

2010 Northern Missouri Youth Camp Registration Form

2600 I-70 Drive NW, Columbia, MO 65202 Checks payable to nomo student ministries.

BOTH MONIES AND PAPERWORK MUST BE RECEIVED/POSTMARKED BY THE EARLY DISCOUNT DEADLINE.

Pre-registration for 2010 is \$ 159 due by April 30th. Early Registration for 2010 is \$ 169 due by May 14th. Regular Registration for 2010 is \$179 due by June 11th. Walk-ons for 2010 are \$199. Note: T-shirt orders cannot be guaranteed after early registration.

Step 1. Camp Specs

Check boxes for the following: (Please include in check amount.)

Which camp are you attending? (If you are attending multiple weeks you will need to fill out two forms.)

1.1 Check one of the following:

Youth Camp 1

Youth Camp 2

Kids Camp

1.2 Check any of the following:

Camp Picture \$5 (8 x 10)
(Includes Frame)

Camp DVD \$15
(Memories; 4 days of footage)

Camp T-shirt \$13
(Circle Size: S M L \$14 XL \$15 2XL \$16 3XL)

1.3 Check one of the following:

Camper

Leader

1.4 Are you over 18 years old?

No

Yes (If yes, you must fill out have a criminal records check.)

Step 2. Identity

Print.

Church Name: Church City:

Last Name: First Name:

Street Address: City: State: ZIP:

Cell Phone or Other Emergency: Email:

Parent's/Guardian Night Phone: Pastor/Youth Pastor's Signature:

Male: Female: School Grade if camper: Age:

Parent/Guardian's Signature: Date:

Step 3. Medical

Is camper diabetic? No Yes If yes, when do they take their meds?

Do you carry family medical/hospital insurance? Yes No (If no, please call 573.445.3611 – we need to talk.)

Medical Insurance Carrier's Name: Policy or Group #:

Medical Insurance Contact Number:

Has camper received the following immunizations?

Diphtheria Yes No

Whooping Cough Yes No

Polio Yes No

Tetanus Yes No

Has camper had any of the following?

Measles No Yes

Polio No Yes

Mumps No Yes

Chicken Pox No Yes

Scarlet Fever No Yes

Check all that apply to the camper:

Heart Trouble

Lung Trouble

Hypertension

Ear Trouble

Seizures

Mononucleosis

Hernia

Bleeding/Clotting

Asthma

List all allergies:

Are there any activities, handicaps or restrictions for camper? No: Yes: If yes please specify:

Are there any pre-existing conditions medical personnel would need to be aware of?

No: Yes: If yes, please list:

Any medication(s) that camper will bring to camp? No: Yes: If yes please specify:

***Note: All medications including non-prescription must be given to the camp nurse in the prescription bottle labeled with instructions and will be administered by the camp nurse.**

1st Medication Name Frequency & Dosage

Purpose of Medication

Dr. Name & Number

2nd Medication Name Frequency & Dosage

Purpose of Medication

Dr. Name & Number

3rd Medication Name Frequency & Dosage

Purpose of Medication

Dr. Name & Number

4th Medication Name Frequency & Dosage

Purpose of Medication

Dr. Name & Number

5th Medication Name Frequency & Dosage

Purpose of Medication

Dr. Name & Number

AUTHORIZATION FOR TREATMENT

Having signed this registration form, I understand that parent/guardian/church is responsible for complete medical charges should injury or illness occur. I understand that the Northern Missouri District of the Assemblies of God's policy, however, will provide for emergency First Aid coverage as a courtesy within it's limits, but only if the camp office has been informed and the person receives medical treatment while at camp. I hereby give permission to the medical personnel selected by the camp, to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes and to provide and arrange necessary related transportation for me or camper. I also understand that my family's insurance carrier is the primary. In the event I cannot be reached in any emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. To the best of my knowledge all history is correct. The person herein described has permission to engage in all prescribed camp activities, except as noted. This completed form may be photocopied by our church to carry during off-site free time. I also give my consent for use of photographs of the person named above, in District promotional videos, publications and/or their web site.

Refunds will be given only in emergency situations but that does not include an administrative fee of \$25.