Modesto Area Yosemite Bible Camp

June 14 - 21, 2025

For ages 10 years (or completion of 4th grade)-Through High School (or 18 years of age)

Camp Directors: Don Bigelow & Jerry Mize

Yosemite Bible Camp is a week to bring campers in touch with the power of God through Jesus Christ. Our main mission is to glorify God by using the camp environment for fellowship, worship, education, and Christian faith. Daily activities include devotionals, Bible study, worship, recreational, and traditional camp activities.

A Camp Picture, an 8 x 10 group picture of campers and staff, is available for purchase for \$6.00.

See special activities on the back page of this packet.

RESERVATION APPLICATION FORM YOSEMITE BIBLE CAMP-MODESTO AREA ENCAMPMENT

(Please print in ink)

Jerry Mize, Camp Director		June 14-21, 2025			
1911 Tracy Court Modesto, CA 95350		Date:			
Camper Name:		Age:	_ Boy:	Girl:	_
Address:		City:		ZIP:	_
Telephone:	Date of Birth:	Grade Co	mpleted	June 2025:	_
Home Congregation:		Baptize	ed: Yes	No	-
Parent or Guardian's Na	me:				
Will you be available dur	ing the week of camp? Ye	s No			
If not, whom may we co	ntact:		Teleph	one:	
T-Shirt Size:	Adult	Youth			
TO RECEIVE A FREE T-SHIR	T, THE CAMPER'S APPLICAT	TION AND DEPOS		BE IN BY JUNE :	1, 2025.
to: <u>Yosemite Bible Camp.</u> Ple and remember your applicat	tion. Applications are accepted ease note that the reservation ion must be signed by both th d, so get your application in ea	fee is NON-REFUN e camper and pare	DABLE if yo ents/guard	ou are unable to a lians.	attend camp
Amount Enclosed:					
	other campers you would like t d. Please note that campers are to be in the same cabin.			•	
First Choice:	Second Choice:	:			
	eral camp information, includi greeing that you will obey the r				fully before
Camper's signature:		Date:			
	l camper signature must sign b or attending camp on the abov		ion can be	accepted. By sig	ning you are

Parents/Guardians Signature: _____ Date: _____

CAMPER MEDICAL/EMERGENCY HEALTH INFORMATION MODESTO AREA YOSEMITE BIBLE CAMP (THIS MUST BE RETURNED WITH APPLICATION)

Name:			Date of Birth:
Address:			Home Phone:
Family Medical/Hospital Insurance Carrier:			Policy/Group No
Family Physician		Phone Number	()
Date of last Tetanus shot:			
Parent/Guardian	Parer	nt/Guardian	
Day Phone ()	Day Pl	hone ()	
Evening Phone ()	Evenir	ng Phone ()	
Cell Phone ()	Cell Ph	none ()	
EMERGENCY CONTACTS (In the event parents cannot be Name			
Relationship	Relatio	onship	
Day Phone ()	Day Pl	hone ()	
Evening Phone ()	Eveni	ng Phone ()	
Cell Phone ()	Cell P	[.] hone ()	
Does your child have any allergies, special needs or a special field have any allergies, special needs or a special field have any allergies, special needs or a special field have any allergies, special needs or a special			Yes No

(For example, please list all medications, food, plants, animals, etc. that your child is allergic to and/or indicate whether there are any special needs like ASTHMA or DIABETES.

Please provide any information in relation to the care of your child that would be useful to the adult in charge. Also indicate any activities to be encouraged or restricted (For example, hiking, ball games, swimming, etc.)

The above information is correct to the best of my knowledge, and my	child has permission to engage in all activities,
except as noted. As Parent/Guardian of	, I give the staff of Yosemite Bible Camp
permission to seek medical help as needed. If any emergency arises, p	arents/guardians will be notified at once. This
authorization shall remain effective throughout the entirety of this even	ent.

Note: Camp insurance covers accidental injury and is secondary insurance. The individual's insurance is primary coverage. It does not cover illness. For treatment or emergency care for an illness, it must be paid by the parents. Licensed physicians are near camp property and available day and night. There are adults with advanced First-Aid training in the camp at all times.

I agree to inform the camp director of any changes in the above listed information.

Cimenture	- f	Devent	Cuandian
Signature	στ	Parent/	Guardian

Date _____

Modesto Area Yosemite Bible Camp

CONSENT TO ADMINISTER MEDICATION TO A MINOR

Name of Minor ______ Date of Event _____

Prescription Medications:

Each medication must be in its original pharmacy container and will be administered in accordance with the pharmacy label as prescribed.

MEDICATION LIST:

NON- PRESCRIPTION MEDICATIONS

Minors are not permitted to bring medications to Yosemite Bible Camp. Consent must be provided by the parent/guardian in order for the appropriate camp staff to administer non-prescription medications. Please initial the following medications you authorize to be administered to your child as necessary.

_____ Pain reliever (acetaminophen or Tylenol[©], ibuprofen or Advil[©])

_____ Allergy and itch relief (Diphenhydramine: Benadryl©, Caladryl©, or Cortizone©)

Stomach remedies (antacids)

Are there any over the counter medications or first aid remedies that your child is allergic to or that you do not wish to be administered? _____Yes _____No If yes, please explain _____

Sunscreen and Insect Repellent

Minors may bring their own insect repellent (containing DEET) and sunscreen. Please indicate if you DO NOT give us permission to administer these items to your child. DO NOT Administer _____

The information provided in conjunction with this form is correct to the best of my knowledge. I authorize the camp staff to administer the prescription and non-prescription drugs noted herein. I acknowledge that in the event of an emergency, the use of some medication not previously approved may be necessary. In these circumstances I authorize the appropriate camp staff to administer medication without prior approval. I agree to inform appropriate camp staff of any changes in the above information.

Date ______ Signature ______

MODESTO AREA YOSEMITE BIBLE CAMP INFORMATION

Registration:

Fill out the application form along with the medical forms and mail them, with either payment in full or \$25.00 reservation fee, to the Camp Director:

Jerry Mize 1911 Tracy Court Modesto, CA 95350

The remaining balance must be paid on or before the start of camp. Please make checks payable to Yosemite Bible Camp. If a camper must leave prior to the end of camp, camp fees will not be returned. Camp fee covers food, canteen, crafts, class materials, and insurance.

Transportation:

Each individual is expected to provide their own transportation. Campers cannot bring cars.

Checking into camp:

Check-in time starts at 3:00 pm on Saturday, June 14, 2025. The secretary will be in the mess hall to check in all campers. No lunch is served on the first Saturday.

Telephone:

To reach someone at Camp use the following phone number: (209) 604-8576 or (209) 992-0593.

Mail:

c/o Yosemite Bible Camp, 50869 Road 632, Oakhurst, CA 93644. Campers are always excited to receive mail. Remember letters should be mailed no later than Tuesday for them to arrive before the end of camp.

What to Bring (Please Mark all Items):

Sleeping bag or twin-size

- Bible •
- Notebook

bedding

Pencil

- Pillow
- Towels
- Washcloths
- - Shampoo

Dress Code

Clothing to bring:

- Closed toe shoes (flip-flops for cabin and showers only)
- Light jacket
- Sweatshirt (nights and mornings can be chilly) •
- Pajamas
- Knee length shorts •
- 8 pairs of socks •
- 8 pairs of underwear •
- Modest swimsuit •
- Leggings are NOT pants ٠

- Leggings or jeggings may only be worn under shorts, skirts, or with a long tunic shirt past the thigh
- Leggings must be worn under distressed jeans • (jeans with holes in them)
- Sweatpants may only be worn to the pool and • in the cabin
- If you question whether clothing is appropriate, leave it at home
- All clothing is up to the discretion of your counselor and the head counselors

- Soap

- Toothbrush
- Toothpaste
- Brush or comb

Please remember that some things ARE NOT ALLOWED AT CAMP.

- Short Shorts
- Halter Tops
- Tube Tops

- Tank Tops
- Cold Shoulder Tops
- See Through Tops
- Do NOT bring any of the following:

If they are brought to camp and something happens to them, the camp will NOT be responsible.

- Cell Phones
- Radios
- TVs

The following is **NOT** allowed at camp:

- Smoking
- Tobacco
- Illegal Drugs
- Vaping
- Marijuana
- Leaving Camp Grounds

- Throwing Rocks or Other Objects
- Knives of Any Kind
- Weapons
- Boys Around Girl's Cabins
 - Girls Around Boy's Cabins

- Mixed Swimming
- Chewing Gum
- Dancing or Improper Physical Contact

Camp ends on June 21, 2025. CAMPERS ARE TO BE PICKED UP NO LATER THAN 9:00 AM the Saturday morning camp ends.

Please remember that no one except staff and campers are allowed to be in camp after Sunday Evening Services.

Special Activities

There will be a **Water Day** this year. You may bring your large water guns with your name on them. It must be checked in when you check into camp and will be given to you on water day. **Bring dark clothes and an extra pair of old shoes to wear for the shootout.**

Theme Days

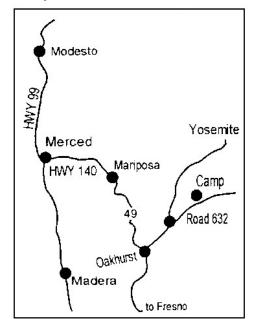
Monday	_	Superhero
Tuesday	_	YBC
Wednesday	_	Patriotic
Thursday	_	Sports Team
Friday	_	Dark clothes that can get wet

Camp Location:

Electronic Games

CD Players

MP3 Players (E.g., iPod)



- Spaghetti Straps
- Inappropriate Logos on Clothing