

2010 Youth Camp Application

June 7-11, 2010 :: Crystal Springs Campground



NCR Youth Camp 2010
PO Box 7460
Bismarck, ND 58507
Phone: 701-224-0165
Email: ycedir@ncrcog.org

CAMPER INFORMATION

Name _____
Date of Birth ____ / ____ / ____ Age ____ Sex ____
Address _____
City _____ State ____ Zip _____
Home Phone (____) ____ - ____ Parent Work Phone (____) ____ - ____ Parent Cell Phone (____) ____ - ____
Parent Email _____ Camper Email _____
Local Church _____ Pastor's Signature _____

MEDICAL INFORMATION

List any Handicaps or Medical Problems _____
Parent's Insurance Company _____
Policy# _____
Any allergies or reaction to medication? Yes No
Doctor's Name _____
If yes, list: _____
Phone (____) ____ - ____
Present medications: _____
Please attach copy (front & back) of insurance card with this application.
Immunizations up to date? Yes No

PARENT/GUARDIAN CONSENT SIGNATURE

I hereby give my child permission to attend and participate in all activities of the NCR Church of God Youth Camp. I hereby, waive, release, and discharge any and all claims, demands, and causes of action against Camp Officials, the Church of God North Central Region, and the International Offices, Cleveland, TN, their agents, employees, and participants arising from any damages, property loss, or injury my child may sustain at the NCR Church of God Youth Camp. I understand that the Camp Insurance Policy provides secondary coverage for my child, that my coverage is primary, and I hereby accept all responsibilities for medical costs. I further consent to allow Camp Officials to seek and obtain medical treatment for sickness or emergency as deemed needed for my child.

There will be a water baptism service offered during camp. This service will be optional to campers. We will not baptize your child without parental/guardian consent. Please check one of the following: *Note: Parents are invited to attend the water Baptism Service*

- Yes, I give consent to water baptize my child if they choose to want to participate.
- No, I do not give consent for my child to participate.
- I would prefer to be contacted first by phone before my child participates.

Parent/Guardian Signature (Required) Date of Signature

Please check which camp student is attending:

Junior Camp (ages 6-12) Teen Camp (ages 13-19)

2010 Camp Fees - Crystal Springs, ND

- \$135 Early Bird Rate (postmarked by 5/21)
Includes FREE Camp T-shirt! Complete information below.
- \$140 Standard Camp Rate (postmarked after 5/21)
T-shirt not included
(Within 10 days of camp (after 5/29) do not mail, bring to registration)

FREE

2010 Camp T-Shirt for all pre-registered campers!

Camp fees must be paid in full before the 5/21 deadline in order to receive free Camp T-shirt.
All those registering after the 5/21 deadline can purchase a Camp T-shirt from the Camp Store.

Check shirt size:

Youth: 6-8 10-12 14-16
Adult: S M L XL 2X 3X

- \$25 of the fee is considered **non-refundable/non transferrable**
- Camp fees must be paid in full and submitted with application
- Confirmation, schedule and rules will be sent to camper upon receipt of application
- For those not pre-registering, you may request schedule and rules from ycedir@ncrcog.com

Roommate 1. _____
Preference: 2. _____

I understand that camp maintains a Christian standard for conduct and dress. I hereby promise to abide by all rules and policies and submit to those in authority during my stay.

Camper Signature _____

OFFICE USE ONLY

Date Rec'd	____ / ____ / 10	Amt Due	\$ _____
Cabin	_____	Amt Paid	\$ _____
Comments	_____	Balance	\$ _____