

# Youth Camp Registration Form 2010

## Tennessee Conference Camp & Retreat Ministries

(available online at [www.tnumcamps.org](http://www.tnumcamps.org))

### Please Print Clearly & Complete Both Sides of this Form

Please check each event for which you are registering Today's Date \_\_\_\_\_

<input type="checkbox"/>	Epic Adventure Camp	\$300	Cedar Crest	June 27 - July 2	12 years old & older
<input type="checkbox"/>	Unlikely Heroes Youth Camp	\$280	Cedar Crest	July 18-23	Graduated 6-12
<input type="checkbox"/>	Celebration	\$90	Beersheba	August 4-6	Graduated 6-12
<input type="checkbox"/>	Summer Sizzler	\$75	Beersheba	August 6-8	Graduated 6-12
<input type="checkbox"/>	Celebration/ Summer Sizzler(combo)	\$150	Beersheba	August 4-8	Graduated 6-12

Participant Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Name on Nametag: \_\_\_\_\_

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

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

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_

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

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

Pastor: \_\_\_\_\_ Youth Director: \_\_\_\_\_

School (currently attend): \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_ Grade as of Jan 1, 2009: \_\_\_\_ Gender: \_\_\_\_ Race: \_\_\_\_\_

Adult T-shirt size (circle one):      S      M      L      XL      2X      3X

If under age 18, Registering Parent(s)/Guardian(s):

Name(s): \_\_\_\_\_

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

Address: (if different from above): \_\_\_\_\_

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

Phone: Day (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Event Fee: \$ _____	<b>Total enclosed with this form: \$ _____</b>
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Make check payable to **Cedar Crest Camp**

Mail to:      ATTN: \_\_\_\_\_ (event name, e.g. Epic Adventure Camp)  
                 Cedar Crest Camp  
                 7900 Cedar Crest Camp Road  
                 Lyles, TN 37098

Donations to the Camp and Retreat Ministries of the Tennessee Conference are greatly appreciated, helping to fund needed improvements to the camp facilities, buy programming supplies, and provide scholarships for needy kids. If you'd like to include a donation, please make check payable to **Friends of Camping**, and it can be included with your registration form to the same address above.

## Registration Form—Page 2

### Media Authorization and Release

I consent to the taking of photographs, movies, videos, or other images of my child and myself by the Tennessee Conference of The United Methodist Church or its parents, affiliates, trustees, directors, members, officers, employees, volunteers, agents, invitees, and contractors ("TNUMC"). I forever grant, assign, and transfer to TNUMC any right, title, or interest to edit, reproduce, and use those images for any purpose, including but not limited to advertising, promotion, and display—through any media, including but not limited to audio, video, print, television, internet, and podcast. I further agree to release, indemnify and hold harmless TNUMC from any and all claims, demands, actions, or causes of actions, loss, liability, damage or cost arising from this authorization.

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

### Medical Information Form

Name of Registrant: \_\_\_\_\_ Social Security \_\_\_\_\_

Full Address: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Group Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Health Concerns \_\_\_\_\_

Special needs (physical, dietary): \_\_\_\_\_

Allergies (food, nature, drugs): \_\_\_\_\_

List Medications required during camp or event:

Name of Medication	Dosage/Delivery	Reason

Medications will be kept in a secure, locked location. The camp nurse or director will administer as directed.

I give permission for my child to be given Tylenol, Benadryl or other minor medication as needed. **Y N** (circle 1)

Describe any behavioral or emotional problems your child has that may affect his or her stay at camp or event

\_\_\_\_\_

I understand that all reasonable safety precautions will be taken at all times by the Youth and Camping Ministries of the Tennessee Conference event staff. I have completed the information to the best of my knowledge. In giving my child permission to attend the event(s) indicated, I release the United Methodist Church, Tennessee Conference, leaders and camp staff from liability for damages, losses, disease, or injuries incurred by my child. I understand that I, or the emergency contact listed on the registration form will be contacted. I hereby give permission to the physician or facility present to order X-rays, routine tests, and treatment for the health of my child.

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

Witness \_\_\_\_\_ Date \_\_\_\_\_