

Grace Oak (G.O.) Summer Camp 2026

(This camp is for all children who have completed kindergarten through 6th grade.)

Los Altos Grace Church

6565 E. Stearns St. ♦ Long Beach, CA 90815 ♦ 562/596-3358 x853 ♦

Follow us on Instagram @losaltos_go for G.O. updates, and information.

Theme: SURVIVOR

Activities: Spend a week in a cabin, with old and new friends. Participate in great activities such as crafts, swimming, archery, archery tag, hiking, sports, games, ropes course, chapel, Bible study, & campfire for everyone; BB Rifle Range for campers 4th – 7th grade; & special evening events for those campers who have completed 5th grade.



@LOSALTOS_GO

July 26 – July 31, 2026

\$500

for six days of fun!

The price of G.O. is \$500. If you pay by cash or check you will receive the discounted price at \$485.

PLEASE READ THIS PAPERWORK IN ITS ENTIRTY

Due to the change of our camp facility, we have less flexibility and space than we have had in the past. To officially register & guarantee a space for your child, please submit ALL FORMS fully completed.

Registration, Medical, Confidential, Lice Agreement forms and the \$75 non-refundable registration fee are due at the time of sign up for your camper's spot to be saved. In addition to our forms, the release waiver from Alpine must also be completed and turned in.

If you choose, the registration forms and fee can now be completed online. The registration fee is applied to the camp cost.

Cabin space is limited and fills up quickly. Final payment of \$500 is due by Camp Rally Night, July 8th. More information regarding payment options on the following pages.

This year the camp location is in the San Bernardino mountains. That means the drive up is windy and may take longer than expected. Please plan accordingly.

CHECK IN INFORMATION

Camp check in is at 4:00pm on July 26th. You will meet your child's cabin counselors and get them set in their cabin.

CHECK OUT INFORMATION

You must pick up your camper at Alpine Camp no later than 9:30am on Friday July 31st.

If you choose to utilize the bus option, you must pick up your camper at Los Altos Grace Church no later than 1:00pm.

Payment Options

*\$75 non-refundable registration fee is due at the time application is received. This amount does apply to the total cost of camp. *

Option 1: Pay in full- \$500 (online), or \$485 (cash/check)

Option 2: \$75 registration fee due at time of registration then one payment of \$141.60 per month May-July. Final payment due by Camp Rally Night- July 8th.

Option 3: \$75 registration fee due at time of registration then two payments of \$212.50. Final payment due by Camp Rally Night- July 8th.

To discuss other payment options, please contact Kailani Stone or Rachel Roberts 562-596-3358 x853

Attn: Kailani Stone or Rachel Roberts

GRACE OAK (G.O.) REGISTRATION FORM 2026

July 26- July 31, 2026

Please fully complete this form & turn in deposit to be put on a cabin list.

Camper Name: _____ M F Birthdate: _____

Address: _____ City: _____ Zip: _____

Age: _____ Grade Completed by June 2026: _____ Parent Cell: _____

Parent Email: _____

Home Church: _____

Please make checks payable to "Los Altos Grace Church" or "LAGC" and mail or bring to the church office.

T-Shirt Size

Youth: M L

Adult: S M L XL

Please check one. Parents/Guardians please indicate the anticipated size of your child in the Summer.

Grace Oak Summer Camp is a ministry of Los Altos Grace Church. For more information, please call Kailani Stone or Rachel Roberts at 562/596-3358 ex. 853.

Transportation option on Friday, July 31st for RETURN TRIP only:

Due to camp ending on a weekday this year, we will be offering bussing transportation to those that may need it for an additional fee of \$50. G.O. staff member(s) will ride the bus down to Los Altos Grace Church with your camper where they will need to be picked up by 1:00pm. If you are interested, please complete this section of the registration and include your \$45 payment or use the QR code to register online. If you choose to not use this transportation service, you will need to pick up your camper no later than 9:30am on Friday, July 31 at Alpine. Please note that only campers who are signed up for this transportation service by July 7, 2026, will be able to ride the charter bus as we need to book the correct size bus.

Check one:

Yes, I want my camper to be transported on the charter bus.

No, I will pick up my camper at Alpine at 9:30am.

Camper Name: _____

Parent Name: _____

Parent Number: _____

I am giving permission to Los Altos Grace Church with Grace Oak Summer Church Camp to transport my camper, stated above from Alpine Retreat and Camp to Los Altos Grace Church in Long Beach where I will pick up my camper by 1:00pm.

Parent Signature: _____

CONFIDENTIAL

Los Altos Grace Church Camp Program Information Form

The information below will enable us to understand and know your child. It will help us guide his/her activities toward a more rewarding camp experience.

1. Child's Name _____ Sex _____ Age _____
2. Address _____
3. City _____ Zip _____ Birthdate _____
4. Father's Name _____ Employed By _____
5. Occupation _____ Work Phone # _____
6. Mother's Name _____ Employed By _____
7. Occupation _____ Work Phone # _____
8. Child lives with: Mother Father Both Parents Guardian
9. Siblings attending the camp session: _____
10. First time away from home? _____
11. School _____ Grade completed by June 2026 _____
12. Church _____ Attends: Regularly Seldom Never
13. Personality Quiet Average Loud
14. Length of your child's attention span during:
 Quiet Time _____ Classroom Setting _____ Structured game or activity _____
15. Child's responsibilities at home _____
16. Interests or hobbies _____
17. Normal rising time: _____ Normal bedtime: _____
18. Sleep habits Light Heavy Sleepwalks Nightmares Bedwetting
19. Child makes friends: Easily With Difficulty Normally

20. Has child received any sex education? _____

(Girl campers need to be prepared for first menstrual period which can start with change of altitude, excitement, etc.)

21. Special fears (if any): _____

22. Foods or other allergies: _____

23. Amount of food eaten at: Breakfast _____ Lunch _____ Dinner _____

24. Strong dislikes for some foods? _____

25. What do you do about food dislikes? _____

26. What are the most important things to know about your child?

27. Any special needs? _____

28. Please list those things you want your child to get out of this camp experience: _____

29. Is there anything your child should not do? _____

Thank you for taking the time to fill out this form!

CHILDREN'S MINISTRIES

CAMPER

MEDICAL TREATMENT CONSENT & LIABILITY RELEASE FORM FOR MINORS (California Civil Code Section 25.8)

It is my desire that my child/ward participate in Alpine Summer Camp July 26 – July 31, 2026, therefore:

I the undersigned parent/guardian of _____, do hereby authorize the adult sponsor of LAGC or any responsible adult person bearing this written authorization, into whose said care the above mentioned minor child has been entrusted, to administer basic first aid, including splinter removal, and to give one time doses of over-the-counter medications including Tylenol or Motrin, Pepto Bismol or Mylanta, antibiotic skin ointment and sunburn creams or to obtain advanced medical care from a licensed medical or dental doctor or facility. The medical/dental care is to include, but not be limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed medical doctor or dentist.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of said adult person to give specific consent to all such diagnosis, treatment, or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.

FINANCIAL RESPONSIBILITY

In the event of injury of illness to my child/ward, I agree that I/we and my health care insurer shall be financially responsible for any medical treatment required by my child/ward because of any injury of illness suffered during his/her participation at Alpine Summer Camp.

RISK

(Athletics, games, hiking climbing, weather, hobbies, tasks and other related activities and infectious diseases.) I am aware that these activities may involve some hazard. I have considered these risks and I still wish my child/ward to participate. In consideration of my child/ward participating in these activities, I agree not to bring legal action against LAGC, staff or counselors because of any injuries suffered during my child's/ward's participation.

DISPUTE

In the event a dispute arises between myself and LAGC concerning injuries to my child/ward, then I agree that the dispute shall be resolved by a Christian arbitrator acceptable to both sides. The cost of the arbitrator is to be shared equally by the parties. All applicable statutes of limitation shall apply, and arbitration must be requested within the appropriate period to preserve a right to recovery.

TERM OF AGREEMENT

This authorization will remain in effect from July 26 – July 31, 2026 while the minor is at Alpine Summer Camp, 415 Clubhouse Dr. Bluejay ,CA 92083 with LAGC.

Name (child/ward): _____ Birthdate: _____ Sex: _____ Grade completed in June 2026: _____
Address: _____ City: _____ State: _____ Zip: _____
EMERGENCY CONTACT
Parents/Guardian: _____ Home #: _____ Cell #: _____
Emergency Contact (other than parent) during week of camp: _____ Phone #: _____
Doctor's Name: _____ Doctor's Phone #: _____
Medical Ins. Co: _____ Group #: _____ Cert. #: _____

MEDICAL INFORMATION: Date of last Tetanus shot: _____

- Drug Allergies, Asthma, Hay Fever, Emotional Disorder, Insect Stings, Diabetes, Cardiac, ADD/ADHD*, Seizure Disorder, Nervous Disorder, Physical Disorder, Other

If you have checked any of boxes above, please give details: _____

Signature of Parent or Legal Guardian: _____

Attention Deficit Disorder/ADHD

To help us better meet your child's unique needs, please complete this form. If any question does not apply, please indicate by placing "NA" in the space provided. Feel free to use as much space as necessary to give clear and complete information about your child. Be assured that the information on this form will remain confidential and will be used by camp staff only to assist us in providing a safe and fun experience for all who attend.

1. Has your child been clinically diagnosed with ADD or ADHD? Yes No
When? _____ By whom? _____
2. Is your child taking medication* prescribed specifically for ADD/ADHD? Yes No
Please list:

3. What behavior problems, if any, does your child demonstrate? Keep in mind that each child is affected in different areas and intensities such as concentration, socialization, understanding and/or following directions, etc. Please be specific.

4. What escalates your child's behavior? For example: lack of sleep, interrupted routine, over stimulation, specific foods, etc.

5. In addition to medication or instead of medication, what techniques do you use to help calm and control your child's behavior? Be specific.

6. Is there anything else you would like us to know about your child?

*If your child is taking medication DO NOT alter, adjust, withhold, or eliminate these meds for the week he/she is attending Grace Oak Summer Camp. Thank you.

Grace Oak Camp

Head Lice Agreement

As more of our campers are spending their summer in day camps, sports camps and beach camps prior to their week at Grace Oak Camp, they are exposed to head lice. This year we are taking a proactive stance on not allowing head lice in the camp.

We encourage parents/caregivers to thoroughly inspect your campers head for lice beginning July 1st. If you find lice you can immediately take care of it- check with your doctor or pharmacist (lice and nits must be gone).

On Saturday, July 25th from 9:00am-11:00am will be pre-camp check in. Our nurses will inspect every camper for head lice. Also, camper's medication can be pre-checked in. If lice or nits are found, the camper will not be allowed to attend camp. If the camper missed our pre-camp check-in on the 25th, they will be checked at G.O. If lice/nits are found, your camper will not be allowed in the camp.

Thank you for your cooperation. We want camp to be fun and safe for each camper and for our camp staff to be free to concentrate on your campers and camp activities.

G.O Head Lice Agreement Form

Campers Name: _____

Parents Name: _____

Parent Signature: _____

Date: _____



GUEST GROUP RELEASE WAIVER

This form must be completed by **ALL** individuals attending Camp.

GENERAL RELEASE WAIVER:

I have asked Mile High Ministries (hereinafter "Camp") to be allowed to participate in activities offered at Camp. Activities may include but are not limited to: archery, rock climbing, low ropes course, gaga ball, sports, hiking, zip line, waterfront, swimming. I acknowledge and understand that: (1) Camp activities involve physical exertion and other risks, (2) the possibility of risk of injury to individuals participating or observing the activities, including but not limited to permanent disability including blindness, or death does exist, (3) the need/requirement to participate in the activities in accordance with the rules that are given and to follow directions given by Camp staff, (4) it is my responsibility to wear any and all safety gear deemed necessary by Camp, (5) my physical and mental condition will enable me to participate safely in the activities. I waive and release any and all claims, demands, actions, causes of action and rights (contingent, accrued, inchoate, or otherwise), defend, and hold Camp harmless from and against any and all claims, liabilities, expenses, damages, losses, cause of action, and suits (including, without limitation, attorney's fees and costs) arising out of, or in any way related to my participation in activities at Camp, whether caused by Camp's active or passive negligence or otherwise.

Initials: _____

IMAGE RELEASE WAIVER:

I give my permission to Camp to use any photographs, video and audio of me for any promotional materials, including Camp websites and social media postings, without expectation of compensation, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs, videos, or audio recordings.

Initials: _____

MEDICAL RELEASE WAIVER:

I give Camp permission to provide or arrange necessary transportation, to secure and administer proper treatment as needed, and to release any records necessary for insurance or care purposes. Camp may also give information as necessary to all those who may be caring for me at camp.

Initials: _____

INFECTIOUS & CONTAGIOUS DISEASE WAIVER:

The novel coronavirus (COVID-19), is no longer a worldwide pandemic but is still around. As a result, federal, state, and local governments and agencies recommend industry specific mitigation measures including but not limited to vaccination, mask wearing, increased personal hygiene practices, and modified cleansing/sanitization procedures. Camp maintains compliance with local and federal mandates to ensure guest safety, and has enacted preventative measures and programming adjustments in response. However, we cannot guarantee that you or your family members will not contract COVID-19.

By participating in programs, services, and activities at our facility, you agree to the following:

I hereby release, covenant not to sue, discharge, and hold harmless Camp, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services, or activities. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Camp, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any camp-hosted or programmed event.

Signature (for all 4 waivers): _____
(Parent/Guardian signature if camper is a minor.)

Date: _____

Participant's Name: _____

Group Name: Los Altos Grace Church

EMERGENCY CONTACT INFO:

Name: _____

DOB (MM/DD/YYYY): _____

Gender: Male Female

Group: _____

Camp Dates: _____

Primary Emergency Contact: Mr. Mrs. Ms. Dr. (required): _____

Relationship to Camper: _____

Day Phone: _____

Email: _____

Evening Phone: _____
(if different)

Address: _____

Secondary Emergency Contact: Mr. Mrs. Ms. Dr.: _____

Relationship to Camper: _____

Day Phone: _____

Email: _____

Evening Phone: _____
(if different)

Address: _____
(if different)

HEALTH HISTORY:

I decline to provide health information to Camp.

1. Do you have any physical limitations, conditions, or difficulties that require consideration by Camp? If so, please describe them & give instructions for accommodation (e.g. diabetes, epilepsy, mobility concerns): _____

2. Are you bringing personal medication to camp? (If so, please store it in an area that is out of reach of others.)

Yes

No

ALLERGIES: If you have a severe allergy that causes anaphylactic shock, please bring **Epinephrine kits to camp**. If your doctor's orders are to use Benadryl in conjunction with an Epi-Pen, bring **both** to camp. We recommend that you report conditions that require such interventions to your Group Nurse.

3. Date of last Tetanus booster: _____ (Should be within the last 10yrs, or as advised by your physician.)

4. Date of last Physical: _____

DIETARY: ALL dietary restrictions/considerations must be reported to your Group Leader and to Camp prior to arrival.

Camp cannot avoid all allergens, but strives to keep a nut-free main menu; some of our products are manufactured in facilities that also process meat, egg, nuts, soy, dairy, and gluten products. **If you cannot consume these foods, you will need to bring your own food substitutions.**

If you are a vegan, a vegetarian who does not eat soy, cannot eat egg, cannot have dairy in baked goods, OR a combination of these and other dietary considerations, you will need to bring your own food substitutions.

Participant's Name: _____

Group Name: Los Altos Grace Church

ACKNOWLEDGEMENT & RELEASE OF LIABILITY:

I understand that:

- A. If I am dismissed from camp for any reason (e.g. illness, injury, rule/policy breaches), no amount of the fees paid to Camp shall be refunded.
- B. If I am dismissed from Camp for any reason, I will vacate the premises immediately, regardless of time of day, condition, or convenience.**
- C. I cannot attend camp if my primary residence currently has a pest infestation (e.g. lice, bedbugs).
- D. I cannot attend camp if I am recovering from a contagious condition/illness, or if I have been exposed to an individual exhibiting symptoms of COVID-19 within the last five (5) days.
- E. If I become ill, contract, or suffer from conditions/symptoms resulting from another individual unknowingly or knowingly bringing pests, infections or disease to camp, Camp is not liable.

I consent and agree to attend Camp, abide by the policies, procedures, and traditions of Camp, and to participate in the activities involved. I give my permission for Camp to assist my Group Leaders and Group Nurse in obtaining qualified medical/surgical assistance and/or to administer aid, in the event of a personal accident or my illness.

Signature: _____

(Parent/Guardian signature if camper is a minor.)

Date: _____