

2012 Snow Camp Registration Form

REGISTRATION FORM

Please print. One camper per registration

Full Name		<input type="checkbox"/> Sponsor	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Camper Grade	Birthdate ____/____/____	
Address			
City			
State		Zip	
Phone			
E-mail Address			
Home Church			
City			
State		Zip	
Parent/Guardian			
Registrations are reserved in the order they are received.			
If possible, I would like to be housed with:			

Teen Camp

- Teen 1: February 9-11, 2012
 Teen 2: February 16-18, 2012
 Fees: \$90 reg | \$70 early bird
 *Early Bird Deadline: January 16, 2012
 Registration: Thursday, 6-7pm
 Departure: Saturday, 12:30pm

Junior Camp

- Junior: February 24-25, 2012
 Fees: \$60 reg | \$45 early bird
 *Early Bird Deadline: January 16, 2012
 Registration: Friday, 6-7pm
 Departure: Saturday, 5:00pm

A \$25 per person registration deposit must accompany this form. Deposits are refundable or transferable only if we are notified of the cancellation at least 30 days before the program begins. To pay your deposit, please fax this form with your credit card information or mail the form with your check or credit card information.

<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover	
Card Number	
Expiration Date	3-digit CW Number
Print name as it appears on card	
Signature	
Date	

Enclosed with this Registration Form is...

<input type="checkbox"/> \$25 Registration Deposit*	<input type="checkbox"/> Total Amount Enclosed \$ _____
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*A sponsor who brings at least 10 campers attends free of charge. Sponsors must preregister. Couples' housing is limited (available on a first-come, first-served basis). Sponsor children may accompany parents based on housing availability. Contact the Camp Office for costs and other information.

RELEASE FORM

For promotional purposes, Northland Camp & Conference Center reserves the right to use any photographs taken while your child is at camp.

Consent to Release of Liability

I understand that there are certain inherent risks in any activity, including camp involvement. In consideration of my child(ren)'s participation in these activities, I, for myself, spouse, and heirs, agree to release Northland Mission, Inc. from any and all claims, demands, or actions on account of damage to personal property or injury which may result from participation in the regular camp activities. This release includes claims based on the negligence of Northland and their staff, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

Consent to Release of Information

I agree that any health information provided to Northland Health Center personnel, including the camp health nurse, whether provided directly by me, my child(ren), or from other sources, may be released as deemed necessary by Northland for the purpose of taking appropriate precautions to prevent harm to my child(ren) or others arising from any physical or mental condition my child(ren) may have. I understand that the information that may be disclosed may include, but not be limited to, diagnoses, medications, medical conditions, mental health conditions, communicable disease status (including HIV status), treatments, and laboratory findings; but any release of such information will be limited to those details Northland deems necessary to take appropriate safety precautions. I also understand that Northland reserves the right to review any information given and to determine camper capability and eligibility based on that information.

In Case of Medical Emergency

I understand that every effort will be made to contact parents or guardians of campers in the event of an emergency. In the event that I cannot be reached, I hereby give permission to the physicians selected by Northland to hospitalize; secure proper treatments; and order injection, anesthesia, or surgery for my child(ren) as named. I assume all financial responsibility for such treatment. I consent to examination and treatment of my child(ren) through Northland Health Center personnel employed by Northland Mission, Inc. (Northland).

Date of Last Tetanus Shot
Prescribed medications taken regularly
Specific allergies
Type of reaction
Medical conditions
Specific Activities to be restricted
Emergency Contact Phone Number
Parents/Guardian's Signature
Date

Health & Safety

We plan our program with the health and safety of each camper as priority. A full-time registered nurse is available 24 hours a day. Meals are nutritious, and facilities are clean and well-kept. Over-the-counter medication is provided by our Health Center. For the protection of all campers with lice/nits are unable to be retained on the premises.

Please do not send medication unless prescribed by a doctor. All medication must be kept in its original labeled container.