

Nazarene Youth Camps Information:

- Personnel:** Counselors and staff members are carefully chosen, consecrated Christians, including pastors and laymen. Every Nazarene pastor is encouraged to participate in camp by working in some capacity unless providentially hindered.
- Health:** A nurse will be on duty at all times. Supplemental insurance is provided for each camper. Applicant's primary insurance company is to be used under medical information.
- Recreation:** Activities, sports, and recreation will be age group appropriate for each camp.
- Lodging:** All campers are required to be lodged in the assigned dorm rooms.
- Dress:** Modesty is our rule. Campers are to be neat and clean for all worship services and evening meals. Campers displaying extreme variation from modesty will be asked to change. The camp director of each camp will have discretion over the appropriateness of dress. Shirts and shoes must be worn at all times outside the dorms. Prohibited clothing items include muscle shirts, tank tops, offensive logos or sayings, fish net shirts, see through or similar material.
- Food:** Well balanced meals will be prepared by qualified dietitians.
- Phone Usage:** Phones are to be used for emergency only. Cell phones are not permitted for campers.
- What to Bring:** Sleeping bags or sheets and blanket, pillow, towels, wash cloths, personal grooming aids, dress clothes, recreational clothing, bathing suits, swim shoes (or old tennis shoes), pajamas, robe, umbrella or raincoat, ball glove, camera, Snack Bar money, and great expectations.
- Special Needs:** Please provide information concerning any special conditions / needs the camper may have. All special needs issues will be kept confidential.
- Arrival Time:** All campers should be on the campgrounds by **Noon** on Monday. Lunch will be the first meal served.
- Departure Time:** All campers should be picked up by **Noon** on Friday.

Camp Fees:

\$135.00*

Pre-Registration Fee

This form, Ace Adventure Waiver, and check must be submitted by the pre-registration date listed.

\$155.00*

Day of Camp without pre-registration

Bring this form, Ace Adventure Waiver, and check to the registration area on the first day of camp.

***Camp T-Shirt and Group picture is included in the Camp Fee.**

Extra Pre-registered cost for special event is: *(Check if participating)*

___ River Rafting - \$20.00

(This amount must be paid in advance along with the Regular Camp Fee for camper to participate in the event)

- Checks:** Make all checks payable to **NAZARENE YOUTH CAMPS**
- Refunds:** A refund of \$60.00 will be given to any camper who goes home on Monday. A refund of \$50.00 will be given to any camper who goes home on Tuesday before the evening meal. There will be no refund of camp fees after the evening meal on Tuesday. There will be no refund of camp fees for those sent home due to disciplinary action. All refunds are at the director's discretion.
- Discrimination:** "In the operation of the Summer Food Services Program, the same meal will be available to all enrolled children without regard to race, color, handicap, sex, age, or national origin, and there will be no discrimination in the course of the meal service. Persons who feel they have been discriminated against should write the Secretary of Agriculture, Washington DC 20250."

(Office Use Only: ___RIVER)

Application for Nazarene Youth Camp: **2010 - "JUNIOR HIGH ONLY"**

June 28-July 2, 2010 (Pre-registration due June 21, 2010)

Pre-registration is required for participation in special River Event

"Ace Adventure" waiver (Required for all campers)

Note: There is extra cost to the camper for River Activity (See "Camp Fees" for details)

mail to: Rev. Ollie Parsons, 5102 MacCorkle Ave. S.E., Charleston, WV 25304 (304)746-3979

Camper's Name: _____ Birth Date: _____ Grade: _____ M ___ F ___

Camper's Address: _____ City/ST/Zip: _____

Email (if available): _____ Home Phone: _____ Emergency: _____

Camper's Pledge: I have read the camp rules and will abide by them. I will give full cooperation to my camp director and staff. I realize that if I do not comply with these rules, it will result in my being sent home from camp.

Camper's Signature: _____

Parent / Guardian Approval, Waiver of Claim, and Medical Permission

Is the applicant allergic to any medication? Y / N If so, what medication(s): _____

Check if the applicant has (has had): ___ Asthma; ___ Epilepsy; ___ Heart Trouble; ___ Rheumatic Fever; ___ Diabetes

General physical condition of the applicant is; ___ Good; ___ Poor Should the applicant participate in sports? Y / N

Please provide the following insurance coverage information: Is the applicant covered by a Health Insurance plan? Y / N If so, what is the company name: _____

Policy Number: _____ Parent / Guardian Social Security Number: _____

(Please make a copy of insurance card and attach the copy to this registration form)

I hereby approve of the application to Nazarene camp and certify to the correctness of information provided and expressly waive any and all claims against the West Virginia North District or West Virginia South District Church of the Nazarene, or any of the District Boards or it's representatives because of injury or other damages that may be incurred to named applicant or said applicants in connection with our incident to the Church of the Nazarene Summer Camp program at Summersville, West Virginia.

I have read all the information on this application, including the rules and what my child is to bring to camp. I give my permission for the applicant to attend camp. I will come, upon request of the director in case of disciplinary action to take the applicant home. I give permission to the West Virginia North District / West Virginia South District Camp to use any pictures or video, taken during camps to be used for promotional materials, published articles, or Nazarene websites.

Parent / Guardian Approval Signature: _____

Pastor's Recommendation

I have read the application above and to the best of my knowledge, this applicant is registering in the proper camp according to their grade level. I have discussed the camp rules with the camper and believe they will abide by them. I give my recommendation for this applicant to attend the camp to which they are applying.

Pastor's Signature: _____ (Pastor/Associate of the church listed below)

Church: _____ **Church Phone:** _____

Release Form for Media Recording

I, the undersigned, consent and agree that Summersville Nazarene Camp, its employees, or agents may take photographs, video, and other image & sound based media of activities including camp attendees, employees, students, and visitors while on the grounds.

I understand that there will be no financial or other remuneration for recording camp activities, either for initial or subsequent use such images in publications, advertising, and presentations. Usage shall not include distribution to other agencies or commercial publications.

Camper's Name: _____ Date: _____

Signature of Parent or Guardian: _____