Frequently Asked Questions

Q: *When does camp begin?*
A: Registration begins Friday at 5:00 p.m. No supervision will be provided for children who arrive early.

Q: *When does camp end?*
A: Sunday after lunch at 1:00 p.m.

Q: *Is dinner served Friday?*
A: Yes!

Q: *May I call my camper? May my camper call me?*
A: **Only** in the event of an emergency.

Q: *What is the weather like?*
A: Mt. Meadows is located at 4,300 feet in elevation. The cabins and bathrooms are heated, but please bring warm clothes, extra socks and shoes for when they get wet, and be prepared for the possibility of snow and/or rain!

Q: *What do I bring?*
A: Bible, notebook, pen, warm sleeping bag, clothes for cold and wet weather/snow, extra socks AND shoes, bath towel, flashlight.

Q: *What don't I bring?*
A: Cell phone, Ipod, any electronic game devices.

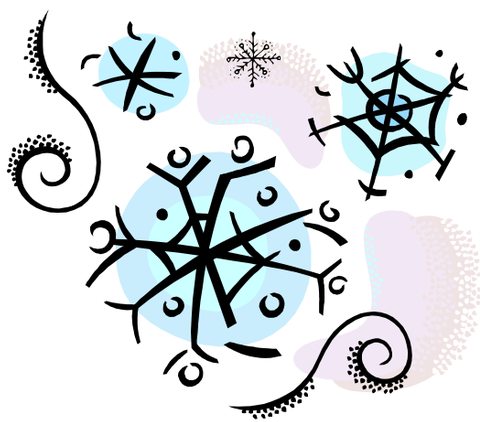
Q: *What are you policies for sick campers?*
A: We ask that anyone who doesn't feel well (or has been directly exposed to any virus/flu) to please stay home. If a camper gets sick while at camp we will contact the parents and request camper pick up as soon as possible.

Q: *Can I send medications with my child?*
A: All medications brought to camp **must be turned in to camp administration** for safe-keeping and distribution. All medications will be given by the camp nurse according to the doctor's label or signed instructions from the parent. Over-the-counter medications (Tylenol, cough syrup, etc.) that have been approved by a camp-associated physician are available and will be given as symptoms warrant. Parents will be notified if symptoms persist.

Mountain Meadows Bible Camp

Winter 2026

"And this is eternal life, that they may know You, the only true God, and Jesus Christ whom You have sent."
John 17:3



A Ministry of
Shasta Christian Youth, Inc.
Camp (530) 474-3143

Director: Paul Wiens
P.O. Box 494591
Redding, CA 96049
office (530) 722-9961
www.shastachristianyouth.org

Please do not write above this line. For office use only.

Camp Registration Form

Camp (circle one): Junior Jr. High High School

Camper Name _____ Birthdate (mm/dd/yy) _____

Age _____ Grade _____ Gender M/F _____ **ONE** Cabin Buddy Request (no guarantee) _____

Parent Name _____

Street Address _____ City _____ State _____ Zip Code _____

( ) _____ ( ) _____ ( ) _____

Home Phone Work Phone Cell Phone

Home Church _____ Email Address _____

Secondary Emergency Contact (if unable to reach parents):

Name _____ Relationship _____ ( ) _____ Phone

PHOTO CONSENT: *Mountain Meadows Bible Camp uses pictures from the weekend to make DVDs of slide shows and may use pictures in printed/web publications. Your registration constitutes permission for Mountain Meadows Bible Camp to use images for those purposes. A written statement must be on file if you do not give consent.*

Authorization of Treatment

I certify that I am the parent/guardian of _____.

I/We (parent/guardian) do hereby authorize Mountain Meadows Bible Camp as agents for the undersigned to administer my child's prescribed and over the counter medications as indicated by a physician and/or myself. I further consent to any x-ray examinations, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act on the medical staff or licensed hospital. I understand that every effort will be made to contact me in the event of an emergency.

_____ _____

Signature of Parent/Guardian Date

Medical/Health History

Confidential

Personal Health and Accident Insurance	
Policy Number	
Personal Physician	
Physician Phone Number	
Mt. Meadows accidental insurance is a secondary coverage. In the event of an accident, your insurance will be billed first.	

Please check YES or NO on the following	YES	NO
Able to Swim	☐	☐
Immunizations current Date of last Tetanus Vaccine_____	☐	☐
Any activity restrictions for medical reasons?*	☐	☐
Allergies to food/medicine*	☐	☐
Special Dietary Needs*	☐	☐
Condition requiring medication*	☐	☐

*If yes to these questions above, please include an attachment with further explanation of needs.

Health History: (Circle those that apply)

Diabetes	Anaphylaxis	Frequent Urination
Asthma	Iodine allergy	Heart Problems
Ear Infections	Epilepsy/Seizures	Other:

Occasionally, it is necessary to provide campers with non-prescription medications when they are at camp. Please **check** below to indicate whether you give permission for the listed medication to be administered by qualified camp staff. We will not administer any medication without this authorization.

Please check YES or NO for each medication

YES	NO		YES	NO	
☐	☐	Pepto Bismol *(upset stomach)*	☐	☐	Cough drops
☐	☐	Ibuprofen *(head/muscle aches)*	☐	☐	Tylenol *(head/muscle aches)*
☐	☐	Benadryl *(itching cold/allergy symptoms)*	☐	☐	Loratadine *(allergies)*
☐	☐	Cortisone 1% cream *(itching/bug bites)*	☐	☐	Tums *(upset stomach)*

ALL MEDICATIONS and PRESCRIPTIONS MUST:

1. Be in the original container.
2. Have a note with HOW, WHEN, and WHY to administer which is SIGNED by the legal guardian.

OFFICE USE ONLY

Recent exposure to pink eye, flu, other infections?
Feeling sick?
Medications?

Payment Details

Unless you get a phone call from Shasta Christian Youth, your registration is confirmed.
Payment is required with your registration form!

Payment:

Camp Cost	$ 85.00
Donation to camp to help keep camper fees low	$
Total Enclosed	$

**Please list amount and source of all scholarships that will be applied to your payment (if applicable).

Scholarship Source	
Scholarship Amount	$

Checks Payable To:
Shasta Christian Youth, Inc.

Payment Address:
(Please send form AND money to)

Mountain Meadows Camp Registrar
P.O. Box 494591
Redding, CA 96049

Or

Register Online @
ShastaChristianYouth.org

Late registrations are usually okay, but please phone or text Jared and Sabrina 530-737-7895 to reserve a spot within the last week before camp.

Please Cut Here - - - (Mail in this section with your payment) - - - (Keep this section)

Winter Retreat Schedule

Online Registration @ ShastaChristianYouth.org

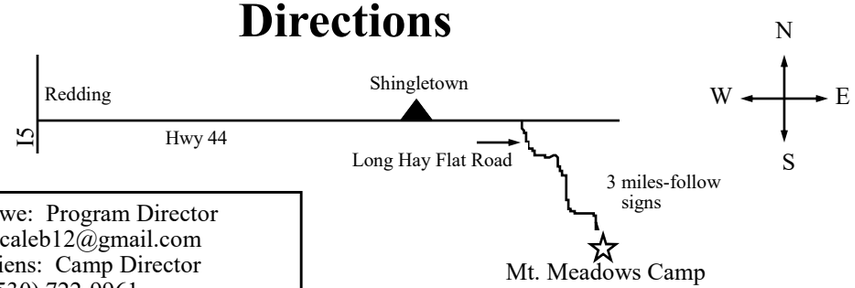
All camps begin Friday for at 5:00 p.m.
All camps end Sunday after lunch at 1:00 p.m.

Junior	*For high energy kids in grades 4-6*	***January 2-4***	*$85.00*
Junior High	*For the wild and crazy ones in grades 7-8*	***January 9-11***	*$85.00*
High School	*For teens in grades 9-12*	***January 16-18***	*$85.00*

The road to camp can be icy and slippery during the winter months. We encourage you to bring chains, four wheel drive vehicles or carpool with someone whose vehicle can handle the winter conditions!

Please drive slowly past neighbors on Long Hay Flat Road

Directions



Caleb Rowe: Program Director
footballcaleb12@gmail.com
Paul Wiens: Camp Director
(530) 722-9961