

Catalyst

Winter Camp 2026

Youth Leader Guide

What's Inside...

- Important due dates, cost & location info
- Student packet w/forms
- Leader forms
- And much more!!!

Registration Policies

1. Camp Costs and Deadlines:
 - Deposits due by December 21st, 2025 – Student/Leader Cost is **\$200**
 - Space will be available for late-registrations until capacity has been reached at Washington Family Ranch. Please contact the camp coordinator to determine availability
2. Please send A Non-Refundable deposit of **\$50** for each student and each leader to Family Worship Center, Attn: Andrea Franco, 5001 West Powell Blvd, Gresham OR 97030 or Register and pay online at www.3Gstudents.com/catalyst
3. Each Camper, Counselor & Volunteer **MUST** complete the Washington Family Ranch Medical Release Form! Additionally, each Counselor and Volunteer must complete the Staff Application and have the Sr. Pastor sign it as well as Each Camper must complete the FWC Camper Liability Release Form signed by the camper, parent & Sr. Pastor.
4. Since the Washington Family Ranch is an independent Camp, **refunds will not be available for any reason.**
5. **Registration begins NO EARLIER THAN 2:00 pm on Friday, January 23rd.** PLEASE DO NOT ARRIVE PRIOR TO 2:00pm as the facility will not be open for use until then. **Please NOTE:** Washington Family Ranch will be serving a regular dinner on Friday night! A Concession Stand will be open after the Friday Night Service for those who need a little late-night snack!!
6. **Departure from Camp is scheduled for Sunday at 12:00 PM!**
7. Washington Family Ranch requires that you bring one volunteer worker for every ten paying people you bring. These volunteer workers are FREE and will be assisting the camp in the Kitchen, Serving meals, Clean-up in the Dining Hall and Retail (concessions & store) if needed. **Example:** 30 paying people = 3 volunteer workers. (see next page for clarification)
8. If you are sending more than 6 students they must be accompanied by a counselor, unless **prior** arrangements have been made with the Camp Coordinator.
9. Pastors, youth leaders and counselors cannot bring their babies or children for obvious reasons. It's all about Youth!
10. This is a closed campus, no visitors allowed.
11. Each church must provide their own insurance as a Primary Coverage. (enclosed)
12. An email will be sent to each church to have them notify us of any **special dietary needs** (allergies etc.).

Volunteer Policy

- As previously stated, Washington Family Ranch requires that you bring **one volunteer** worker for **every ten paying people** you bring. Paying people include leaders and students, or anyone who is NOT coming as a volunteer worker.
 - **Examples:** 30 paying people = 3 volunteer workers. 14 paying people = TWO volunteer workers. 6 paying people = ONE volunteer worker.
- These volunteer workers will be assisting the camp in the Kitchen, Serving meals, Clean-up in the Dining Hall and Retail (concessions & store) -if needed.
- Volunteer Workers will NOT be charged for their stay or food.
- This will help to keep the cost down for students!!! Volunteer workers play such an important role in this area. Without the volunteer workers, we would have to charge an additional \$80 per person! So make sure you enlist your volunteer workers!!!
- Volunteer Workers can be parents, board members, College students, members of your church body.
- Volunteer Workers MUST BE more than 18 years of age and **CANNOT** be a counselor.
- **Volunteer Workers are needed at Camp by no later than 2:30pm on Friday!** - per Washington Family Ranch

Registration/Deposit Due Dates

Please provide A **Non-Refundable deposit** of \$50.00 for each student and each leader by the following **postmark deadlines OR Register/Pay online at 3Gstudents.com/catalyst.**

- Deposits due by December 21st, 2025 – Student/Leader Cost is **\$200**

*Space will be available for late-registrations until capacity has been reached at Washington Family Ranch. Please contact the camp coordinator to determine availability

*All Checks should be made payable to Family Worship Center

Mail to:
Family Worship Center
Attn: Andrea Franco
5001 West Powell Blvd
Gresham OR 97030

For General Camp questions regarding policies, procedures, deadlines, housing etc., Please contact Andrea Franco:

Office: 503-661-7210 Ext. 101
Cell: 503-867-5970
andrea@familyworshipcenter.com

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY

A

INSURED

COMPANY

B

COMPANY

C

COMPANY

D

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV. INJURY \$ 500,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (any one fire) \$ 500,000 MED. EXPENSE (any one person) \$ COMBINED SINGLE LIMIT \$ BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PHYSICAL DAMAGE \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$ STATUTORY LIMITS
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				OTHER Camper Accident \$4,000 per camper

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS

Young Life is included as an additional insured on the above policies as respects use of premises arising out of the insured's use of Young Life's facilities located at _____ (fill in name of camp property)

CERTIFICATE HOLDER

Young Life
 420 N. Cascade Ave.
 P.O. Box 520
 Colorado Springs, CO 80901

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

WASHINGTON FAMILY RANCH



Younglife CAMP

DRIVING DIRECTIONS

1 Muddy Road

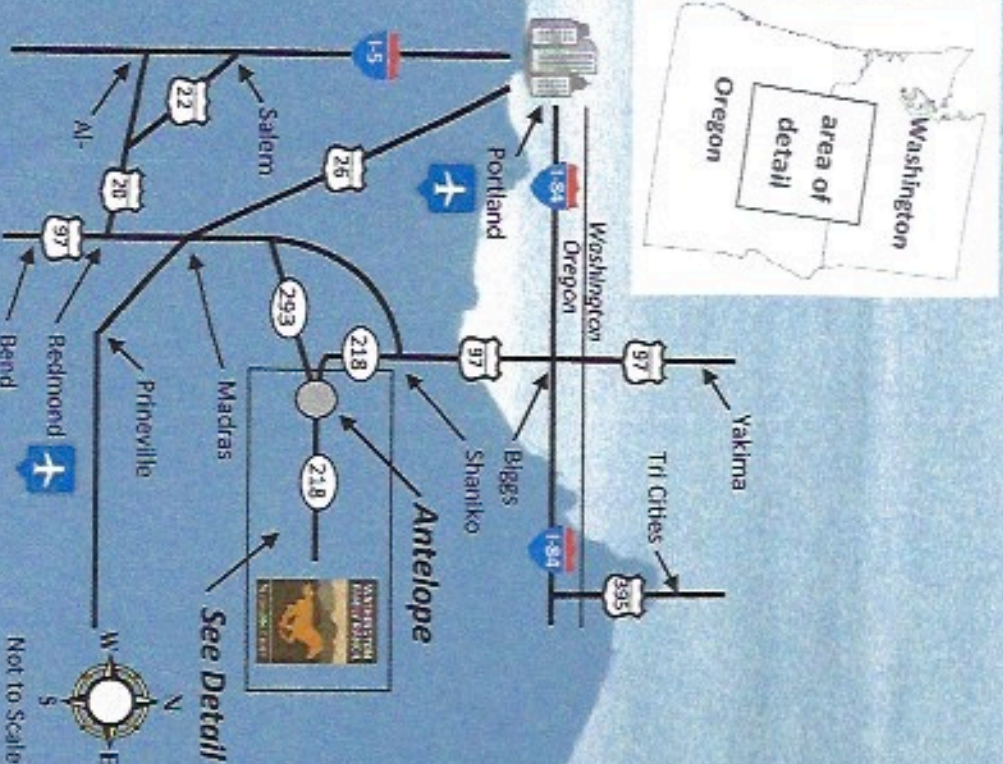
PO Box 220

Antelope, OR 97001

541-489-3100

541-306-6639 (fax)

www.washingtonfamilyranch.younglife.org



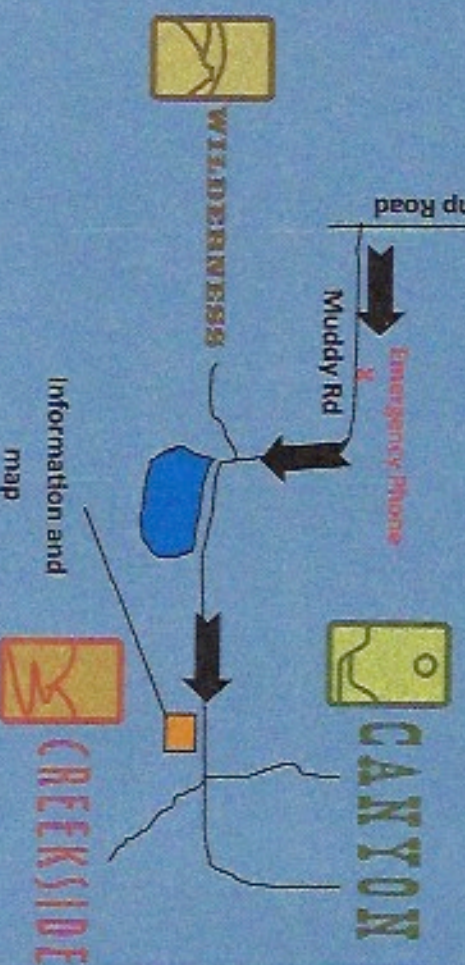
When driving to the Ranch...

- Online mapping tools and personal GPS devices will not give you accurate directions.
- Get gas in Madras or Biggs – it's your last chance!
- Cell phones do not work on the property.
- Need help? There is an **emergency phone** 4 miles down Muddy Road that will contact camp personnel.
- Muddy Road has steep grades and blind curves.
- Check our website for the latest weather and road conditions, or dial 511 (statewide road conditions).

From Antelope to the Ranch:



Head east from Antelope on Hwy 218 for 3.7 miles (toward the town of Fossil). Turn right onto Cold Camp Road, go 3 miles and turn left on Muddy Road. Drive 11.6 miles to Washington Family Ranch. Don't give up – it's a long way down Muddy Road!



CAMP STAFF APPLICATION

****Please note you must be 21 years of age to counsel and 18 years of age for other staff positions at the time of camp.**

SECTION A – for Applicant

I am excited about the opportunity to minister to youth at camp! I am requesting your consideration to be a part of the camp staff for 2026.

Staff position applying for: _____

(i.e. - Counselor, Worship Team, Kitchen Helper, Nurse)

Name _____ Age _____ M/F _____

Address _____

Phone # _____ Church Attending _____

Occupation _____

Past Experience as Camp Counselor? Yes _____ No _____

Date of Salvation _____ Baptized in the Holy Spirit? Yes _____ No _____

Have you ever been arrested or convicted of child pornography, abuse or any other crime (other than traffic violation)?

Yes _____ No _____ If yes, please explain on another sheet.

I accept my responsibility to read and understand the camp counselor's manual, which will be provided to me before the camp week begins. I verify that the above information provided is correct and accurate to the best of my knowledge.

Signature _____

SECTION B – For Senior Pastor Only

(Read and sign the following and mail to Family Worship Center, Attn: Andrea Franco, 5001 West Powell Blvd. Gresham OR 97030).

Yes! This person is morally fit to the best of my knowledge and has never been involved in any immoral or improper relations with boys or girls or youth. I confirm that I have done a background check and have an approved children's worker application on file for this person.

Senior Pastor Signature _____

Catalyst

Winter Camp

January 23rd - 25th, 2026

Student Guide

Cost \$ _____

(\$50 Non-Refundable Deposit Required)

YOUR EXPERIENCE INCLUDES:

- An outstanding speaker
- Training & Equipping
- Awesome Worship
- Basketball, Volleyball, Octoball
- Indoor Skate Park
- Indoor Rock Climbing Walls
- Pool, Foosball, Ping Pong & more!
- Outdoor Frisbee Golf
- Hanging out with friends
- Meeting new friends
- Lasting memories
- Concession Stand and more...



THINGS TO BRING: Toiletries, Towels, Toothbrush, Toothpaste, Clothes for service and activities, Comb, Brush, **Deodorant, and Soap!!** **Sleeping Bag, Pillow,** Bible, Notepad, Pen, Money for Concessions, and an Expectancy to see God move in your life and your Youth Group.



THINGS TO NOT BRING: NO drugs, cigarettes/vapes, alcohol, fireworks, matches, firearms or knives. No Exceptions!



MEDICATIONS:

Please make sure all medication is turned in to designated personnel upon arrival!!

All medication the camper is presently taking, including over the counter, must be in **original bottle** from pharmacy indicating dosage, intervals and camper's name.

FAMILY WORSHIP CENTER CAMPER LIABILITY RELEASE

PERSONAL INFORMATION:

Name (last): _____ (first) _____
Birthday: _____ Gender: _____ Grade: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Church: _____ Youth Pastor/Leader: _____

I understand that my involvement in the Family Worship Center camping program is a privilege. In consideration of this privilege, I am signing this release/consent form.

DISCIPLINE/PROPERTY DAMAGE:

I understand that Family Worship Center and the rented facility make rules and guidelines that my child will abide by while attending camp. I understand that if my child misbehaves and does not respond in a positive manner, I may be called to pick him/her up. Warnings will be given, but if inappropriate behavior continues, I will come and get him/her and no refund will be issued. In addition, I will pay for any damage that is done to the camp or to personal property belonging to another individual.

ASSUMPTION OF RISK:

I understand that I may participate in any number of activities, some which include, but not limited to obstacle course activities, rock wall climbing, skate park, basketball and other games. I understand that there are certain risks of physical injury involved with all such activities some of which I may not presently be aware. I understand by signing this release form, I am assuming such risks that are both known and unknown to me at this time. I further release Family Worship Center, its trustees, employees, and rental facilities, including its trustees, employees, and agents from any claim that I may have against them as a result of my child's physical injury or illness during my child's participation in the camping activities. This release of liability is also intended to cover all claims that members of my family, estate or heirs, representatives, or assigns may present against Family Worship Center, employees, and rental facilities, including its trustees, employees, and agents. A claim may be based upon the sole and exclusive negligence of Family Worship Center. I further agree to defend, indemnify, and hold Family Worship Center, employees, and rental facilities, including its trustees, employees, and agents, harmless from liability resulting from my child's participation in camp activities, including reasonable attorney's fees. I understand and acknowledge the physical nature of camp activities. I understand that participation in these activities requires a certain level of physical fitness and abilities. By signing this release, I assure that my child is physically fit and able to participate in all camp activities except that which has been listed on this form. This release shall be effective and binding upon Family Worship Center and upon me. I have read this release and understand its terms. I subsequently represent that I, the legal parent/guardian, have signed this form in authorization of these terms.

I acknowledge that by signing this document, I am agreeing to release Family Worship Center and rental facilities, including its trustees, employees, and agents from liability. I have been advised to read this document carefully before signing. I have thoroughly read the contents of this release and agree to the terms stated in each area including disciplinary procedures, property damage, medical policies, emergency procedures, and release of liability. The information I have completed is accurate to the best of my knowledge.

PARTICIPANTS SIGNATURE (Required for all ages) _____ DATE _____

PARENT/GUARDIAN SIGNATURE (Required if student is under 18 years old) _____ DATE _____

SENIOR PASTOR APPROVAL (Required) _____ DATE _____