

Northern CA Youth Camp

A Ministry of the West Coast District – Church of God (Seventh Day)

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Matthew 16:24

Senior Campers: 12th Annual Bible Tournament on the Books of Jonah & Esther

July 20 - July 26, 2026

"Capital Mountain" Christian Camp

2150 East Weimar Cross Road, Weimar, CA 95736

Registration Fee: \$380

Register by Monday, May 11th, 2026 and receive a \$50 discount

Junior Camp is Ages 8-12 - Senior Camp is Ages 13-18

(The age of the camper on the first day of camp will determine if they are a Junior or Senior)



WHAT TO BRING?

- Bible
- Towel
- Deodorant
- Washcloth
- Sweatshirt
- Soap
- Pillow
- Flashlight
- Chap Stick
- Sun Screen
- Sun Hat
- Swimsuit (modest one piece or tankini)
- Sleeping Bag
- Toothbrush
- Bug Repellant
- Water Bottle
- Watershoes

WHAT NOT TO BRING?

- Cell Phones
- Airpods
- Lighters
- Laptops
- Valuables
- Anything questionable? Do not bring it!
- I-Pads
- Drugs
- Tobacco
- Alcohol
- Glass
- Media Devices
- Headphones
- Knives
- Fireworks
- Cannabis

Executive Director:	Irene Sotelo	(Senior/Junior Camp)	Phone:	(559) 333-0511
Other Directors:	Isabel Hernandez	(Junior Camp)	Phone:	(559) 789-5833
	Levi Van Fossen	(Senior Camp)	Phone:	(559) 731-5578
	Isaiah Sotelo	(Registration)	Phone:	(559) 722-0339
	Wendy Gomez	(Camp Nurse)	Phone:	(916) 952-5099
	Jose Hernandez	(Camp Pastor)	Phone:	(702) 349-8502

CAMPERS MUST ATTEND THE WHOLE WEEK. NO PARTIAL-WEEK ATTENDEES!

Check In: Monday, July 20, 2026 2:30 PM

PLEASE DO NOT COME EARLY!

Check Out: Sunday, July 26, 2026

10:00 AM

PLEASE PICK UP YOUR CAMPER(S) ON TIME!

Registration Deadlines and Submission Instructions

Early Registration closes on May 11th, 2026

Late Registration closes on July 6th, 2026

(No registrations will be accepted after this date)

For more information, Email:

Cog7ncyc@gmail.com

Or visit the camp website @

www.visaliacog7.org/youthcamp

COG7 Northern California Youth Camp Registration Form

Camper Information

Legal Name: _____
Preferred Name: _____
Date of Birth: _____ Age: _____ Gender: _____
T-Shirt Size: _____
E-mail: _____
Church: _____ Baptized: _____
Swimming Ability: (Circle One) _____ Beginner / Novice / Advanced _____

Parent Primary Guardian Information

Name(s): _____
Address: _____
City: _____
State/Zip Code: _____
E-mail: _____
1st Phone #: _____
2nd Phone #: _____

Medical History

Medical Conditions: _____

Activity Restrictions: _____

Secondary Emergency Contact Information

Name: _____
Relationship To Camper: _____
1st Phone #: _____
2nd Phone #: _____

Allergies

Medications: _____
Foods: _____
Other: _____

Medical Insurance

Insurance Company: _____
Group/Number: _____
Primary Care Provider: _____
Subscriber Name: _____
Insurance Company phone #: _____

Daily Medications Needed While at Camp

Medication	Dosage	Times To Give
_____	_____	_____
_____	_____	_____
_____	_____	_____

*All medications must be in original labeled containers

The following **NON-PRESCRIPTION** medications may be given as needed by the camp medical provider to manage illness or injury:

- Pain or fever reducer (Tylenol, Advil, Motrin, ibuprofen)
- Upset stomach (tums, pepto bismol, imodium, maalox)
- Cough Syrup (guaifenesin, dexamorphan)
- Decongestant (phenylephrine)
- Allergy medication (Benadryl, Claritin)
- Triple antibiotic ointment
- Hydrocortisone cream

If you would **NOT** like your child to receive any of these medications please specify: _____

Any mental health concerns that would help us to make your child feel more comfortable at camp? _____

Authorization for treatment of a Minor:

Campers Full Legal Name: _____

(I) (We), the undersigned, parent(s) or legal guardian of the individual named above, a minor, do hereby authorize Church of God (Seventh Day) Camp Staff member as an agent for the undersigned, to consent to and authorize X-Ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medical Practices Act on medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given, in advance of any specific diagnosis, treatment or hospital care being required, to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable. (I)(We) hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of said minor to the above named agent upon the completion of treatment. (I)(We) understand and agree that payment of any medical or dental care is (my) (our) responsibility. (I)(We) understand and agree that COG7 / Northern CA Youth Camp cannot be held responsible for any person contracting viruses such as the cold or flu, including any strain of coronavirus, and allergies with similiar symptoms. By signing this registration form, I (we) also agree that photos and video's taken while at youth camp may be used for promotional purposes.

Parent or Legal Guardian Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____ Date: _____

Payment Information:

Submit ONE check from each church made payable to:
Church of God (Seventh Day); C/O isaiah Sotelo
P.O. Box 2049, Porterville, CA 93257

- Checks may be mailed or hand delivered.
- Payment is due upon camper's arrival.

Fill and submit electronically at the following website:



<https://forms.gle/wnxo8ykHMMqy3oyc9>