



# Counselor Registration Form 2017 SWO NYI CAMP

**Camper Information:**

Camper's Full Name: \_\_\_\_\_

Gender: Male/Female      T Shirt Size: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Church: \_\_\_\_\_

## 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: \_\_\_\_\_

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

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## 2017 SWO NYI CAMP

Please read and sign the following "Commitment as SWO NYI Camp Counselor"

As a SWO NYI Camp Counselor, I commit to and understand that:

- Camp is not my vacation; that I am here to work/minister
- I must set an example for the students in my behavior by participating in EVERY activity.
- I must help in any way that is needed; i.e. games, small groups, etc.
- Assure that all students residing in my cabin are accounted for at curfew BEFORE I got to sleep.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send Counselor 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): \$99.00**

**Regular Registration: (May 31, 2017 thru June 26, 2017): \$119.00**

**Late Registrations/Walkup Registration: (June 27, 2017 thru July 16, 2017): \$175.00**