



2016 YOUTH CAMP APPLICATION

This form is provided to assist Churches with collecting Camper information.
Online registration is required to complete the 2016 Camp Registration process.

**CHURCH USE
ONLY
DO NOT MAIL
TO NTYM**

CAMPER INFORMATION

Name _____ Camp # Attending _____

☐ Male ☐ Female Date of Birth ____ / ____ / ____ Grade next fall _____ Age _____ T-shirt Size (adult) S / M / L / XL

Church _____ Church City _____

Is there anyone your child should **NOT** be released to? ☐ Yes ☐ No If yes, Name(s) _____

IMMUNIZATIONS: List the last date given (the State of Texas requires the dates to be listed).

_____ Oral Polio _____ DPT (Diphtheria/Pertussis/Tetanus) _____ MMR (Measles/Mumps/Rubella)

☐ We have chosen not to immunize. Parent Signature _____ Date _____

CHRONIC/RECURRING CONDITIONS: Please list _____

Are activities restricted: ☐ Yes ☐ No If yes, please explain _____

ALLERGIES: Please list _____

May be given Tylenol? ☐ Yes ☐ No

May be given Benadryl? ☐ Yes ☐ No

May be given Ibuprofen? ☐ Yes ☐ No

My Camper may be given over the counter, non-prescription medications or applications, not to exceed the recommended dosage for stomach discomfort, burns, cuts, insect bites, rash or scrapes. ☐ Yes ☐ No *List Exceptions* _____

If your Camper is on any medication, please read and complete the Medication Form and bring the form to camp.

5K

I would like to participate in the 2016 STL 5K. My \$100 donation includes 5K registration, 5K Bib and T-shirt. (See Camp Coordinator for full details.) ☐ Yes ☐ No

PARENT/GUARDIAN INFORMATION

Parent/Guardian _____ Mobile Phone _____ Other Phone _____

Address _____ City _____ State _____ Zip _____

If Parent/Guardian cannot be contacted, please notify:

1) Name _____ Mobile Phone _____ Other Phone _____

APPLICATION AUTHORIZATION

I authorize the adult in charge to consent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contact me regarding medical attention given to my child. I also understand that participants at Lakeview Camp are liable for damage caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian. I understand that youth camp is a voluntary activity. Student must be willing to cooperate with the overall spirit and schedule of the camp. Finally, I understand that every effort will be made to room church groups in the same cabins. However, due to the structure of the camp and the limited number of beds, this is not always possible. I also grant my permission to North Texas District Council to use photographs (individual or group) and/or multimedia images and recording in the best interest of the North Texas District Council. I have reviewed the camp information sheet and gone over the camp and dress code policies with my child. Camper signature required: Agree to abide by camp and dress code policies.

Parent Signature _____ Date _____ (signature required if camper under age 18)

Camper Signature _____ Date _____ (signature required)