

Feb Camp 2018 Registration

Registration due by February 5th, 2018

Participant's Name: _____ Birthday: _____
Parent/ Guardian Name(s): _____
Address: _____ City: _____ Zip: _____
Youth Email: _____ Home Phone: (____) _____
Parent Cell Phone: (____) _____ Parent Email: _____
Church: _____ City: _____
Gender: _____ Present Grade (circle one): 9th 10th 11th 12th Adult

Feb Camp 2018 Covenant Note: Covenant must be signed by all participants (youth & adults).

- ✓ I agree to participate in all activities – sharing my gifts, my enthusiasm, and my concerns.
- ✓ I agree to help create a community of love, acceptance, and caring for all persons attending.
- ✓ I will care for and respect my body by not bringing or using alcohol, cigarettes, or other drugs.
- ✓ I agree not to participate in inappropriate sexual behavior.
- ✓ I will love and respect the world God has created by caring for it and avoiding any activity that would harm the environment.
- ✓ I agree to respect the property of others.
- ✓ I agree to observe the specific rules of 2018 Feb Camp which will be discussed at the event.

Camper's Covenantal Agreement

I have read and agree to abide by the Covenant above. I understand that serious violation of this covenant may result in my being sent home from the event stated above.

Camper Signature Date

This section to be completed by Parent/Guardian (regardless of camper's age):

- ✓ I give my consent for _____ to attend and participate fully in Feb Camp 2018. I have read the covenant above, and I understand that if my child violates the covenant, I will be responsible for his/her early transportation home.
_____ (Initial)
- ✓ I give my permission for the registrant to be photographed for educational/publicity purposes (with the possibility of the pictures being published on the Regional Website). I understand that the photographer will follow the CCNC-N's Cyber Policy. The policy is available upon request.
_____ (Initial)
- ✓ I give my consent for the registrant to view the movie *Selma* and/or *Gandhi*, both rated PG-13. Discussion will follow viewing the movie (more info about the movies can be googled online)
_____ (Initial)

I have read the Covenant.

Parent/Guardian Signature Date

Send all documents to:

CCNC-N, Attention: Youth Ministries, 9260 Alcosta Blvd Ste C-22, San Ramon, CA 94583-4143.

Youth Medical Form for Regional Events

Camper's Last Name _____ First Name _____ Middle Name _____

Camper's Address _____ City _____ State _____ Zip _____

Age _____ Date of birth _____ Gender (circle one): M / F

Youth Event (circle one): Junior / Chi Rho / CYF I / CYF II / **Feb Camp** / Mid-Winter

The following information is required to ensure that your child's individual needs are met while attending camp. Information is confidential and will be made available only to those people who are directly responsible for your child's wellbeing. In the event of an emergency, every effort will be made to contact the parent/guardian. No person will be allowed to attend camp without a completed and signed copy of this form.

MEDICAL HISTORY: Has your child been subject to any of the following? Please check all that apply.

	In past year	More than 1 year ago		In past year	More than 1 year ago
Diabetes			Hyperactivity		
Epilepsy			Convulsions		
Heart disease			Fainting spells		
Rheumatic fever			Tires easily		
Chicken pox			Nosebleeds		
Rubella			Eye/ear problems		
Mumps			Fractures		
Whooping cough			Muscle sprains		
Scarlet fever			Bed wetting		
Hepatitis			Depression		
Encephalitis			Other (specify)		
Emotional problems					

Does your child have any allergies? _____

Are immunizations up to date? _____ Date of last tetanus booster: _____ Date of last DPT booster: _____

Usual source of care: Physician _____ Phone no. _____

Dentist _____ Phone no. _____

Eye Doctor _____ Phone no. _____

Glasses? _____ Contact Lenses? _____

Health Insurance Carrier and no.: _____

Is your child currently under care of a physician? _____ Counselor? _____ If yes, please give additional information: _____

Does your child have any special dietary needs? (Please specify food allergies, if vegetarian, etc.) _____

Is there additional information, which would be of help in promoting your child's welfare while at Feb camp? _____

Are there activities your child should not participate in while at camp? Yes No If so, please explain _____

