

Camper Registration Form

2017 SWO NYI CAMP



Camper Information:

Camper's Full Name: _____

Gender: Male/Female T Shirt Size: _____

Grade During 2016-2017 School Year: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Date of Birth: _____

Church: _____

Parent or Guardian Name: _____

If camper is 18 as of July 1, 2018, no parent signature if necessary

Relationship to Camper: _____

Emergency Contact Information

Emergency Contact Name: _____

Home #: _____ Work #: _____ Cell #: _____

Physician Name: _____ Physician Phone: _____

Insurance Provider: _____

Insurance Policy Numer: _____ Date of Last Tetanu Shot: _____

Dietary Restrictions: _____

Allergic Reactions: _____

Health Restrictions: _____

Current Medications and Doses: _____

The back of this form can be used if more space is needed. All medications must be turned in to the Camp Nurse at time of arrival at camp. Camp Nurse will make all medicine distributions.

Swimming or Activity Restrictions? Yes/No If yes, what? _____

**** Incomplete forms will not be processed ****

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I _____ (name of parent or legal guardian if camper is under 18 years of age as of July 1, 2017) grant my permission for the above named minor to attend the summer camp mentioned above. I acknowledge that in addition to the normal camp activities, my child may participate in off-site activities including but not limited to water sports, and may be transported thereto by school bus, 15 passenger vans, or other vehicles. In the unlikely event of an emergency involving this minor, I hereby authorize the adult chaperons of the camp to act on my behalf to consent to any examination, x-ray, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a licensed physician, surgeon, or dentist. I understand that I will be notified as soon as possible if such an event occurs. While I understand that all reasonable care will be exercised for the general well-being of this minor, I also understand and assume the risks inherent with these camp activities and release the camp and its staff, adult chaperons, SWO NYI and all of its representatives from responsibility for illness or injury sustained by this minor in this camp.

Parent/Guardian Signature: _____

Sworn and subscribed in my presence this _____ day of _____, 2017.

Notary Name: _____

Notary Signature: _____

Affix Seal Here:

Please send Camper Registration and Payment to the address below:

SWO NYI
Attention: Aimee Pritts
Springdale Nazarene Church
11177 Springfield Pike
Cincinnati, OH 45246

Make Checks Payable to: SWO NYI

Cost for Camper Registration:

Early Bird Registration: (postmarked by May 30, 2017): \$175.00

Regular Registration: (May 31, 2017 thru June 26, 2017): \$195.00

Late Registrations/Walkup Registration: (June 27, 2017 thru July 16, 2017): \$240.00