

Complete a Registration and Health Form for each camper. Please PRINT CLEARLY

APPLICANT \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ OTHER PHONE ( ) \_\_\_\_\_

Home Congregation \_\_\_\_\_

E-mail \_\_\_\_\_ Camper's \_\_\_\_\_ Parent's \_\_\_\_\_

Acceptance notice and further camp information will be sent via e-mail if legible address is provided.

BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_ GRADE COMPLETED BY 6/09 \_\_\_\_

Cabin mate preference (Beginner and Junior sessions only) \_\_\_\_\_

CIRCLE SHIRT SIZE YS YM YL AS AM AL AXL AXXL (SHIRT INCLUDED IN CAMP FEE IF REGISTERED BY May 1)

**PLEASE CHECK DESIRED SESSION BELOW**

**REGISTER ONLY  
FOR YOUR COMPLETED GRADE LEVEL**

\_\_\_\_ **GIRLS CAMP...Grades 7-12**  
June 7-13 \$100

**BEGINNERS CAMP Completed K – 9 years old**  
\_\_\_\_ I June 15-17 \$55  
\_\_\_\_ II June 18-20 \$55

**JUNIOR CAMP... Grades 3-6**  
\_\_\_\_ I June 21-27 \$100  
\_\_\_\_ II June 28-July 4 \$100

**INTERMEDIATE CAMP...Grades 6-9**  
\_\_\_\_ I July 5-11 \$100  
\_\_\_\_ II July 12-18 \$100

**SENIOR CAMP...Grades 9-12**  
\_\_\_\_ I July 19-25 \$100  
\_\_\_\_ II July 26-Aug 1 \$100

\_\_\_\_ **MIDWEST YOUTH RALLY... Grades 6-12**  
Sept 5-7 \$15

Rules for acceptance and participation in the camping program are the same for everyone regardless of age, color, race, handicap or national origin.

I agree to allow the above named child to attend Nebraska Youth Camp. My child and I have read all the "Behavior Guidelines" and agree that my child will abide by them. I understand that violation of these guidelines may result in my child being dismissed from camp.

Camper signature \_\_\_\_\_ Date \_\_\_\_\_  
**(Required)**

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_  
**(Required)**

**PAYMENT INFORMATION**

Enclosed please find:  
\_\_\_\_ Entire payment for session(s) marked.  
\_\_\_\_ \$25 deposit for session(s) marked.  
(Remainder due on first day of session)  
Deposits are refundable until 15 days prior to session

**EARLY REGISTRATION BONUS!**  
Registrations with deposit postmarked by June 1 receive a discount: \$10 per week - \$ 5 per Beginners

**Mail Registration and Health Form  
along with payment to:**

**Nebraska Youth Camp Registrar  
Box 82  
York, NE 68467**

NYC Behavior Guidelines

Respect God, respect others, and respect yourself

- Misconduct, such as swearing, fighting, disrespect for others and the use of drugs, alcohol or tobacco will not be tolerated. Such behavior may result in notification of parents and the dismissal of the camper.
- Physical displays of affection between girls & boys are inappropriate.
- Fireworks or any kind of fire lighting device, weapons or knives are not allowed.
- Radios/tapes/CD/DVD/MP3/ televisions/computers/video games, cell phones and pagers and other electronic devices are not allowed.
- Clothing should be modest. Short shorts, see-through tops and garments that are skin tight or expose the torso are not to be worn.
- No writing on or defacing of camp property.
- All medications must be turned in at Registration. (State law)
- Cabin areas are off-limits to the opposite sex.
- Campers are expected to attend all activities.
- Campers are not permitted to drive any vehicle on the campgrounds. Personal vehicles will be parked, locked & keys turned in to director.
- Campers may not leave campground without director's permission.
- Lake & river use is by permission only & with proper supervision.
- All accidents are to be reported to the camp nurse or the director.
- Turkey Creek is off-limits due to health/safety considerations.
- To minimize health hazards, wearing shoes is required for Beginner & Junior sessions and strongly recommended for Intermediate & Senior.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First name

**I. HEALTH INFORMATION:**

Give needed information below or attached. Mark items that we should be aware of while your child is at camp.

- Asthma                       Bed wetting                       Heart problems (specify) \_\_\_\_\_  
 Diabetes                       Sleep walking                       Convulsions  
 Recent exposure to communicable disease     Behavior concerns (specify) \_\_\_\_\_  
 Special care or diet \_\_\_\_\_                       Other (specify) \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies: \_\_\_\_\_ Type of reaction: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HEALTH INSURANCE coverage on this child is provided by: _____ (Company name)
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All medication must be turned in to the camp nurse at Registration (State law). The nurse will dispense all medications. All medications must be marked with medication name, dosage, frequency, camper name and **be in current original container.**

1. Current medication in use: \_\_\_\_\_ Dose/frequency: \_\_\_\_\_ Reason for use: 1. \_\_\_\_\_
2. Current medication in use: \_\_\_\_\_ Dose/frequency: \_\_\_\_\_ Reason for use: 2. \_\_\_\_\_

**AUTHORIZATIONS**

**II. MEDICAL and LIABILITY:**

- This health history and medication information is correct as far as I know and the person herein described has permission to engage in all prescribed camp activities, except as noted on back or attached.
- In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment, and order injections, anesthesia or surgery for my child as named herein.
- I agree the camp is released from any liability in connection with the above named camper except as covered by the camper insurance carried by the camp. {Camp coverage is secondary}

EMERGENCY PHONE ( \_\_\_\_\_ ) ALTERNATE PHONE ( \_\_\_\_\_ )

**III. TOWN SIGN OUT/ SESSION DEPARTURE:**

- My child may not leave the campground during the session.  
 My child has permission to go to town for:     laundry                       weekend activity  
 My child may only leave the campground with the following persons: (Please notify the camp if plans change)  
      Adult staff (over 21)                       Family member (list below)     Other (list below)

\_\_\_\_\_  
Name/relationship

**IV. MEDIA USAGE:**

Nebraska Youth Camp routinely advertises and promotes the camp via brochures, posters and the camp website. Additionally, a souvenir CD or scrapbook of pictures taken during camp may be created and may include names and addresses of the attendees.

(I)(We)(Parents)(Legal Guardians) hereby acknowledge the photographing, videotaping (and other relevant media sources) of my child. Furthermore, I acknowledge the reproduction of those images to be used in the camp CD, scrapbook, advertisement, and promotion of Nebraska Youth Camp. Finally, I understand that my child's name and address may be included in the camp scrapbook for distribution to session campers and staff. (Camper names and/or addresses will not be used in promotional materials without express parental permission.)

- I do not give my permission for my child's photograph/image to be used in the above manner.  
 I do not give my permission for my child's name/address to be used in the above manner.

**V. ACKNOWLEDGEMENT OF ABOVE INFORMATION:**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE - REQUIRED                      Date