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CCYM \* 2017

**CCYM NM Spring Retreat**  
**Conference Council on Youth Ministry New Mexico**

March 3 to 5

9th thru 12th Graders

Cost: Campers \$130, Adult Volunteers \$80

Registration and \$30 nonrefundable deposit due before Feb. 24, additional \$15 after that.

**Speaker:**  
**Holly Stallcup**

Holly is the founder & Executive Director of Mended Women ([www.mendedwomen.org](http://www.mendedwomen.org)). People are her passion. Rest for her is hot tea, good books read in the hot tub, painted nails & delicious food shared with good people. Holly began her complicated journey with Jesus at Sacramento over 15 years ago. She served on the CCYM team throughout her high school career where she discovered her love for writing and leading in the church setting. You can follow her on Instagram and Twitter @hollystallcup.



**Worship Leader:**  
**Justin Gambino**

Justin is the lead singer, guitarist, main songwriter and founder of the alternative/hard rock band Shattered Silence. He made his first record deal with Tate Music Group several months after submitting the original, "Your Love Runs Deep" from the album "Shadows" (released Feb 4th, 2014).

Some of Gambino's favorite pastimes are spending time with his wife, Ashley, going out to the movies, visiting coffee shops, fishing and kayaking, while not on tour with music. Gambino is a committed follower of Jesus Christ; however, his goal with Shattered Silence has always been to make music for everyone. Gambino believes that music can speak where words cannot and he desires to write music, not for a certain audience, but music that anyone can relate to in their own life. "We are a band of Christians rather than a Christian band." Gambino says. Gambino's songwriting tends to be very deep, soulful and something that tugs on the heart.



Make checks payable to:  
Sacramento Camp  
P.O. Box 8  
Sacramento, NM 88347  
Or register on-line at: [sacramentocamp.org](http://sacramentocamp.org)



## Youth Service Project (YSF)



*the*  
**MUSTARD SEED**  
• a community café •

*Loving the people of the Rio Grande neighborhood in the name of Jesus Christ through the transforming power of the gospel, friendship, and good food.*

The Mustard Seed Café is a not-for-profit, community café. They tell and demonstrate the love of Jesus to every single person who comes through their doors! They serve delicious, nutritious food with an accompanying commitment to treat each person with dignity and honor. Guests may volunteer an hour in exchange for a meal or they may choose to pay what they can on a suggested price for their meal. Some pay the suggested price, others pay less, and some pay more as a donation. All are welcome!



### ***The Attendance Challenge***

**ROC Mid-High Retreat is being held the same weekend. Our registration numbers will determine who gets to stay at Ayers instead of Laity. So if you don't want to trudge the giant hill, get all your friends to register for CCYM ASAP!**

**Sacramento - CCYM 2017**

Save time and register online! **CCYM**

**\*\*Registration Deadline is Monday, Feb. 20, 2017! (postmarked by)**

**Camper Registration Form**

**\*Form AND deposit must be postmarked by Feb. 20 to avoid late fee!**

Camper Last Name	First Name		Nickname		M.I.	Gender: (circle one) Female Male
Mailing Address	City		Home Church & Town		State	Zip
Birthdate	Age	Grade 2016-2017	Camper Email			
Custodial Parent/Guardian Name(s): If under 18	Home Phone ( ) ( )		Work Phone ( ) ( )		Parent Email	
Custodial Parent/Guardian Address: If same as camper, check box <input type="checkbox"/>	Cell Phone ( ) ( )		Additional Emergency Contact: Name:		Phone:	
A completed health form (page 2) MUST accompany this registration.			Full names & phone # of others authorized to pick up camper if other than church var: <input type="checkbox"/>			

<b>DEPOSIT of \$30 is due WITH registration form.</b>				
<b>CAMP</b>	<b>Camp Date</b>	<b>**Deadline Reg. Deadline</b>	<b>Registration Fee</b>	<b>**Fee after Deadline</b>
Spring Retreat 2017	March 3-5	Feb.20	\$130	\$145

For campers age 18+ ONLY:

Please complete the provided Criminal Background Authorization (page 3), along with and additional \$9 in order to have a required background check conducted prior to arrival at camp.

Check box if your camper will leave camp in your church var

\* \$30 Non-refundable DEPOSIT Due with registration - \$30.00  
 \* If camper is age 18 at time of camp, add \$9 for a REQUIRED criminal background check. \$ \_\_\_\_\_  
 Balance due upon arrival at camp \$100.00  
 Add \$15 if postmarked after Feb. 20th \$ \_\_\_\_\_  
**TOTAL \$ \_\_\_\_\_**  
 Interest charges will be applied to balance if not paid upon arrival.

**\*A completed health form (page 2) MUST accompany this registration.**

**Parent/Guardian Signature** \_\_\_\_\_  
**Parent/Guardian Covenant** \_\_\_\_\_



I enter into covenant with my Lord, my child, the counselors, the dean, the other campers and the other parents for the purpose of creating a Christian community while my child is at camp. As part of the covenant, I will:

- ★ Send my child willingly and prayerfully
- ★ Talk with my child about proper behavior while at camp
- ★ Assume responsibility for willful damage done by my child, either to camp property or to the property of the other campers
- ★ Send with my child only those items necessary for a good camping experience: appropriate clothing, necessary medications and instructions, personal hygiene items, etc.
- ★ Come to the camp and take my child home when called, if in the opinion of the camp dean and executive director, the camper is unwilling or unable to fulfill his/her covenant, as evidenced by his/her continuing disruption of the camping experience.

Camp activities at Sacramento may include but are not limited to adventure related activities possibly taking place in a rugged mountain setting, which may include activities with horses. I do hereby assume all risk of this risk and any other ordinary risk incidental to the camp setting and will hold the NM Annual Conference, Sacramento and their Trustees, employees and agents harmless from any and all liability. I grant permission to Sacramento to use photos the above named camper, taken during activities at camp, for publicity purposes, in advertising materials, and/or on the camp's website. My signature also indicates that I have read Sacramento's Activities Release Form, Horse Activities Release Form, and Technology Acceptable Use Policy and that my child will abide by the provisions included in these policies. These policies can be found at <http://sacramentocamp.org/about-us/connect> or call Sacramento for a copy. **Parent Signature** \_\_\_\_\_



Save time and register online!  
[SacramentoCamp.org](http://SacramentoCamp.org)

Call Sacramento if paying by credit card.

**PLEASE INCLUDE YOUR DEPOSIT!**

Make checks payable to: Sacramento  
 Mail to: PO Box 8 Sacramento, NM 88347  
 Fax: 575.687.4219 Phone: 575.687.3414

info@sacramentocamp.org  
[www.sacramentocamp.org](http://www.sacramentocamp.org)

**CCYM Camper Health Form**  
(This form is **required** and must accompany registration.)

**Camper Name:** \_\_\_\_\_ **Camp Attending:** \_\_\_\_\_

The following information is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. This form must be filled out to the best of your knowledge.

**Immunizations** - Because our camp program has a potential for communicable diseases, we recommend that program participants are appropriately immunized for, at minimum, the following diseases: tetanus, mumps, measles, rubella, polio, pertussis (whooping cough), and diphtheria. This being said, we recognize that some individuals may not be fully immunized for reasons that are biophysical (e.g., the individual is allergic to a serum component) or of personal choice (e.g., faith belief). You are required to select the appropriate option concerning your child's immunizations below:

\_\_\_\_ My child has received all immunizations required for school. I understand that Sacramento requires me to provide the date (month/year) of my child's last tetanus shot:      Last Tetanus shot: \_\_\_\_/\_\_\_\_

\_\_\_\_ My child has not been fully immunized, and I understand and accept the risks to my child due to not being fully immunized.

Signature of Custodial Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Operations or serious injuries (dates) \_\_\_\_\_

Chronic or recurring illness, allergies, or medical condition \_\_\_\_\_

Dietary restrictions or special requests \_\_\_\_\_

Activities to be encouraged or limited \_\_\_\_\_

Current medications (send prescriptions in original container with instructions) \_\_\_\_\_

(Note: Camp not usually equipped to give shots)

Suggestions on health related information for camp personnel-short attention span, etc. \_\_\_\_\_

For Females: Has this camper been informed about age appropriate female related health care issues?      \_\_\_\_ yes \_\_\_\_ no

**Insurance Information:**

**Please Note:** Camper's insurance coverage, through the camps, is provided as a "secondary" or back-up" coverage on a limited basis to any other coverage camper has under separate, private, or group plans.

Medical Insurance Company \_\_\_\_\_

Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Insurance Address & Phone # \_\_\_\_\_

Family Physician Name & Phone # \_\_\_\_\_

**To The Best of My Knowledge** \_\_\_\_\_

is in good health and is able to participate in all camp activities with the limitation listed above. In the event of an emergency and I am unable to be reached, I hereby give my permission for whatever emergency medical procedures might need to be performed by staff, first aid personnel, and/or by medical doctor on call at the emergency medical facility. **I understand that should the medical history change, it is my responsibility to let the camp director know at camp registration.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_