

**“STUDENT”
“YOUTH CAMP- 2008”
REGISTRATION FORM**
(Please **PRINT** all information)
JUNE 30 - JULY 4, 2008

Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Email: _____

Phone: (____) _____ Date of Birth _____ Age: _____ Grade in School: _____

Male _____ Female _____ Home Church: _____

T-SHIRT SIZE: _____ Adult Small; _____ Adult Medium; _____ Adult Large; _____ Adult X-Large;
_____ Other Size: _____

COST:

\$175.00 / per person

All registrations forms and \$175.00 **MUST** be **received** by **June 4, 2008**. Any registrations received after the deadline of **June 4, 2008** will be subject to a Late Fee of \$25.00 and will not be guaranteed a t-shirt.

MAIL REGISTRATIONS TO:

**Jennifer Denby
198 Beeney Road SE
Port Charlotte, Florida 33952
(941) 380-6488**

Checks payable to: Southern Florida District NYI

TEEN: I understand that I will be representing the Southern Florida District NYI and I promise to live within the Guidelines and Dress Code and promise to cooperate with District sponsors and be under their authority. I am aware that failure to do so will result in disciplinary action.

(Teen Signature)

INSURANCE AND MEDICAL INFORMATION

(All Participants must be covered by the own personal insurance)

Please list any medical problems: _____

Allergies: _____

Past Surgeries: _____

Name of medications & dosage you will be taking: _____

List medications you are allergic to: _____

Home Phone: (____) _____

Work Phone: (____) _____

Emergency Phone: (____) _____

Contact Person: _____

Insurance Company _____

Policy # _____

Social Security Number: _____

PARENTS: I hereby give authority to Johnnie Denby as NYI District President and/or Geoff Davis as Camp Coordinator, to obtain necessary medical attention or to authorize treatment at any hospital in the event of a medical emergency. I also recognize the authority of all adult sponsors as those who will supervise this event and uphold proper conduct. The first step of discipline, should such become necessary, will be a warning and instruction. The second will be a telephone call to the parent or guardian concerning the participation of my son/daughter, _____. I understand that the event of Camp will require my son / daughter to make choices and to keep a schedule, and that he / she may not be under direct adult supervision at all times. I agree to release and hold harmless any and all staff and lay assistants of the District/Regional NYI from any and all claims, suits, costs, and actions of any kind whatsoever, arising from their exercise of the power granted by this authorization, unless due to culpable negligence. My son/daughter has my permission to attend Camp. **NOTE:** (Valuables should be left at home!).

Parent/Guardian Signature

(Signature must be in the presence of a Notary public)

Before me, A Notary Public, in and for said County and State/Province this _____ day of _____ 200 ____ personally appeared _____ and acknowledged execution of the foregoing.

In Witness whereof, I have hereunto set my hand and Notary Seal.

State/Province of: _____ **County of:** _____

Notary Public Signature:

Notary Seal

My Commission expiration date: ____/____/____