



Camper Registration and Participation Agreement

Northeast District Youth Camp

Sunday, June 30 – Thursday, July 4, 2019

Tuscarora Inn and Conference Center, Mt Bethel, PA

\$300 Per Student

Church Name:		Youth Leader Name:
Teen's Name:		Home Address:
Date of Birth: <small>(must be 12 years of age by time of camp)</small>	Sex - Circle One: MALE FEMALE	T-Shirt Size (Adult S-3XL):
Parent/Guardian Name:		Parent/Guardian Phone:
Emergency Contact 1 (name & relationship):		Phone:
Emergency Contact 2 (name & relationship):		Phone:
MEDICAL INFORMATION		
Date of last Tetanus Shot: ___/___/___		
CHECK all that apply:		
<input type="checkbox"/> Nose Bleeds <input type="checkbox"/> Migraines <input type="checkbox"/> Diabetes <input type="checkbox"/> Convulsions/Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Bowel or Bladder Incontinence <input type="checkbox"/> Mental Health Other: _____		
Allergies: _____ _____		
PLEASE LIST ANY SPECIAL INFORMATION, INCLUDING ALLERGIES, DIETARY AND ACTIVITY RESTRICTIONS AND MEDICAL CONDITIONS (attach additional paper if needed):		

For Office Use Only

Counselor Name: _____

Room Number: _____

Please list all medications, **prescription and non-prescription**. Include **times taken** and **special considerations**. Please send all **rescue medications** for asthma and allergies. All medications must come in **original packaging** and can only be **administered by camp nurse**. Make sure **names** are clearly marked on all medication.

Non-Prescription Drug Choice: _____

Dosage: _____ Circle: Pills or Liquid

Camp Nurse Will Administer Over the Counter Medication and Ointments as needed for non-urgent medical concerns for GI Upset, Headache, Fever, Allergies, Skin Irritation, ETC.

If Needed, does Parent want to be notified? Circle: Yes or No

Phone Number: _____

Insurance Carrier:	Group/Policy #:
Family Doctor:	Address/Phone Number:

Consent to Participate

I, the undersigned, have legal custody of the student named on this form, a minor, and have given my consent for him/her to attend the activities of Penn-Jersey District Youth. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Penn-Jersey District Youth, host churches, and their pastors, employees, agents and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement.

Consent for Medical Treatment

In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by event leaders. In the event treatment is required from a physician and/or hospital personnel designated by the church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the student ministries staff member. The Camp Nurse can administer Tylenol, Motrin, Advil, Benadryl, Cough Drops, and Anti Diarrheal Medications as needed.

Consent for Transportation

I consent for the student named on this form to utilize transportation sponsored by the Penn-Jersey District Youth, host churches, and their pastors, employees, agents and volunteer workers if needed for any purpose.

Consent for Media

I grant permission to Penn-Jersey District Youth, its representatives and employees the right to take photographs of my child during the event. I authorize Penn-Jersey District Youth to use and publish these photographs in print and/or electronically. I agree that Penn-Jersey District Youth may use such photographs of my child with or without their name and for any lawful purpose, including such purposes as publicity, illustration, advertising and web content.

IN SUMMARY, BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT IF I OR ANY OF MY CHILDREN ARE INJURED IN ANY WAY, THIS WAIVER PREVENTS AND PROHIBITS ANY RECOVERY OF MONEY FROM ANY PENN JERSERY OR TUSCARORA ENTITY.

Parent Signature

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: ____/____/2019

Water Activities

I Grant Permission for my Teen to participate in Supervised Waterfront and Water Activities

Parent/Guardian Signature: _____ Date: ____/____/2019

Teen Signature

I Pledge to Follow Camp Rules and any Directions of the Camp or District Staff.

Teen's Printed Name: _____

Teen's Signature: _____ Date: ____/____/2019

Deadlines (Postmarked by the following dates):

BY MAY 17: Registration and \$100 deposit guarantees T-shirt availability

BY JUNE 18: Registration and payment and full

AFTER JUNE 18: Registrations will be accepted on a space available basis at the rate of \$320 per person.

Please return items to your youth pastor/leader or mail individual registrations to:

Rodney Murphy II
101 Gearhart Ave Sunbury, PA 17801
Email: littlerod13@gmail.com
Please make Checks Payable to: Northeast District Youth

Questions regarding the completion of this form can be directed to Pastor Casey Spencer, District Youth President, 814-553-0355 or caseys@bethanywes.org.