

Midwest Youth Rally @ NYC

2016 Registration Form

*Please print clearly

Applicant _____
Parent/Guardian _____
Mailing Address _____
City _____ State _____ Zip _____
Home Congregation _____
Primary Phone(____)____ - _____
Other Phone(____)____ - _____

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

Address provided is parent's camper's

Boy ___ Girl ___
Birth Date ___ / ___ / _____ Age ___ 2016-2017 grade _____
E-Mail _____

Health and permission information:

Please list your child's medications with dosage and reason for use:

Medications

Per State Law all medications must be turned in to the camp nurse at registration. The nurse must dispense all medications. All medication must be in current original container. If it is over the counter medication, it should also be marked with camper name, dosage, and frequency.

Health Insurance coverage for this child is provided by:

**** (company name) Please provide a copy of your card.**

Primary Emergency Contact: _____
Relationship _____ Phone(____)____ - _____

Alternate Emergency Contact: _____
Relationship _____ Phone(____)____ - _____

Authorizations

Medical

- 1. 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.
- 2. 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.
- 3. I agree the camp is released from any liability in connection with the above named child except as covered by the camper insurance carried by the camp (camp coverage is secondary).

Leaving Camp Grounds

The benefits of the camp program are hampered by interruptions with outside activities. For this reason we encourage as few departures from the camp ground as possible. *If it will be necessary for your child to leave camp during his/her session, please speak with the directors or health staffer at registration about scheduling.*

In the course of the camper’s stay:

- 1. My child will depart the camp for the following reason:

Departure at the end of camp:

I plan for my child to depart with _____.

(Please notify the camp if plans change.)

Name/relationship

Media usage release (please check one)

Nebraska Youth Camp updates a photo journal of camp activities during sessions on the web site. These pictures are also used in promotional materials and memorabilia in digital and printed format. Such items may include other locations on the camp website, quarterly newsletter, slide shows, etc.

I withhold permission for my child’s image to be displayed in this manner.

I give permission for my child’s image to be displayed in this manner.

Parent/Guardian Printed Name/Signature Date
