



NYI SUMMER CAMP 2018

Golden Bell Camp June 8-11
For Students Grades 6-12
\$210 if postmarked by May 25th
\$240 after May 25th

One Church Check payable to Colorado NYI
Youth Leaders should send forms and ONE CHURCH CHECK to

Stacey Hassel
3501 W. 104th Ave.
Westminster, CO 80031

FORMS AND \$50 DEPOSIT PER CAMPER MUST BE POSTMARKED BY MAY 25th. DEPOSITS ARE TRANSFERABLE BUT ARE NOT REFUNDABLE. BALANCE DUE AT CHECK IN.

Camper Name _____ Birth date _____ M / F
Parent or guardian _____ Phone _____ Last Grade Completed ____
Home Address _____
number & street city state zip code
Church Attending With _____ E-Mail _____
Daytime phone _____ Cell Phone _____
T-Shirt Size: _____

If parent/guardian is not available in an emergency, please contact: (be sure to sign authorization below.)

1. _____ Phone _____
name relationship home cell/pager
2. _____ Phone _____
name relationship home cell/pager

Health / Medical Information

Are there any physical, emotional, psychological or otherwise health-related issues (INCLUDING ALLERGIES) that the camp should be aware of? Y / N If yes, please explain

Important: Please notify the camp regarding recent illness, recent medications, accidents, exposure to communicable disease, or changes in your child's health that occur after completion of this form

Immunization History: This is a record of dates of basic immunizations and most recent boosters:

DPT Series _____ Tetanus/diphtheria booster _____
Mumps _____ Polio _____
Measles (live) _____ Varicella (chicken pox) _____
German measles (Rubella) _____ Hepatitis A _____
Tuberculin test _____ Result _____ Hepatitis B _____
BCG _____ Haemophilus influenza B _____

Insurance Information: (Please fill out all sections that apply.)

___ I have no insurance.

Primary Insurance Information (person who pays for the insurance coverage):

Subscriber or Primary Ins. Holder _____
last name first name middle initial
Group ID/# _____ Insurance Company Name _____

Secondary Insurance Information (person who pays for the insurance coverage):

Subscriber or Primary Ins. Holder _____
last name first name middle initial
Group ID/# _____ Insurance Company Name _____

Military Insurance Information:

Branch of Service _____ Rank _____ Effective Date _____ Retired - Yes ___ No ___

Allergies: • None • Describe: _____

Type of Reaction: _____

Diet: _____ • Age Appropriate

• Special Diet:

• **Preventive creams/ointments/sunscreen** may be applied as requested in writing by parent, unless skin is broken or bleeding.

Medication

Please fill out this area and turn in during camper check-in out if your child has prescription medications. All prescription medication(s) must be in it original packaging, labeled from a licensed pharmacy, with name of camper, name of medication, directions for use, and name of doctor prescribing medication. Medications CANNOT be loose in a mixed baggie or a pill organizer.

To expedite camper check-in, please have this form filled out in advance. Bring it, along with all medications, to registration check-in.

Please do NOT bring any over-the-counter medications (Tylenol, Advil, etc.). The nurses' station is well stocked to meet any ailments your camper may have.

Name of Medication / Dosage / Time Medication is Taken

1. _____

2. _____

3. _____

Nurses Notes:

Lodging Information (Office Use Only)

Recent Surgeries/Major Illnesses/Concussions to be aware of:

Date	Surgery/Major Illness

I, _____ give consent for my child's health provider, school or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (and applicable attachments) to my child's childcare provider, school, or camp. FAX Number:

_____ Date: _____

Permission to participate in activities

Parent or Guardian Authorization: This is required for participation.

This **health history** for _____ is correct and complete. I give permission for my child to participate in all camp activities except as noted, to be provided routine health care, and to be given medication authorized by my child's health care provider or the camp physician. In the event of illness or accident, I hereby give permission to the licensed medical provider selected by the camp directors to secure treatment for, to hospitalize, to prescribe medications, to order injections, anesthesia or surgery for my child. I understand that reasonable attempts will be made to notify me regarding an illness or accident requiring off site treatment. I authorize camp personnel to transport my child to medical care and to provide medical information to insurance companies from June 8-11, 2018.

Activities may include, but are not limited to: cookouts, boating, swimming, basketball, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, hiking, biking, concerts, Bible studies, golfing, miniature golf, and hayrides. NOTE: If you desire to limit your child's participation in any event, please submit your wishes in writing to your church, pastor/youth pastor/sponsor, prior to the event.

I give my permission for any **pictures** of my child taken during camp activities to be used for **promotional purposes**, including videos and brochures.

____ Yes ____ No

Conduct Policy

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- 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 adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parent's expense.

I, the student, have read the rules of conduct and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Signatures for Camp Participation and Conduct

Student signature: _____ Date: _____

Parent signature: _____ Date: _____