

# Pre Camper 2017

**'Camp within a camp' for Young Children of Camp Volunteers**  
**Print Clearly. No camper will be admitted without a completed registration form.**

**Mail completed forms to:**

**NYM, PO Box 1965, Grand Island, NE 68802**

## **Camper Information Each camper must complete a separate form.**

Name \_\_\_\_\_ Gender at Birth: M / F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mailing Address (include city, state and zip) \_\_\_\_\_  
Parent/Guardian (who will be at camp) \_\_\_\_\_ Cell # \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Cell # \_\_\_\_\_  
Church you are registering with \_\_\_\_\_

### **Medical Information-Must be completed by parent or guardian**

Clinic/Doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
Do you have insurance? Y N Insurance Company \_\_\_\_\_ Phone# \_\_\_\_\_  
\*Medicine Camper Will Be Bringing \_\_\_\_\_  
Are all immunizations current with state requirements? Y/N If no, please explain: \_\_\_\_\_  
Date of last medical exam? \_\_\_\_/\_\_\_\_/\_\_\_\_ Food Allergies? \_\_\_\_\_  
History of: \_\_\_\_Heart trouble \_\_\_\_Diabetes \_\_\_\_Fainting \_\_\_\_Asthma \_\_\_\_Allergies \_\_\_\_Nosebleeds  
\_\_\_\_Headaches \_\_\_\_Other \_\_\_\_\_  
Mobility Limitations/  
Restrictions \_\_\_\_\_ Disabilities \_\_\_\_\_

### **Medical and Liability Release**

*Parental/Guardian Authorization: I hereby give permission for my child to attend camp as indicated above. I further certify that this he alt history is correct as far as I know and Nebraska Youth Ministries, its agents and employees, have permission to transport my child to such a physician and/or hospital as they may select, and to authorize and secure hospitalization, treatment, surgery, and/or medications for my child as they or the health care professionals involved may deem necessary for my child's well being. I agree to hold harmless Nebraska Youth Ministries, its agents and employees, with respects hereto. Permission is given to Nebraska District Assemblies of God to use photographs (individual or group) and/or multimedia images and recordings in the best interest of Nebraska District Assemblies of God.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Registration Fee: \$95 (per camp)**

\_\_\_\_ Qualify for feeding program (\$12 discount)

Last 4 digits of SS# for head of house \_\_\_\_\_

Monthly Income \_\_\_\_\_ Household size \_\_\_\_\_

Age of Child at time of Camp \_\_\_\_\_

### **Camp(s) Attending:**

\_\_\_\_ High School (June 5-9)

\_\_\_\_ Jr. Teen (June 12-16)

\_\_\_\_ Kids Camp I (June 19-23)

\_\_\_\_ Kids Camp II (June 26-29)

\_\_\_\_ July Youth Camp (July 24-28)

### **Feeding Program Qualifications/Household Size (must be less than)**

1 - \$1,832	4 - \$3,747	7 - \$5,663
2 - \$2,470	5 - \$4,385	8 - \$6,304
3 - \$3,108	6 - \$5,023	9 - \$6,946

### **Credit Card Information**

Account # \_\_\_\_\_  
Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Security Code \_\_\_\_\_ Zip Code \_\_\_\_\_