

# NORTHEAST ATLANTIC DISTRICT YOUTH CAMP

## Summer 2017

### Student Registration

**COST:** \_\_\_\_\_

**REGISTRATION DUE:** \_\_\_\_\_

#### CHURCH INFORMATION

Church: \_\_\_\_\_

Senior Pastor: \_\_\_\_\_

Church Phone: \_\_\_\_\_

#### CAMPER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  M  F

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Email: \_\_\_\_\_

#### PARENT / GUARDIAN INFORMATION

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact Person #1: \_\_\_\_\_

Emergency Number #1: \_\_\_\_\_

Emergency Contact Person #2: \_\_\_\_\_

Emergency Number #2: \_\_\_\_\_

Dietary Restrictions: Please note the camp will do its best to accommodate dietary needs if given advance notice and instructions:  
\_\_\_\_\_

Can camper participate in normal camp/event activities, including climbing stairs?  Yes  No

#### CAMPER'S MEDICAL HISTORY (To Be Completed by Parent or Guardian)

No insurance at this time

Health Insurance Co: \_\_\_\_\_

*(NOTE: Camp Insurance is Secondary to Personal Health Insurance.)*

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

Name of Primary Insured: \_\_\_\_\_

Primary Insured's Date of Birth: \_\_\_\_\_

Is camper on Prescription Medication?  Yes  No

If yes, please list exactly what and when it is to be taken below:

*(NOTE: Attach Additional Information as Needed. Please see MEDICATIONS note on reverse side)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Does Camper Have Any of the Following Conditions:

Diabetes:  Yes  No Tuberculosis:  Yes  No

Epilepsy:  Yes  No Other: \_\_\_\_\_

Asthma:  Yes  No \_\_\_\_\_

#### Allergies (Severe Reactions Only):

Hay Fever:  Yes  No Penicillin:  Yes  No

Ivy Poison:  Yes  No Insect Stings:  Yes  No

Food, Drugs, Other: \_\_\_\_\_

#### Over the Counter Medications (do not send with campers)

**"I give permission for my child to receive the following medications while at camp if deemed necessary by camp nurse."**

Please initial permission for each:

\_\_\_\_\_ Ibuprofen (Motrin/Advil) \_\_\_\_\_ Pepto-Bismal  
\_\_\_\_\_ Acetaminophen (Tylenol) \_\_\_\_\_ Calamine Lotion  
\_\_\_\_\_ Diphenhydramine (Benadryl)  
\_\_\_\_\_ Hydrocortisone Cream

#### List any surgeries or serious injuries in the last 2 years:

\_\_\_\_\_  
\_\_\_\_\_

Restricted Activities: \_\_\_\_\_



**THIS REGISTRATION IS NOT VALID WITHOUT THE FOLLOWING THREE SIGNATURES:**

**Risk Acknowledgement and Waiver/Release for Participation in Camp Activities – read carefully**

I, the above participant being above the age of 18, or the parent/legal guardian of the undersigned participant who is under 18 \_\_\_\_\_ (“child”), authorize said child’s participation in the ICFG Northeast Atlantic Summer Camp program (“the program”) and all related activities, including, challenge course, water sports, canoes, hiking, scooters, archery, paintball, fishing, bonfires and wagon rides, I have read the program information and I understand it and agree to cooperate with all the regulations. The facilitator has permission to seek medical attention for my child in the event of an accident or sickness, to administer any prescription drug sent to this program with my daughter or any medication prescribed in the event of an accident or illness, and to administer any non-allergic over-the counter medicines as needed (including those listed on this form). I give permission for travel which is part of the program. Foursquare Northeast Atlantic District has permission to use pictures, slides, and/or audio-video tapes of my child taken while she is involved in activities for council publicity and public relations purposes. **I recognize and acknowledge that there are certain risks of physical injury to my child in the program. I, my child, and my insurer, hereby release, waive, relinquish, and discharge International Church of the Foursquare Gospel and any and all directors, officers, employees, agents, and/or volunteers from any and all claims, demands, action, or causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child as a result of my child’s participation in the program, whether caused by negligence (including, but not limited to, negligence by any person acting on behalf of The International Church of the Foursquare Gospel, negligent training, or negligent supervision) or otherwise. I further acknowledge that I understand that this is a full release and that I have voluntarily waived my rights and those of my child and insurer.**

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_

**PASTOR’S RECOMMENDATION**

I recommend this student as one who will cooperate with the staff, rules and camp / event program. I understand it is my responsibility to see that the student is picked up if they do not cooperate.

Pastor’s Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**THE BASICS**

- A. Have fun, help others, and be respectful to all leaders, campers, and property. **Respect is the fundamental rule.**
- B. Leave things better than you found them (vehicles, sleeping quarters, buildings, etc.)
- C. **If you fast the ordinary, God can do the extraordinary!** Leave iPods, handheld electronics, magazines, and books at home. **Cell phones may be brought but must be kept in the possession of your youth leader once you enter the camp / event location.**
- D. **Making racial or sexual comments is grounds for immediate dismissal from the camp / event.**
- E. Love is a beautiful thing...but at camp / events, we put romantic relationships on hold so we can hear God clearly. It is hard to tune into God when your heart is beating loudly.

By signing this document you are stating you have read and agree with all information printed on this form.

**IMPORTANT INFO**

- A. Please make all checks payable to your church. They will send all registrations together with one church check.
- B. Cancellations are nonrefundable, but are transferable within a church.
- C. This event is being administrated by the Northeast Atlantic District. They may be reached at 301-284-0177.
- D. For more information about this event, please contact your local church.
- E. Please do not allow firearms, weapons, fireworks, alcohol, tobacco, or narcotics to accompany your child to the camp / event. If any of these items are found, it is reason for immediate dismissal from the camp / event.

Thank you!

**++ MEDICATIONS ++**

**PLEASE NOTE: All medications must come in a plastic zip lock bag in its original prescription container with dosage instructions and camper’s name and church name printed on the front in permanent marker. Inside the bag should be the schedule or circumstances under which medication should be administered. Medication will not be given if not in original container.**

**CAMP T-SHIRT SIZE**

\_\_\_\_\_ Adult Small    \_\_\_\_\_ Adult Medium    \_\_\_\_\_ Adult Large

\_\_\_\_\_ Adult XL    \_\_\_\_\_ Adult 2X    \_\_\_\_\_ Adult 3X