____ Policy # _____

Name of Responsible Party _____

Address _____ Phone _____ Relationship to Camper _____

Name of Family Physician _____ Phone _____

Date of Last Tetanus Shot _____ Are all immunizations up to date? Yes ☐ No ☐

**If no, please attach explanation*

Has Camper recently been exposed (within last 3 weeks) to any kind of communicable disease? _____

Because of the terrain, altitude, and program involvement, OGCCC is not designed to accommodate and may not provide a safe camp experience for those with special needs. If you have ANY chronic condition, including any of the following: Asthma, Bleeding/Clotting Disorders, Cardiac Problems, Diabetes, Emotional Handicap, Epilepsy, Nervous Disorder, Physical Handicaps, Seizure Disorder, or require injections of any kind, notify your group leader and ask if your group has the level of medical supervision required for your condition(s). If a guest with special needs comes to OGCCC without appropriate medical supervision, the group or party may be asked to return the guest to his/her home.

Adult Release of Liability and Medical Consent Form

List all medical conditions: physical, emotional, behavioral disorders and learning disabilities:

Please list ALL allergies:

Drug _____ Insect/Plant _____

Food _____ Diet Restrictions _____

List medications you will require while at camp and reason for taking the medicine:

By signing this form I give my informed consent to the First Aid personnel assigned by OGCCC who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic First Aid and comfort measures through standardized camp treatment procedures, which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a guest with greater healthcare needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize OGCCC to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by OGCCC to secure and administer any and all medical treatment deemed necessary for me, including hospitalization. This completed form may be photocopied for trips away from OGCCC's properties.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of _____.

I authorize OGCCC to allow myself to participate in any and all activities that may include but are not limited to those outlined in the camp brochure and/or web site. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my participation in these activities can expose myself to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself and any other party who may have the right to assert any rights for or on my behalf, do hereby forever release and discharge, indemnify and hold harmless Southern California Blending Center, Inc., and Oak Glen Christian Conference Center, their affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my participation in OGCCC's camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and all Released Claims.

I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature _____ Date _____



Christian
Conference
Center

Health Screening Form

Required for all minors unaccompanied by a parent or guardian.

☐ Camper ☐ Staff

Last Name _____ First Name _____ Middle Initial _____

Camp Name _____ Date _____

Health screening of campers and staff is critical to prevent an illness outbreak from starting. Per Title 17, Section 30750 of the California Code of Regulations, screening shall be conducted by a qualified staff member for all campers under the age of 18 who are unaccompanied by a parent or guardian within 24 hours of arrival at camp. Ideally, pre-screening of campers and staff should be done prior to arriving at camp to prevent the spread of illness. Records for the health screening must be maintained at the camp. The screening should include the following inquiries:

No	Yes	Health History
<input type="checkbox"/>	<input type="checkbox"/>	Have you been exposed to any known contagious disease in the last week? If yes, please explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Has a copy of the staff/camper immunization record been obtained?

No	Yes	Have you shown any of, or been in contact with others who exhibited, the following symptoms <u>within the past 24 to 48 hours</u> prior to camp arrival?
<input type="checkbox"/>	<input type="checkbox"/>	Fever (Oral temperature 100.4°F or above)
<input type="checkbox"/>	<input type="checkbox"/>	Sore throat with fever
<input type="checkbox"/>	<input type="checkbox"/>	Vomiting
<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	<input type="checkbox"/>	Severe itching of body or scalp
<input type="checkbox"/>	<input type="checkbox"/>	Open draining sore on skin
<input type="checkbox"/>	<input type="checkbox"/>	Severe headache
<input type="checkbox"/>	<input type="checkbox"/>	Flu or flu like symptoms (fever, sore throat, cough, weakness, fatigue, sneezing, nausea, body
<input type="checkbox"/>	<input type="checkbox"/>	Rash

Signature of Health Supervisor _____ Date _____