

Maine NYI Teen Camp
2022 Registration Form
Sun. July 17 @3pm - Thurs. July 21 @1pm

Please mail completed forms & payment to Kelly
Miner 525 Highland Ave. South Portland, Me
04106 Checks should be made out to Maine
District NYI.

\$50.00 non refundable deposit due with all applications.

Early registration is due by June 23rd (\$50 due of \$225)
 All registrations are due by July 1st (\$50 due of \$250)

Junior Higher (Entering 6th-8th grade)
Senior Higher (Entering 9th - 12th grade or just graduated)

Payment rec. by:
Ck# Cash:
Medical forms rec.:

Camper's Name _____ M F

Birth date _____ Age at time of camp: _____

Mailing Address _____

City _____ State _____ Zip _____

(Men's) Shirt Size: [YL:] [S] [M] [L] [XL] [XXL] [XXXL] Other _____

Bunkmate Requests (2 or 3) _____

Parent / Guardian _____ Phone _____ Email _____

Parent / Guardian _____ Phone _____ Email _____

Additional Authorized Pick-up Person _____ Phone _____

Name of Church you Attend: _____

Does the camper have an IEP or Action Plan that would be helpful for us to know in order to make them successful at camp? If yes, please explain below.

Has the camper had a physical within the last 2 years? Yes No

If no, please schedule a physical with your child's pediatrician before the first day of camp.

Is the camper up to date on all immunizations? Yes No

Are there any physical restrictions while at camp or anything else we need to know? (use back)

Releases & Waiver

FIELD TRIP RELEASE I hereby certify that I am the parent/legal guardian of this camper and that I have the authority to make decisions concerning his/her participation in camp activities. I hereby give permission for my child to be escorted away from the central program area of Maine NYI to other locations, either on or off the campgrounds, as part of the regular Maine NYI activities, if such activity is directly related to the camping program.

Initial _____

PHOTO RELEASE I hereby certify that I am the parent/legal guardian of this camper, and that I have the authority to make decisions concerning his/her participation in camp activities. I hereby grant permission to the Maine District Church of the Nazarene, and Camp in particular, to photograph, tape, film, or make an audio recording of my child's participation in the Maine NYI Program. I grant the Maine District Church of the Nazarene and Camp in particular, an irrevocable license to reproduce, copy, display, perform, or otherwise use these materials. I understand that these materials may be used for the purpose of public information and/or education and may appear in newspapers, magazines, exhibits, television, Maine District/General Church of the Nazarene publications, and/or any Maine District Church of the Nazarene online presence. I agree that my child may be identified as a participant in the event being recorded. I release the Maine District Church of the Nazarene and Camp in particular; its employees, directors, and agents from any liability connected with the publication, reproduction, release, or other use of these materials, and agree not to bring any claims against them growing out of such publication, release, reproduction, or other use of these materials.

Initial _____

GENERAL WAIVER My signature on this waiver indicates that I give my child permission to participate in all of the activities at Maine NYI, and that I release the MAINE DISTRICT CHURCH OF THE NAZARENE (including its Boards, Councils, Auxiliaries, Officers, and Representatives), and Camp (including all staff, paid or unpaid) in particular, from liability related to their participation in such activities. I understand that all campers must have their own medical coverage. No insurance is provided. My signature indicates that I will be responsible for all costs related to the medical care of my child.

Initial _____

NOTE All fees are non-refundable once a camper has checked into a camp or retreat by submitting this form, I indicate agreement with the above releases & waiver. By submitting this form, I indicate agreement with the above releases & waiver.

Initial _____

Camper's Name(s): _____

Parent/Guardian's Printed Name: _____

Relation to Camper: _____

Signature: _____ Date: _____

Personal Health and Medical Form

All Campers must have all medications in original containers at time of check in.

**If your child has Asthma, Diabetes, Allergies (Epi-pen), or Seizures, an Action Plan from the doctor must be provided.

Please note: If any child shows up for camp without proper medical paperwork, he/she will not be allowed to check-in. This form is to be filled out by a parent, guardian, or adult participant. **Please print in ink.**

IDENTIFICATION

Name of participant _____

Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____

Telephone _____

Name of parent or guardian _____

Telephone _____

If parent or guardian is not available in the event of an emergency, notify

Name _____ Relationship _____

Telephone _____

Name _____ Relationship _____

Telephone _____

Health Insurance _____

Policy No. _____

Name of personal physician or pediatrician _____

Telephone _____

GENERAL INFORMATION:

- Does your child use a "rescue" inhaler? ___ Yes ___ No
- Does your child have an Epi-pen? ___ Yes ___ No
- Should he or she carry the inhaler and/or epi-pen with them at all times? ___ Yes ___ No
- ALLERGIES: ___ Yes ___ No

Explain all allergies & types of reactions: (use back if needed.)

Dietary

Requirements: _____

ALL MEDICATIONS MUST BE BROUGHT IN THE ORIGINAL CONTAINERS

List any medications to be taken at camp/retreat: (if more than 4, please put **ENTIRE** list on the back. Thank you.)

_____	dose _____	frequency _____
_____	dose _____	frequency _____
_____	dose _____	frequency _____
_____	dose _____	frequency _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, playing sports, or playing strenuous physical games:

My child may be given the following medicine at the discretion of the nurse/med tech if the situation warrants. (If not indicated, you will be called prior to your child receiving any over-the-counter medications.) The nurse will have these available. If your child takes these medications regularly, please bring your child's own medicine.

Tylenol	___ Yes ___ No	Ibuprofen	___ Yes ___ No
Benadryl	___ Yes ___ No	Cough suppressant	___ Yes ___ No
Pepto-Bismol	___ Yes ___ No	Antacid (tums, Maalox, Mylanta)	___ Yes ___ No

I give permission for full participation in Maine District Church of the Nazarene Camp/Retreat programs, subject to limitations noted herein. I, the undersigned, certify that I am the parent/legal guardian of the child on this form. In case of emergency, I understand every effort will be made to contact me (or, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if the participant is an adult). I will be responsible for any and all costs of medical attention and treatment.

Signature of parent/guardian or adult participant

_____ Date _____