

Please print on 2 pages, not front and back

Please fill out both pages of the registration for each camper.

PLEASE PRINT CLEARLY

Applicant _____ boy girl Birth Date ____/____/____

Parent/Guardian _____ Age ____ 2016-17 grade ____

Mailing Address _____ Primary Phone(____)____-____

City _____ State _____ Zip _____ Other Phone(____)____-____

E-mail [grid of boxes for email address]

Acceptance notice and further camp information will be sent via e-mail if legible address is provided. Address provided is parent's camper's

Home Congregation _____ Circle Shirt Size

Cabin Mate Preference _____ YS YM YL AS AM AL AXL AXXL

Pre-assigned cabins for beginner and junior only. Other sessions picked at registration.

Shirt & preferred size not guaranteed after May 15.

Select session(s) here.
Grades are based on 2016-17 school year.
BEGINNER CAMP for Kindergarten - 9 yr old
JUNIOR CAMP for grades 3-6
INTERMEDIATE CAMP for grades 6-9
SENIOR CAMP for grades 9-12
GUYS' CAMP for guys grades 7-12

NYC Behavior Guidelines
Respect God, respect others, and respect yourself
1. Misconduct, such as swearing, fighting, disrespect for others and the use of drugs, alcohol or tobacco will not be tolerated. Such behavior may result in notification of parents and the dismissal of the camper.
2. Physical displays of affection between girls & boys are inappropriate.
3. Fireworks or any kind of fire lighting device, weapons or knives are not allowed.
4. Radios/tapes/CD/DVD/MP3/ televisions/computers/video games, cell phones and pagers and other electronic devices are not allowed.
5. Clothing should be modest. Short shorts, see-through tops and garments that are skin tight or expose the torso are not to be worn.
6. No writing on or defacing of camp property.
7. All medications must be turned in at Registration. (State law)
8. Cabin areas are off-limits to the opposite sex.
9. Campers are expected to attend all activities.
10. Campers are not permitted to drive any vehicle on the campgrounds. Personal vehicles will be parked, locked & keys turned in to director.
11. Campers may not leave campground without director's permission
12. Lake & river use is by permission only & with proper supervision.
13. All accidents are to be reported to the camp health staffer or the director.
14. Turkey Creek is off-limits due to health/safety considerations.
15. To minimize health hazards, wearing shoes is required for Beginner, Junior, Intermediate sessions and strongly recommended for Senior.

Payment Information
Enclosed please find:
Entire payment for session(s) marked
\$25 registration deposit
Donation of \$_____ (to defray cost of camp for another camper)
Early Registration Bonus
Registrations with deposit or full payment postmarked by May 15 receive a discount:
\$10 per week for full week sessions
\$5 for "half" week session (Beginner, Guys')

Rules for acceptance and participation in the camping program are the same for everyone regardless of age, color, race, handicap or national origin.
I agree to allow the above named child to attend Nebraska Youth Camp. My child and I have read the "Behavior Guidelines" and agree that my child will abide by them. I understand that violation of these guidelines may result in my child being dismissed from camp.
Camper signature (required) _____ date _____
Parent/Guardian signature (required) _____ date _____

Mail both pages of Registration & payment to:
Nebraska Youth Camp Registrar
Box 82
York, NE 68467

For additional information on what to expect see:
www.nebraskayouthcamp.com/sessions.php
During registration season you can contact the registrar at: campregistrar@windstream.net

CAMPER Last name _____

First name _____

Mark items that we should be aware of while we are responsible for your child at camp. Additional information can be added on the back or attached.

- Bed wetting
- Sleep walking
- Outdoor allergies
- Asthma
- Diabetes
- Heart problems (specify) _____
- Seizures
- Recent exposure to communicable disease
- Behavior concerns (specify) _____
- Special care or diet: _____
- Allergies: _____ Type of reaction _____
- _____
- _____
- _____

Medications

Per State Law all medications must be turned in to the camp health staff at registration. The camp health staff 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.

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

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

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

Health Insurance coverage for this child is provided by: _____
(company name) Please provide a copy of your card.

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.*

At two week sessions time is build into the Saturday schedule for campers to make a town trip for laundry. Occasionally Senior Session has a camp sponsored activity that takes place in Kearney.

In the course of the camper's stay: (please check all that apply)

1. My child will depart the camp for the following reason: _____
2. My child has permission to go to town for laundry camp activity
3. My child has permission to go to town with Adult staff (over 21) Family Member (list below) Other (list below)

Name/relationship Name/relationship Name/relationship

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 _____