



# KNYI 2009 Junior High Camp Camper Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State Zip

Parent/Guardian(s) Name(s): \_\_\_\_\_

Parent/Guardian(s) Phone #s: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Name of Church you came with: \_\_\_\_\_

Name of your Youth Leader: \_\_\_\_\_

One person (same sex) that you would like to room with: \_\_\_\_\_

T-shirt Size: S M L XL XXL

### Health Information

Student's Doctor: \_\_\_\_\_ Phone : ( ) \_\_\_\_\_

Family Medical Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Camper's SS# \_\_\_\_\_ Campers Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies! Yes / No -If Yes, please explain: \_\_\_\_\_

Circle any that apply to you: Diabetes, Asthma, Epilepsy, Heart, Vision, Hearing, Other

Current Medication(s): \_\_\_\_\_

\*All medications should be packed separately, clearly identified with the camper's name, and turned in to nurse at the time of registration.

Should camper be restricted from any activity? Yes / No If Yes, what? \_\_\_\_\_

*In the event of an emergency where medical treatment is required for my child, I give my permission to KNYI District Camp Staff and/or nurse to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Cost: \$145 due by July 23rd.**

## Conduct Agreement

*For your information, we expect each student to conform to these rules of conduct:*

- No possession or use of alcohol, drugs, or tobacco.
- No students can drive.
- No fighting, weapons, fireworks, lighters, or explosives.
- No offensive or immodest clothing.
- No two-piece swimsuits.
- No boys in girls' sleeping quarters /no girls in boys' sleeping quarters.
- Participation with the group is expected.
- Respect Camp property.
- Respect other's property.
- Respect one another, staff, and adult leaders.
- Respect and comply with event schedules.

I, the student, have read the rules of conduct listed above, the evaluation of my health, and permission to participate in camp activities. I agree to abide by the stated personal limitations and code of conduct.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, swimming, basketball, active and physical group games, volleyball, hiking, concerts, Bible studies, miniature golf, hayrides, paintball. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to your local church youth pastor prior to camp.

\_\_\_\_\_ **has my permission to attend all camp activities sponsored by the Kansas Nazarene District NYI from July 27 through July 30, 2009.**

Parent/Guardian(s) signature: \_\_\_\_\_ Date: \_\_\_\_\_