***SNEMN Teen Summer Camp Application***

***Camp Week You Will Attend:***

 ***Jr. High: July 3 –7, 2017 —*** (Currently in 6th Grade - 8th Grade)

 ***Sr. High: July 10 – 14, 2017 —*** (Currently in 9th Grade - 12th Grade)

**Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Church Name: **Crossroads Community Cathedral** Church City/State: **East Hartford, CT**

Camp Coordinator’s Name: **Kendra Key** Coordinator’s Phone: **(860)895-2131 x632**

Person/church picking up from Rumney Bible Conference: **Crossroads Community Cathedral**

**REGISTRATION COSTS**

*PLEASE FILL IN THE REGISTRATION COST THAT APPLIES AND TOTAL YOUR PAYMENT FOR* ***EACH*** *STUDENT.*

**Early Bird Registration ($285)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Due by May 7)

*(T-shirt included)*

**Sibling Discount ($260)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Only Available until 5/7)

*(T-shirt included)*

*Sibling Name(s):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Regular Registration ($305)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Due by 6/4)

*(T-shirt included)*

**Late Registration ($335)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (After 6/4)

*(T-shirts are not guaranteed and are only given out as available)*

Additional: Paintball ($25) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(See waiver for signature of approval)

**TOTAL COST:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make all checks payable to Crossroads Community Cathedral.

***2017 SNEMN Teen Camp***

***General Information***

Camper First Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Camper Last Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** City/State/Zip: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Grade Currently In: **\_\_\_\_\_\_** Date of Birth: **\_\_/\_\_/\_\_\_\_** Age: **\_\_\_\_** Gender: **M** **F**

Mother/Guardian’s Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Father/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirmation Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (if different than parent): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

T-Shirt Size: **\_\_\_\_\_** Adult Size (S/M/L) **\_\_\_\_\_**Other

Desired Roommate: (1) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Church/City/State: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (2) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Church/City/State: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Activity Participation***

**Activities, including but not limited to:**

Swimming (pool and lake), Hiking/Outdoor Activities (In which participants could possibly get bites from insects, ticks, mosquitos, spiders, and/or snakes, etc…), Jumping, Throwing, Field Games, Canoeing (life jackets required for all participants), Water Inflatables, Outdoor Sports, Indoor Game Room, Walking/Running, Food Challenges, Recreational games (relay race styles, tug-of-war, etc., which may involve water and mud). Extra Activities include: Tubing, Paintball.

Can your Child swim? Yes No If Yes, are you allowing them to swim at camp? Yes No

Does your child have permission to participate in camp activities? Yes No

*If no, please provide a separate sheet listing which activities you do not want them to participate in.*

**Date and Location of Activities:** Rumney Bible Conference, 31 Gilford Ave, Rumney, NH

1. Jr. High Camp – July 3-7, 2017 (2) Sr. High – July 10-14, 2017 (3) Kid’s Camp – July 17-21, 2017

***Medical Information***

Family Doctor: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy/Group #: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Is your Child presently being treated for injury/sickness or taking any form of medication? If yes, explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any special medical instructions? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any medication, foods or environmental conditions that Child is allergic to, and expected reactions? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any physical handicaps, disorders and diseases? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Are there any mobility limitations or activities you would not like your Child to participate in? No Yes(explain) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

List all medications to be administered at Camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**History of:** \_\_\_Seizures \_\_\_Heart Trouble \_\_\_Diabetes \_\_\_Sore Throat \_\_\_Kidney \_\_\_Bowel Problems \_\_\_Bleeding

\_\_\_Fainting \_\_\_Menstrual Problems \_\_\_Sleepwalking \_\_\_Bedwetting \_\_\_Nosebleeds \_\_\_Headaches \_\_\_Allergies

\_\_\_Hay Fever \_\_\_Asthma \_\_\_Bee Stings \_\_\_ Plants

All medications must be in original container and clearly labeled: patient’s name, physician’s name, name of medication, prescription number, date prescribed, instructions. DO NOT SEND OVER-THE-COUNTER Medications (i.e.Tylenol or Advil) as the nurse has these on hand. Exception: Claritin with Doctor’s note and instructions. The following over the counter medications will be available in brand name or generic name and age appropriate dosing and form, i.e. liquid or tablets and will be given according to label dosing guidelines: Acetominophen (Tylenol), Ibuprophen (Advil), Benadryl, Sudafed, Mylanta, Tums, Immodium, Auri-Dri, Neosporin, Calamine Lotion, Hydrocortisone Cream, Robitussin, Cough Drops, and any other over the counter medication deemed necessary. If your child takes another OTC medication on a regular basis, please send that with a doctor’s note for administration at camp

***Southern New England Ministry Network***

***Authorization Release/Disciplinary Clause***

I understand that participation in camp activities with the Southern New England Ministry Network Camp brings with it a certain amount of risk. I acknowledge and accept the risks of physical injury associated with participation in the activities (including extra activities of paintball and tubing) described in the camp registration. Should there be any activity for which I wish for my child to abstain from, I will notify the Southern New England Ministry Network Camp in writing at the time of registration. In consideration of the risks involved, I understand that the Southern New England Ministry Network Camp and Rumney Bible Conference have taken the necessary precautions to ensure the safety and well being of my child. I hereby release and waive any and all claims against the Southern New England Ministry Network Camp, White Rumney Bible Conference, and its staffs arising from his/her participation in the Southern New England Ministry Network Camp. I also release and waive all personal financial responsibility for any injury or loss sustained during the activities and hold both the Southern New England Ministry Network (and its representatives), and Rumney Bible Conference harmless for such injury or loss arising directly or indirectly from said activities.

The health history included in this application is correct as far as I know and the person herein described has permission to engage in all prescribed activities, except as noted by the physician and me. **IN CASE OF EMERGENCY**, I hereby give permission to the physician to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. I hereby give my consent, in the event that all reasonable attempts to contact me have been unsuccessful, for the administration of any treatment deemed necessary by the appropriate licensed physician, nurse, dentist or emergency personnel. I also give permission for the Camp Nurse to administer over the counter medication to my child as deemed necessary according to dosing guidelines and attend to any other necessary healthcare means.

I also hereby understand that if my child refuses to adhere to the camp policies listed herein, I may be called to bring him/her home immediately. I also hereby give permission to the camp team leader and/or other member of the camp staff to inspect the contents of any or all of my child’s personal belongings, and to withhold and/or dispose of any improper or illegal contents. I also hereby give permission for my child to be transported off grounds to participate in the recreation activities of the camp program.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/legal guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Legal Guardian Signature** **Please Print Name** **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness Signature (\**Required)* Please Print Name Date**

**Student Consent:**

**I will abide by all camp rules. I understand violation of these guidelines may result in my immediate dismissal from camp at parent/guardian’s expense.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camper Signature** **Please Print Name**

***Southern New England Ministry Network***

***Photo & Video Release Form***

I hereby grant the Southern New England Ministry Network permission to the rights of my image, likeness and sound of my voice as recorded on audio or video without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

I agree that the Southern New England Ministry Network may use such images, video and/or audio of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to bound thereby. I hereby release, defend, hold harmless and indemnify the Southern New England Ministry Network from any and all claims for utilizing this material.

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal/ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If this release is obtained for someone under the age of 18, then the signature of that person’s parent or legal guardian is also required.***

I verify that I am the parent/guardian of the minor named above and have the legal authority to execute the above release. I have read this release and fully understand its contents. I approve the foregoing and waive any rights in the premises.

Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Crossroads Community Cathedral

1492 Silver Lane E. Hartford, CT 06118 (860) 895-1231

# **Parent Permission Form**

**Event:** SNMEN Teen Camp **Event Date:** Jr. High Camp: July 3-7, Sr. High Camp: July 10-14

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) or Guardian(s) Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give my permission for my youth (Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to go with Crossroads Community Cathedral on (Dates)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to (Event)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand the arrangements and feel that adequate precaution for the safety of my youth has been, and will be taken. I hereby understand that there will be supervision and caution taken on this trip and that Crossroads Community Cathedral will not be held liable for unforeseen accidents. The purpose of this form is to make it possible for parents and guardians to authorize the provision of emergency treatment for minors who may become ill or injured at a church related activity. This form must be signed by a guardian or parent and accompany the youth to the event in order for him/her to attend.

I have read, understand, and hereby agree with these guidelines and have completed this form to the best of my knowledge:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Signature Date



***Southern New England Ministry Network***

***PHYSICIAN’S HEALTH FORM***

This form needs to be completed by your physician **OR** a similar

form provided from your physician’s office that includes: (1) Physical Examination

Date (within two years of camp date), (2) Up to date Immunization Record and

(3) Signature by physician.

All campers must have a physical within TWO years of the start of camp. Copies from last year are not available.

*Send this medical form to your doctor NOW! DO NOT WAIT! Be sure this form is filled out COMPLETELY and send it back to your church’s camp coordinator by the registration deadline date. This form is REQUIRED to be sent in with the camp application and is REQUIRED for your child to stay at camp. Do not leave any lines blank. This helps our medical staff care for your child.*

**Applicant’s Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Doctor’s Office Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Doctor’s Office Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Last Physical:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMMUNIZATION RECORD –**

DPT - dates **\_\_\_\_\_\_\_\_\_\_** DT - dates **\_\_\_\_\_\_\_\_\_\_** OPV - dates **\_\_\_\_\_\_\_\_\_\_** MMR - dates **\_\_\_\_\_\_\_\_\_\_**

Td - dates **\_\_\_\_\_\_\_\_\_\_** HepB - dates **\_\_\_\_\_\_\_\_\_\_** TB - dates **\_\_\_\_\_\_\_\_\_\_**

**Doctor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**