



Dive
In!

NYI SUMMER CAMP 2019

Golden Bell Camp June 7-10

Grades 6-12

Early Registration \$215

ONLINE by May 20th

\$235 by May 27th

\$250 after

*Online payments only @ ColoradoNYI.com

FORMS AND \$50 DEPOSIT PER CAMPER MUST BE PAID ONLINE BY MAY 27th. DEPOSITS ARE TRANSFERABLE BUT ARE NOT REFUNDABLE. BALANCE DUE AT CHECK IN.

**Youth Leaders should send forms to:
Stacey Hassel
11146 Seton Pl.
Westminster, CO 80031**

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

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 ____

**Please be sure to attach a photocopy of your insurance card/cards. Thanks.
Camper is responsible for insurance protection.**

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 9-12, 2017.

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

Conduct Agreement

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.

Permission to participate in activities

Activities my 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.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____



WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

I wish to participate in recreational activities to be made available to participants at Golden Bell Camp including activities that may be hazardous or otherwise involve a risk of physical injury or death to the participants (the "Activities").

I expressly assume any and all risks of injury or death arising from or relating to the Activities including horseback riding, agricultural recreation and waive and release any and all actions, claims, suits or demands of any kind or nature whatsoever against Golden Bell Camp, its corporate affiliates, contractors, vendors, officer, agents, sponsors, volunteers or representatives of any kind (collectively "Releases") arising from or relating in any way to my voluntary participation in these activities. I understand that this Waiver, Release and Indemnification agreement means, among other things, that if I am injured or die as a result of my participation in these activities, I, and/or my family or heirs cannot under any circumstances sue Releases or any of them for damages relating to or caused by my injuries or death.

WARNING: UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO SECTION 13-21-119 AND AGRICULTURAL RECREATION 13-21-121 COLORADO REVISED STATUTES.

I agree to indemnify Releases or any of them, and their subrogees, if any, in the event of any loss, damage or claim arising from or relating in any way to my participation in any of the Activities.

I also hereby grant permission to Golden Bell Camp the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of me, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Golden Bell Camp.

I have read this Waiver, Release and Indemnification Agreement, have asked and received answers to any questions I had concerning its meaning and execute it freely, without duress, and in full complete understanding of its legal effect, and of the fact that it may affect my legal rights.

_____	_____	_____
<i>Date</i>	<i>Signature</i>	<i>Print Name</i>
_____	_____	_____
<i>Date</i>	<i>Signature</i>	<i>Print Name</i>
_____	_____	_____
<i>Date</i>	<i>Signature</i>	<i>Print Name</i>
_____	_____	_____
<i>Date</i>	<i>Signature</i>	<i>Print Name</i>

FOR PARTICIPANTS UNDER THE AGE OF 18

I am the parent or legal guardian of the child whose name and signature appear above. I have read and understand this Waiver, Release and Indemnification Agreement, and consent on behalf of the Participant to its terms.
