



# MIDDLE SCHOOL CAMP CATCHING FIRE

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ T- Shirt Size \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Parent's/Guardian(s) Name(s): \_\_\_\_\_  
Street City / State Zip

Parent's/Guardian(s) Phone #s Home ( ) Work ( ) Cell ( )

Name of the church you came with: \_\_\_\_\_

Name of your Youth Leader: \_\_\_\_\_

One person (same sex) you would like to room with: \_\_\_\_\_

## **Health information**

Student's Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Family Medical Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

Policy holder's name: \_\_\_\_\_ SS#: \_\_\_\_\_

Campers SS# \_\_\_\_\_ Campers Birth Date: \_\_\_\_\_

Allergies?: Yes / No – If yes, please explain: \_\_\_\_\_

Circle any physical conditions: Diabetes, Asthma, Epilepsy, Heart, Vision, Hearing, Other \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

(All meds should be packed separately, clearly identified with camper's name,  
and turned it to nurse at the time of registration)

Should camper be restricted from any activity? \_\_\_\_\_ If yes What? \_\_\_\_\_

In the event of an emergency where medical treatment is required for my child, I give my permission to KNYI District camp staff and/or nurse to obtain there services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## CONDUCT AGREEMENT

KNYI 2015 middle school camp

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

**Students who fail to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the rules of conduct the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Activities may include, but are not limited to: cookouts, boating, swimming, basketball, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.**

\_\_\_\_\_ has my permission to attend all youth activities sponsored by the Kansas Nazarene District NYI from to July 27 - July 30, 2015.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_