

North Florida District Children's Camp
 South GA Church of God Convention Center Tifton, GA
 July 17 - 21, 2006



Children's Registration Form

For boys and girls who have been enrolled in Grades 2 - 5
 during the 2005-2006 school year.

I. General Information

1. Name		2. Gender: M ___ F ___	
3. Birthday:	4. Age:	5. Grade completed 2004-2005:	
6a. Address:			
6b. City:	6c. State:	6d. Zip:	
7a. Parent/Guardian:			
7b. Home ph: () - -		7c. Work ph: () - -	
7d. Cell ph: () - -		7e. E-mail:	
8a. Parent/Guardian:			
8b. Home ph: () - -		8c. Work ph: () - -	
8d. cell ph: () - -		8e. E-mail:	
9. Person camp should contact in an emergency if you cannot be reached:			
9a. Name:		9a. Relationship to camper:	
9c. Work ph: () - -		9d. Home ph: () - -	
9e. Cell ph: () - -		9f. Other ph: () - -	
10. Person(s), other than those names above, to whom the camp may release the child on request. The camp will release the child only to the persons named on this application or the authorized representative of the camper's church. Proof of identity will be required. Please list in 10a - 10d.			
10a.			
10b.			
10c.			
10d.			
11a. Camper's sponsor church:		Church of the Nazarene	
12. Pastor:			

II. Pastor's / Children's Director Recommendation

13. This applicant is (check all that apply): ___ A professing Christian ___ Attends church regularly ___ New to your church ___ A first-time camper ___ Active in children's events ___ Parent's attend church regularly ___ Has siblings	
14. Pastor / Children's Director comments:	
15. Pastor's/ Children's Director name printed:	
15a. Signature:	15b. Date:

Official Use Only

Room: _____

Last: _____ First: _____

Church: _____

III. Medical Information

16. **Attach copy of Medical Insurance policy card to this form.**

17a. Medical Insurance policy company:

17b. Policy numbers:

18a. Camper's personal physician:

18b. Phone: () - -

19a. Is child presently under care of physician? _____ Yes _____ No

19b. If yes, please explain:

20. List medication(s) that child is presently taking and reason(s) why and dosage schedule (All medications must be reported to camp nurse immediately upon arrival at camp):

21. List medications child has taken in the past 6 months and reasons why:

22. List allergies in 22a - 22c:

22a. Food allergies:

22b. Medication allergies:

22c. Other allergies:

23. Does the child have a problem with enuresis (bed wetting)?

24. Does the child have frequent nightmares?

25. Are there any activities the child should avoid?

IV. Other

26. Every child will receive a camp T-shirt. Please indicate his / her size:

Child size: Small___ Med___ Large___ XL___

Adult size: Small___ Med___ Large___ XL___ XXL___ XXXL___

27. This spot is reserved for the campers' comments. Please let us know what you liked or disliked about camp in the past or what you hope to do at camp this year.

28. Children will be bunking in dormitory style rooms with 12 to 14 children and 2 counselors in a room. You may indicate **one** person your child would most like to room with. We will do a lottery style drawing to choose roommates. We are encouraging kids to make new friends and to build on these new friendships with the team building activities that they will be involved in. (We will try to make this possible but is not guaranteed):

29. Rate your child's swimming ability on a scale of 1 to 10 (10 being Olympic swimmer, 5 being average and 1 as not knowing how to swim at all.

30. Some of the activities at camp may include paddle boating, canoeing, rock climbing (on a rock climbing wall with hook ups to cables and wearing a helmet) & swimming in a pool (Pool is 3ft. to 9 ft. and has diving boards; lifeguard will be present at swimming and boating). If there are any of these activities you feel your child should not participate in please indicate and explain.

V. Parent Approval

"I hereby approve this application and assure its accuracy. I also waive all claims against the North Florida District Church of the Nazarene and authorize any necessary medical treatment recommended by the Camp Nurse or by properly qualified medical personnel."

Parent / Guardian Signature:

Date:

Notary Form for Church of the Nazarene Children's Camp

I (we), _____, the parent (s) / legal guardian (s) of

_____ (the Child) give permission for said child to participate in the following event:

Event: North Florida District Church of the Nazarene Children's Camp

Sponsor of said event: The Advisory Board of the North Florida District Church of the Nazarene

Location of event: S. GA Church of God Convention Center & Campgrounds, Tifton, Georgia

Activities at event: Usual camp activities, including, but not limited to swimming, crafts, sports, boating etc.

Date of said event: July 17 - 21, 2006

This section to be filled out if someone other than the child's parent (s) / legal guardian will be driving them to said event.

I understand that the Child and other participants in the activity will be traveling in the following motor vehicles:

operated by the following adult sponsor (s):

at all times during the trip.

I, the parent / legal guardian of said child, understand that the Child and other participants at this event will be staying in the following housing: Dorm type units at South GA Church of God Convention Center and Campgrounds.

I understand that the Child and other participants have agreed to certain rules governing this Event. I understand that the failure to abide by these rules by the Child may result in said Child being sent back home, and I agree to be responsible to pick up said child if such a violation occurs.

I hereby release the Sponsor of said organization, it's staff, and the adult sponsors from responsibility and liability for any injury or illness that the said Child may sustain during the Event. In such case that said Child is injured during the Event and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In such case treatment is called for, which the physician or hospital refuses to administer without my consent, I hereby authorize any adult sponsor, as my agent, to consent to any x-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, as appropriate, licensed to practice under laws of the state where the services are rendered, either in a doctor's office, clinic or in any hospital. In such case that it becomes necessary for any adult sponsor to give consent for me, I agree to hold such person harmless of and from any claims, demands or suits for damages arising from the giving of such consent. I expect to be contacted as soon as possible in the event of any emergency.

This section only to be prepared by Notary:

Notary seal / stamp:

(parent / legal guardian signature)

(parent / legal guardian name printed)

(Date)

The foregoing permission / release form was acknowledged before me this

(Date)

by _____

who is personally known to me

or

has produced identification _____

(I.D. type and number)

(Circle one)

**Early registration means big savings!
SPACE IS LIMITED!**

Fee paid in full and postmarked on or before May 14, 2006

\$115.00

Fee paid in full and postmarked May 15 - June 18, 2006

\$140.00

Fee paid in full and postmarked June 19, 2006, or later

\$165.00

Camp fees are not refundable, but they are transferable.

Mail pages 1 - 4 of the registration form and a check (made payable to *NFL District SSM Board*) to:

Gary and Katherine George
NFL Camp Directors
1005 Grace Ave.
Panama City, FL 32401

Please feel free to contact us at:

Cell [K]: (850) 396-1149

Cell [G]: (850) 276-2984

Home: (850) 215-4404

E-mail: watizit@knology.net

crazykat@knology.net

Or visit our camp website at: (TBA)

Keep this page for contact information.