

TN District NYI Camp Registration Form 2010

Jr. High Camp _____
(Completed 6th-8th grades)

Sr. High Camp _____
(Completed 9th-12th grades)

Name:
Street Address:
City/State/Zip:
Circle one: Male Female T-shirt Size:
Church:
Students will be housed with other students from their own church. If you have another rooming preference please list it here.

Person to contact in case of emergency:
Emergency Phone Number:
*Insurance Carrier: Policy Number:
Any special physical/medical restrictions?
Any prescription medication to be taken?

*Please be informed that the camp's insurance is a standard secondary coverage policy. This means that the individual camper's/staff's primary health insurance will be filed on first.

I have read the camp rules and above insurance information and agree to abide by them. I understand that if a camper behaves improperly, as determined by camp leadership, the camper may be sent home at the expense of the camper's parent/guardian.

Camper's Signature:
Parent/Guardian's Signature:

Medical Authorization

I hereby authorize medical treatment (including over-the-counter medication and/or prescriptions) to be given to the above named youth in case of illness or injury during the Tennessee District Church of the Nazarene Teen Camp, June 12-20, 2010. I hereby validate by signature with this registration form and do expressly waive any and all claims or charges against the TN District Church of the Nazarene, its representatives, NYI leadership or campground staff because of any illness, injury, and damage to the person or property of the above named applicant in connection with or incident to the TN District Teen Camp.

SIGNATURE MUST BE NOTARIZED

Parent/Guardian's Signature:	Date:
State of Tennessee, County of:	
Subscribed and sworn to me in my presence this day of	
SEAL	
Notary Signature:	Expiration Date: