

YOUTH CAMP REGISTRATION FORM

For All Teen, Specialty, and Pioneer Village Camps

Please print legibly. One camper per registration. Please duplicate both sides of this form as necessary.

I. Provide Your Personal Information.

Please check if this is your first time at Northland.

Camper's Name:

Coming as a Sponsor

Gender:

Male Female

Date of Birth:

____/____/____

Mailing Address

City:

State:

Zip:

E-mail Address:

Home Phone:

Parent/Legal Guardian with Whom You Live

Emergency Contact Number:

Please check the appropriate box (camper's grade in the fall of 2012)

- 3rd 4th 5th 6th 7th
 8th 9th 10th 11th 12th
 Graduate/College Freshman

Coming as an Individual Coming with a Church Group

Church You Are Coming With:

Church Mailing Address:

City:

State:

Zip:

Pastor/Sponsor's Name:

Pastor/Sponsor's Phone: ()

Church Phone: ()

Home Church: (if different from above)

City:

State:

Zip:

2. Indicate Your Camp Selections.

Teen Camp (7th-12th graders)

Please indicate your second option because camp weeks fill quickly. Should your requested week of camp become full before we receive your registration form, we will notify and advise you of your options.

- Teen 1 (June 18-23) Teen 2 (June 25-30)
 Teen 3 (July 9-14) Teen 4 (July 16-21)
 Teen 5 (July 23-28) 2nd Option: _____

Pioneer Village (3rd-6th graders)

- PV 1 (June 18-23) PV 2 (June 25-30)
 PV 3 (July 9-14) PV 4 (July 16-21)
 PV 5 (July 23-28) 2nd Option: _____

Specialty Camps (9th-12th graders): July 23-28

- Leadership (July 9-21) Drama Camp
 Music Camp* Guys' Basketball
 Girls' Basketball Girls' Volleyball
 Guys' Soccer Girls' Soccer

T-Shirt Size (Specialty Camps Only)

- Small Medium Large X-Large

*Music Campers: write in your primary musical proficiency.

- Voice (write in vocal part) _____
 Instrument (write in instrument) _____

My Choice to Room With

(Up to two choices only, same grade or one grade higher or lower—first and last name, please!)

1. _____ 2. _____

3. Enclose Registration Fee.

I Have Enclosed the Following:

- Early-Bird discount if postmarked by Mar. 15 \$30 registration fee*
 Total amount enclosed: \$ _____ (toward total balance)

**Necessary for registration to be processed
(nonrefundable and nontransferable)*

Paying by Credit Card

- Visa MasterCard Discover

Cardholder's Name:

Credit Card Number:

Expiration Date:

3-Digit Security Code
(number on back of card):

Cardholder's Signature:

4. Complete the Entire Medical Form.

Date of Last Tetanus Booster:

Prescribed Medication Taken Regularly. Must be in original prescription container labeled with camper's name, medication name, dosage, and time taken.

Specific Allergies:

Type of Reaction:

Medical Conditions:

Specific Activities to Be Restricted (please give reason):

Name of Insurance Holder:

Name of Insurance Company:

Insurance Company's Address:

Insurance Company's Phone:

5. Sign the Release Form.

Registration cannot be processed without the signature of the camper's parent or legal guardian on this release form. Incomplete information will be returned.

Promotional Material

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

Health and Safety

For the protection of all, campers with lice/nits are unable to be retained on the premises.

I consent to examination and treatment of my child(ren) through Northland Health Center personnel employed by Northland Mission, Inc.

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.

Parent or Guardian's Signature: _____

Date: _____

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.

6. Mail registration form to...

Need more info or have some questions?

Web: www.northlandcamp.org • Email: office@northlandcamp.org

NORTHLAND CAMP & CONFERENCE CENTER

W1008, Pike Plains Rd. • Dunbar, WI 54119

Phone: (715) 324-5078 • Fax: (715) 324-6210