The Naz Youth Group
Mid-High Camp 2016



July 25-July 29, 2016

For students going into 6th-8th grade in Fall 2016.

Idyllwild Pines

Christian Camp and Conference Center

Idyllwild-Pine Cove, California

MEDICAL INFORMATION for Camp Nurse (Important!)

Name_____

Date of last Tetanus Shot_____

Let us know if camper has:

Heart Trouble, Asthma, Epilepsy, Diabetes, Allergies, etc. _____

_____

Additional information that would assist the camp nurse _____

_____

In Case Of Medical Emergency

I understand every effort will be made to contact parents or guardians of camper. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order: injections, anesthesia or surgery for my child, as named above. If for any reason (medical or disciplinary) my child is sent home early, I agree to pick him or her up at camp regardless of the time.

_____

Signature of Parent or Legal Guardian Date

Insurance Company_____

Policy Number_____

(Please attach copy of insurance card)

Home Phone (_____)_____

Work Phone (_____)_____

Pager or Mobile Phone (_____)_____

Mid High Camp

COST: $305 before June 29th

$325 afterwards

Deposit: Save your spot, save some money!

A $50 **non-refundable deposit** and completed registration forms turned in by June 29th will save your spot for the $305 price!

Please make checks payable to SDFC.

Things to bring:

BIBLE	JOURNAL	BEDDING
TOILETRIES	TOWELS	FLASHLIGHT
SUNSCREEN	EXTRA MONEY FOR SNACKS, ETC.	

Proper Clothing for:

ATHLETICS	DAY-TIME CLOTHES
SWIMMING	COOL EVENINGS
80s THEME NIGHT	

RULES: <u>ABSOLUTELY NO</u> fireworks, matches, tobacco, alcohol, electronic amplification, video games, or drugs! (All prescription medications must be given to the nurse upon arrival)

CELL PHONES: Students may not use phones at camp. One of the best parts of being in the mountains for camp is being able to "unplug" from distractions and social media outlets that beg for our attention. The camp director, Jeremy Schultheiss, will have his phone on at all times in case of emergency if a family needs to reach a student.
Jeremy (619) 871-7691

Check-in: Monday 9:30 AM -11:00 am

The camp is CLOSED TO ALL VISITORS DURING THE WEEK.

Camper Mail may be sent to:
(camper's name – Attn: Nazarene Mid High Camp)
c/o Idyllwild Pines Camp
P.O. Box 425
Idyllwild, CA 92549

Registration Form

(Please print neatly)

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Home Phone:(_____) _____

Age:____ Male:____ Female:____

T-shirt size: _____

Grade next school year:_____

Parent or Legal Guardian Printed Name:_____

Parent email:_____

Parent or Legal Guardian Signature: _____

I have read the camp rules on the previous page and I agree to completely abide by them.

_____

Signature Of Camper

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN IT WITH YOUR DEPOSIT OR FULL FEE TO YOUTH GROUP!

We can't wait for camp this summer!!