

FORM/CAMP INFO:

Mail registration form with payment to:
Camp Registrar

Rev. Sarah Fox
10450 S Co Rd 544 E,
Selma, IN 47383

Drop campers off Monday, no sooner
than 1:00pm at Shiloh Park, located at:
1734 S 350 E., Marion, IN 46953

Pick up campers Friday at 1:00pm
Questions? Email them
to: mark.mahoney@auburncn.org

Jr. High Camp**June 24-28****GRACE POINT INFORMATION:**

All Camp forms are due to Pastor Ryan by
Wed., May 22. Make checks payable to
Grace Point for \$175.

After May 22, please send camp registration,
cashier's check or money order for \$200
directly to Camp Registrar*. Make cashier's
check/money order payable to NEI/NYI, and
email Pastor Ryan (rwright@gpnaz.org)
notifying him that you are attending camp.

*Rev. Sarah Fox, Camp Registrar
10450 S Co Rd 544E, Selma, IN 47383

Student Information:

Name: _____ Gender Born: [M F] Last Grade Completed: 5 6 7 8

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Phone: _____

Church attending with: _____

District (circle one): NEI NWI Other _____

Shirt size (Adult): S M L XL XXL (circle one)

Emergency Contact Person

Parent/Guardian Name: _____

Address (if different from student) _____

Home Phone #: _____ Work Phone #: _____ Cell#: _____

Do you have health insurance? _____ Yes _____ No

Name of Ins. Co.: _____ Policy #: _____ Group #: _____

Family Doctor: _____ Phone: _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

Health History:

Any pre-existing or present medical conditions:

Name and dosage of any medications that must be taken:

ALL MEDICATIONS MUST BE IN PRESCRIBED BOTTLE WITH DOSAGE INSTRUCTIONS ATTACHED.

List all allergies: _____

List all Medical allergies: _____

Please fill out reverse side.

I, the parent or guardian of _____ do authorize the camp medic, camper's name any doctor and/or hospital to administer medical aid and treatment to my child. I authorize the use of any picture of video of my child in the reproduction of camp advertisements, productions, or other uses of the District NYI Council. I allow my child to participate in any activity that may be off the camp park grounds. I hereby release Shiloh Park, Northeast Indiana District, Nazarene Denomination, directors, staff and counselors from any and all liability for injury, loss, health, risk or damage to person or property that may occur during the course of my child's involvement including but not limited to accidents and emergencies. I also agree to pick my child up from camp upon being notified by the camp director(s) that he/she has violated camp rules and has become a serious disciplinary problem.

NEI-NYI is regulating the use of electronic devices to enhance safety, limit distraction, and promote spiritual development. Electronics such as cell phones, cameras, music players, and gaming devices are only permitted for use during allotted times which are to be set by the director/coordinator of each event. NEI-NYI will not be responsible for any lost, stolen, or damaged devices. At any point, we (event director/coordinator) reserve the right to confiscate any electronic device if leadership determines the device is being misused, causing distraction, or used excessively. Item(s) will be stored in a safe location and returned at the conclusion of the event.

On the occasion that any electronic device is used, resulting in the violation of a person's privacy or the capturing of pornographic images (regardless of intent), parents will be notified and authorities will be contacted to handle the investigation. Use of photographic devices in restrooms and living quarters are forbidden and failure to comply will result in indefinite suspension from ALL District NEI-NYI related events pending review by the District NYI President, the event/ director coordinator, and any other parties deemed necessary by the District NYI President.

This policy is to ensure the safety and protection of our students, leaders; and NEI-NYI.

I have read, understand, and agree to abide by the above statements and guidelines.

Student's Signature

Date

Parent/Guardian Signature

Date

