



NOCYC 2010 CAMPER REGISTRATION FORM

Office Use Only: Amount Received _____ Postmarked Date _____ Amount Due at Arrival _____
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Please print clearly! Use separate form for each camper. A \$25.00 deposit must accompany this form. This portion of the total fee is non-refundable. **FEE: \$125.00 EARLY BIRD SPECIAL \$90.00 IF POSTMARKED TWO WEEKS PRIOR TO THE CAMP SESSION THAT YOU WISH TO ATTEND**

<i>Please check session</i>	<i>Date</i>	<i>***Reg Deadline</i>	<i>Grade Completed</i>	<i>Cost Options</i>
_____ Senior Week 21	July 4-10	June 21	9, 10,11,12	\$125.00 OR \$90.00 if postmarked by June 21
_____ 7th & 8th Grade Week 28	July 11-17	June 28	7 & 8	\$125.00 OR \$90.00 if postmarked by June 28
_____ 5th & 6th Grade Week	July 18-24	July 6	5 & 6	\$125.00 OR \$90.00 if postmarked by July 6
_____ 3rd & 4th Grade Week 12	July 25- 31	July 12	3 & 4	\$125.00 OR \$90.00 if postmarked by July 12

*Grade means the grade completed in June 2010. ***If your registration is postmarked two weeks prior to your camp session beginning, you will receive a special rate of \$90.00 for the week. Please help us plan and buy supplies by registering early. Registration for sessions start at 2:00pm. Please do not arrive before those times!!*

Name _____ Boy _____ Girl _____ Date of Birth ____/____/____

Address _____ Grade Completed in June 2010 _____

City _____ State _____ Zip _____ Home phone _____

Email Address _____ Emergency phone _____

Religious Affiliation _____ Home Congregation _____

Parent/Guardian Agreement: This application has my/our approval. We understand that the camp(NOCYC) is CHRISTIAN in nature and uses the Bible as its authority for teaching material. It is also agreed that personal property is the responsibility of the camper. While the camp will take reasonable precaution, it assumes no responsibility for loss or damage to such personal property. It is further agreed that all medical expenses will be covered by us, the parent/guardian or by our own family medical insurance. We fully understand that NOCYC does NOT provide medical coverage and will only be responsible for first aid treatment delivered by our staff.

Liability Agreement: We the undersigned parent(s)/guardian(s) covenant and agree with NOCYC that we will at all times hereafter indemnify, keep indemnified, and save harmless the said Northeastern Ohio Christian Youth Camp, INC from all damages and actions, claims, demands, proceedings, costs, damages, and expenses which may be brought against or claimed from Northeastern Ohio Christian Youth Camp which it or I(we) may sustain or incur as a result of illness, accident or misadventure to the applicant during the period the said applicant is at NOCYC. We request that NOCYC assist the applicant in participating in all camp activities, with the following exceptions or restrictions _____

Camper and Parent Agreement: I have read and agree to abide by the attached rules of Northeastern Ohio Christian Youth Camp and to work for Christian living in the camp program.

Signature of Camper: _____ Date _____

Signature of Parent: _____ Date _____

READ CAREFULLY and complete both sides of the registration form. If this form is incomplete or the conditions above are not agreed to by the camper(applicant) and parent, the camper will not be admitted to NOCYC. Mail this form to: NOCYC, 8122 St Jacobs Logtown Rd, Lisbon, Ohio 44432. You may make checks payable to Northeastern Ohio Christian

NORTHEASTERN OHIO CHRISTIAN YOUTH CAMP MEDICAL CONSENT FORM



**Health, Medical, and Insurance Information: (Camper cannot be accepted if this is not completed.)
NOCYC DOES NOT PROVIDE MEDICAL INSURANCE.**

Name _____ Phone: _____

Address _____

Medical History

Allergies _____

Do you use an EPI Pen? _____ If yes, do you have it with you? _____
Do you use an inhaler? _____ If yes, do you have it with you? _____

Medications (Current Dosage and Times) All Medications must be turned into the staff nurse or director upon arrival at camp. No Medications are permitted in the cabins.

Date of last Tetanus Shot _____

Parent/Guardian Name _____ Work Phone _____

Parent/Guardian Name _____ Work Phone _____

Home Phone _____ Additional Phone _____

Pager _____ Cell Phone _____

Additional Contact Person _____ Phone _____

Guarantor or Name _____ Place of Employment _____

Insurance Company Name _____

Policy # _____ Plan ID# _____

Primary Care Physician _____ Office Phone _____

Dentist _____ Phone _____ Other Physician _____

In the event of an emergency, I authorize the camp director or his designee to secure medical or surgical treatment as recommended by a physician for the applicant's well being. The camp health director or nurse may administer any prescribed medications and treat any emergency that may arise while the applicant is at NOCYC.

Signature of Parent or Guardian _____

Date _____