

BRAVE – NYI Camp 2018



June 25th – 29th Application \$165

Application and payment due to your local church by _____

May-15 \$50 plus application / June-15 \$115 balance due

Contact Information

Name <i>(you go by)</i>	First _____ Middle _____ Last _____
Street Address	
City ST ZIP Code	
Cell Phone <i>(at camp)</i>	
E-Mail Address	
Home Church	Central Church of the Nazarene (do not put First- add city)
Grade <i>(just completed, by camp)</i>	___7 th ___8 th ___9 th ___10 th ___11 th ___12 th
	Age _____ (as of camp) Birthdate ____/____/____
Gender	___ Male ___ Female
T-Shirt Size	___ Small ___ Medium ___ Large ___ X-Large ___ XX-Large ___ XXX Large
	All t-shirts are adult sizes

Person to Notify in Case of Emergency and Medical Information

Mother's Name	
Contact Information	
Father's Name	
Contact Information	
Emergency Contact	
Contact Information	
Medical Insurance Company	
Policy Number	
Policy Holder Information	
Medical Conditions	
Prescriptions	Why _____ Dosage _____ When _____
Prescriptions	Why _____ Dosage _____ When _____
Prescriptions	Why _____ Dosage _____ When _____
Prescriptions	Why _____ Dosage _____ When _____
Allergies	Gluten ___ Other _____
Date of last tetanus shot	

Please print application front and back.

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June 25th – 29th Policy/Notary



District Camp Policy and Guidelines

For your information, we expect each student to conform to these rules of conduct: No possession or use of alcohol, drugs, or tobacco. No fighting, weapons, fireworks, lighters, or explosives. No offensive or immodest clothing. No boys in girls' sleeping quarters and no girls in boys' sleeping quarters. Participation with the group is expected. Respect property. Respect one another, staff, and ALL adult leaders. Respect and comply with event schedules. Students who fail to comply with these expectations may be sent home at their parents' expense. Therefore I, the student, have read these rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct. **By signing this you verify that you have read SC NYI District Student Policy.**

Student Signature: _____ **Date:** ____//____//____

Youth Pastor/NYI President/Pastor Signature _____ **Date:** ____//____//____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the South Carolina District Church of the Nazarene and its representatives of any liability against personal losses of the named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the South Carolina District Church of the Nazarene. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the South Carolina District Church of the Nazarene, its 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/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the South Carolina District Church of the Nazarene, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We 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/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

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

State of South Carolina, County of _____ Subscribed and sworn to me, in my presence on: _____ (Date)
Notary _____ Expiration Date _____

**Please Submit ALL forms and money (do not make checks out to Tammie – checks made to SC NYI) to:
Tammie Crandall 193 Wildwood Lane, Lugoff, SC 29078**

May 15 (5-15) \$50 deposit and application due postmarked June 15 (6-15) \$115 balance due postmarked
Late fees for all applications after May 15 - \$25 Late fee for all final payments after June 15 - \$25
Deposits are not refundable.

NO APPLICATIONS postmarked after June 20th. No guarantee on t-shirts with applications after May 15th

*By signing you are also acknowledging that you are aware that camp ends at **noon on Friday** and you will have transportation to pick up teens. You also acknowledge that all information is correct and filled out properly.*

Youth Pastor/NYI Pres. Signature: _____ **Date:** ____//____//____

