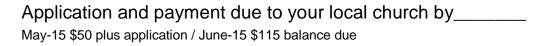
BRAVE – NYI Camp 2018

June 25th – 29th Application \$165

Contact Information





Name (you go by)	First	N	Middle	Last		
Street Address						
City ST ZIP Code						
Cell Phone (at camp)						
E-Mail Address						
Home Church	Central Church of the Nazarene (do not put First- add city)					
Grade (just completed, by camp)	7 th	8 th 9 ^t	th 1	10 th 11 th	12 th	
	Age	_ (as of camp)	Birthdate	e/		_
Gender	Male	Female				
T-Shirt Size	Small _	Medium	_Large	_ X-Large	XX-Large	XXX Large
	All t-shirts are	adult sizes				
Danson to Natificia Occasión						
Person to Notify in Case of E	mergency and	d Medical Infor	mation			
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		Wh	у	Dos	age	_ When
Prescriptions			у		age	_When
Prescriptions		Wh	у	Dos	age	When
Prescriptions		Wh	у	Dos	age	_ When
Allergies	Gluten	Other				
Date of last tetanus shot						

Please print application front and back.

BRAVE – NYI Camp 2018

June 25th – 29th Policy/Notary



District Camp Policy and Guidelines

For your information, we expect each student to conform to these No fighting, weapons, fireworks, lighters, or explosives. No offensive or boys' sleeping quarters. Participation with the group is expected. Resp and comply with event schedules. Students who fail to comply with the the student, have read these rules of conduct, the above evaluation of to abide by the stated personal limitations and code of conduct. By sig	r immodest clothing. ect property. Respectse expectations may my health, and perm	No boys in girls' ct one another, sto be sent home anission to particip	sleeping quarte aff, and ALL ac their parents' ate in youth gro	ers and no dult leader expense. oup activit	o girls in rs. Respect Therefore I, ties. I agree
Student Signature:			Date:	//	//
Youth Pastor/NYI President/Pastor Signature			_ Date:	//	//
This consent form gives permission to seek whatever medical District Church of the Nazarene and its representatives of any					th Carolina
I/We the undersigned have legal custody of the student named abbeing organized by the South Carolina District Church of the Naza ministry or athletic event, and I/we hereby release the South Carolina volunteer workers from any and all liability for any injury, loss, or district church of the Nazarene, treatment as deemed necessary by a licensed physician. In the evidesignated by the South Carolina District Church of the Nazarene, demands, or suits for damages arising from the giving of such constitue cost of any medical care should the cost of that medical care in that the health insurance information provided above is accurate at the student named above. I/we also agree to bring my/our child ho necessary by the student ministries staff member.	rene. I/We understatina District Church of amage to person or a the attention of a cent treatment is required I/we agree to hold sent. I/We also acknot be reimbursed by this date and will,	and that there are of the Nazarene property that modoctor, I/we consuired from a physuch person free nowledge that wor the health insuito the best of my	e inherent risk, its pastors, e ay occur during sent to any reastician and/or e and harmles e will be ultimatance provide town knowledge.	s involved mployees ag the coustonable hospital pass of any cately resp r. Further ge, still be	d in any s, agents, and urse of my/our medical personnel claims, ponsible for r, I/we affirm e in force for
Parent/Guardian Signature:		Date:	//	//	
State of South Carolina, County of	Subscribed ar	nd sworn to me,	in my presenc	e on:	
Notary	Expiration Date			_	(Date)
Please Submit ALL forms and money (do not ma Tammie Crandall 193 Wi May 15 (5-15) \$50 deposit and application due pos Late fees for all applications after May 15 - \$25 Deposits and	ldwood Lane, Lug stmarked June	goff, SC 29078 15 (6-15) \$11 all final paymo	3 5 balance du	ue postn	narked
NO APPLICATIONS postmarked after June 20th. No gua	arantee on t-shirts	with application	ons after Ma	y 15 th	
By signing you are also acknowledging that you are averansportation to pick up teens. You also acknowledge					
Vouth Pastor/NVI Pres Signature		Date:	// //		