

# 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.

Coming as a sponsor

## I. PROVIDE YOUR PERSONAL INFORMATION.

Please check if this is your first time at Northland.

|  |                                 |     |
|--|---------------------------------|-----|
| Camper's Name  |                                 |     |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth _____/_____/_____ |     |
| Mailing Address  |                                 |     |
| City   | State                           | Zip |
| E-mail Address   |                                 |     |
| Home Phone (            )  |                                 |     |
| Parent/Legal Guardian with Whom You Live                             |                                 |     |
| Parent's Work Phone (            )                                   |                                 |     |
| Cell Phone Number (            )                                     |                                 |     |

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 |

Please check the appropriate box (camper's grade in the fall of 2010).

3rd  4th  5th  6th  7th  8th  9th  10th  11th  12th

## 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 21-26)  Teen 2 (July 5-10)  Teen 3 (July 12-17)  Teen 4 (July 19-24)  Teen 5 (July 26-31) **2nd Option:** \_\_\_\_\_

### Pioneer Village (3rd–6th graders)

PV 1 (June 21-26)  PV 2 (July 5-10)  PV 3 (July 12-17)  PV 4 (July 19-24)  PV 5 (July 26-31) **2nd Option:** \_\_\_\_\_

### Specialty Camps (9th–12th graders): July 26-31

Leadership (July 5-17)  Music Camp  Girls' Basketball  Guys' Basketball  Guys' Soccer  Girls' Volleyball

Please check all that apply.

T-Shirt Size\*  Small  Medium  Large  X-Large  
(\*Specialty Camps Only)

### Early Bird Discount:

\$15 off when postmarked by March 15th (\$25 off for Leadership Camp)

Enclosed with this Registration Form is . . .

\$30 Registration Fee\*  Total Amount Enclosed \$ \_\_\_\_\_

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

### My Choice to Room With

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

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## 3. 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   |
| Name of Insurance Holder   |
| Name of Insurance Company  |
| Insurance Company's Address  |
| Insurance Company's Phone ( _____ )  |
| Specific Activities to Be Restricted (please give reason)  |

## 4. 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.

### Consent to Examine

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

### 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.

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 5. MAIL REGISTRATION FORM TO . . .

# NORTHLAND CAMP & CONFERENCE CENTER

W10085 Pike Plains Rd. • Dunbar, WI 54119

Phone: (715) 324-5678 • Fax: (715) 324-6214

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

### For Office Use Only

|  |                       |
|--|-----------------------|
| <input type="checkbox"/> Medical Form Complete Initials _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check/Money Order # _____ |                       |
| Paid by  | Total Amount of Check |
| Amount Applied to Camper   | Date Postmarked       |