

NFL NYI TEEN CAMP 2006

NORTH FLORIDA DISTRICT NYI – July 3-7, 2006

*Laguna Beach Christian Retreat Center, Panama City Beach, FL***STUDENT APPLICATION**Name _____
Last First M.I.

Home Church _____ City _____

Age _____ Date of Birth ____/____/____ [] Male [] Female

Year of High School Graduation _____ Grade in school you completed for the 2005-2006 school year _____

Parent/Guardian _____

Home Address _____

Mailing Address (if different) _____

City _____ State _____ Zip Code _____

Your Email Address _____ @ _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (Mom) (_____) _____ (Dad) (_____) _____

Emergency Contact (If parents/guardians cannot be reached) _____

Relation _____ Phone (_____) _____

Address _____

City _____ State _____ Zip Code _____

Camp Roommate Preferences: 1) _____ 2) _____

3) _____ 4) _____

Please note that each dorm room houses 10 teens and 1 counselor. We will do our best to accommodate your roommate requests.

T-Shirt Size: [] Small [] Medium [] Large [] XL [] XXL [] Other: _____

In signing this application I, _____, signify I agree to abide by the guidelines of the Church of the Nazarene, the North Florida District NYI, and the Teen Camp; and I will cooperate with the camp staff to the best of my ability.

Student's Signature: _____ Date ____/____/2006

Parent(s)/Guardian(s):

I approve this application and waive any claims against the North Florida District Church of the Nazarene, NYI, and its representatives due to any injury or other damage that may be incurred to the student above or his/her property in connection with the North Florida District NYI Teen Camp.

Parent's/Guardian's Signature: _____ Date ____/____/2006

PASTOR: (Please have your Pastor or Youth Pastor complete this section)

Listed below is information concerning this student that 1) the camp staff should know, and 2) will help the staff better minister to him/her:

I recommend this student to attend Teen Camp 2006: _____

Pastor's Signature

PERMISSION/MEDICAL & CIVIL LIABILITY RELEASE FORM

I (We), _____, the parent(s)/legal guardian(s) of _____,
Parent/Legal Guardian NYI Teen Participant
give permission for my (our) child to participate in the following activities:

Sponsoring Organization: North Florida Nazarene Youth International
Destination: Laguna Beach Christian Retreat Center, Panama City Beach, FL
Activities Planned: 2006 Teen Camp
Dates Covered: July 3-7,2006

I (We) understand that my (our) child and other participants in these activities will be staying in the following housing:
dormitory style, bunk beds.

I (We) understand that my (our) child and other participants in these activities have agreed to certain rules governing these
activities. I (We) understand that the failure to abide by these rules by my (our) child may result in the search of his or her personal
belongings and may also result in my (our) child being sent home, and I (we) agree to be responsible to pick up my (our) child if such
a violation occurs at my (our) expense.

I (We) understand that Extreme Days will require my (our) son/daughter to make choices and keep a schedule, and that
he/she may not be under direct adult supervision at all times.

I (We) hereby release the North Florida Nazarene Youth International, its staff, and its adult sponsors from responsibility and
liability for any injury or illness that my (our) son/daughter may sustain during these activities. In the event that my (our)
son/daughter is injured during these activities and requires the attention of a doctor, I (we) consent to any reasonable medical
treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician or hospital refused to
administer without my (our) consent, I (we) hereby authorize any adult sponsor as my (our) agent, to consent to any x-ray
examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or
dentist, as appropriate, licensed to practice under the laws of the state where the services are rendered, either in a doctor's office,
clinic, or in any hospital.

I (We) agree to release and hold harmless any staff and adult sponsors of North Florida Nazarene Youth International from
any and all claims, suits, costs, and actions, of any kind whatsoever, arising from their exercise of the power granted by this
authorization.

Health Insurance Company Policy/Group Number
Relationship to Child Daytime Telephone Number () Evening Telephone Number ()

Signature (to be signed in the presence of a Notary Public)

The following section to be completed by Notary Public

Before me, a Notary Public, in and for said County and State, this ___ day of _____, 20___,
personally appeared _____ and acknowledged the execution of
the foregoing Permission/Medical & Civil Release Form. IN WITNESS WHEREOF, I have hereunto set my
hand and Notary Seal.

NOTARY PUBLIC: STATE OF: _____, COUNTY OF: _____

Notary Public Signature Commission Number
Commission Expiration Date Notary Seal:

MEDICAL INFORMATION REGARDING:

_____ (Student Name)

My child **SHOULD NOT** take the following medications (due to allergic reactions or personal preference):

My child **MAY** take the following medications without supervision:

My child is currently taking the following medication(s):

My child **SHOULD NOT EAT** the following foods (due to allergies or causing sickness only, not personal preference):

My child **SHOULD NOT PARTICIPATE** in the following activities:

Date of my child's last Tetanus shot: _____

Parent/Guardian Signature: _____

Date: ____/____/2005

Please mail completed forms and payment to:

**Rev. Matt McKee
8300 N Palafox St
Pensacola, FL 32534**

If you have any questions, please contact:

Matt McKee: Phone – (850) 476-4458 Email – youth@ecnaz.org

NFL NYI TEEN CAMP 2006

NORTH FLORIDA DISTRICT NYI – July 3-7, 2006

Laguna Beach Christian Retreat Center, Panama City Beach, FL

COUNSELOR APPLICATION

Name _____
Last First M.I.

Home Church _____ City _____

Age _____ Date of Birth ____/____/____ [] Male [] Female

Home Address _____

Mailing Address (if different) _____

City _____ State _____ Zip Code _____

Your Email Address _____@_____

Home Phone (_____) _____ Cell Phone (_____) _____

Emergency Contact Name _____ Relation _____

Phone (_____) _____ Cell Phone (_____) _____

Address _____

City _____ State _____ Zip Code _____

I PREFER TO WORK WITH THE FOLLOWING AGE GROUP (Please check one):
[] Junior Varsity (grades 6-8)
[] Varsity (grades 9-12)
[] Either Age Group

T-Shirt Size: [] Small [] Medium [] Large [] XL [] XXL [] Other: _____

PERSONAL LIFESTYLE CONCERNS

In caring for North Florida teens, we believe it is our responsibility to seek staff and sponsors who are able to provide healthy, safe, and nurturing relationships. Please answer the following questions accordingly. Any special concerns can be discussed individually with a District representative.

1. Please describe where you are in your spiritual journey: _____

2. Briefly describe why you want to be a counselor: _____

3. Have you ever been arrested and/or convicted of a crime? [] Yes [] No

If yes, please enlighten us: _____

4. Have you ever used illegal drugs and/or gone through treatment for alcohol or drug use or abuse? [] Yes [] No

If yes, please enlighten us: _____

5. Have you every been accused, arrested, and/or convicted of sexual misconduct? [] Yes [] No

If yes, please enlighten us: _____

6. What is your view on drinking alcohol? _____

7. What is your view on homosexuality? _____

In signing this application I, _____, signify I agree to abide by the guidelines of the Church of the Nazarene, the North Florida District NYI, and the Teen Camp; and I will cooperate with the camp staff to the best of my ability.

Sponsor's Signature: _____ Date ____/____/2006

PASTOR: (Please have your Pastor or Youth Pastor complete this section)
List any information concerning this counselor applicant you believe we should know:

I recommend this counselor applicant to be a sponsor: _____
Pastor's Signature

TEEN CAMP 2006

EARLY BIRD SPECIAL: \$110.00 per counselor if PAID IN FULL and Application is received *BY* May 20, 2006 (Cost is \$60.00 with 4 and Free with 8 registered teens!).

REGULAR COST: \$130.00 per counselor if PAID IN FULL and Application is received *AFTER* May 20, 2006 (50% off with 4 and Free with 8 registered teens).

WALK-IN COST: \$150.00 per counselor (No deductions).

All forms and complete payments are due by June 23, 2006

MAKE CHECKS PAYABLE TO: NFL NYI

Please mail completed forms and payment to:
Rev. Matt McKee
8300 N Palafox St
Pensacola, FL 32534

If you have any questions, please contact:
Matt McKee: Phone – (850) 476-4458 Email – youth@ecnaz.org

NFL NYI TEEN CAMP 2006
NORTH FLORIDA DISTRICT NYI – July 3-7, 2006
Laguna Beach Christian Retreat Center, Panama City Beach, FL
COUNSELOR IN TRAINING (CIT) APPLICATION

Name _____
Last First M.I.

Home Church _____ City _____

Age _____ Date of Birth ____/____/____ [] Male [] Female

Home Address _____

Mailing Address (if different) _____

City _____ State _____ Zip Code _____

Your Email Address _____ @ _____

Home Phone (_____) _____ Cell Phone (_____) _____

Emergency Contact Name _____ Relation _____

Phone (_____) _____ Cell Phone (_____) _____

Address _____

City _____ State _____ Zip Code _____

I PREFER TO WORK WITH THE FOLLOWING AGE GROUP (Please check one): [] Junior Varsity (grades 6-8)
[] Varsity (grades 9-12)
[] Either Age Group

T-Shirt Size: [] Small [] Medium [] Large [] XL [] XXL [] Other: _____

PERSONAL LIFESTYLE CONCERNS

In caring for North Florida teens, we believe it is our responsibility to seek staff and sponsors who are able to provide healthy, safe, and nurturing relationships. Please answer the following questions accordingly. Any special concerns can be discussed individually with a District representative.

1. Please describe where you are in your spiritual journey: _____

2. Briefly describe why you want to be a counselor: _____

3. Have you ever been arrested and/or convicted of a crime? [] Yes [] No

If yes, please enlighten us: _____

4. Have you ever used illegal drugs and/or gone through treatment for alcohol or drug use or abuse? [] Yes [] No

If yes, please enlighten us: _____

5. Have you every been accused, arrested, and/or convicted of sexual misconduct? [] Yes [] No

If yes, please enlighten us: _____

6. What is your view on drinking alcohol? _____

7. What is your view on homosexuality? _____

In signing this application I, _____, signify I agree to abide by the guidelines of the Church of the Nazarene, the North Florida District NYI, and the Teen Camp; and I will cooperate with the camp staff to the best of my ability.

Sponsor's Signature: _____

Date ____/____/2006

PASTOR: (Please have your Pastor or Youth Pastor complete this section)

List any information concerning this counselor applicant you believe we should know:

I recommend this counselor applicant to be a sponsor: _____

Pastor's Signature

TEEN CAMP 2006

EARLY BIRD SPECIAL: \$110.00 per counselor in training if PAID IN FULL and Application is received *BY* May 20, 2006.

REGULAR COST: \$130.00 per counselor in training if PAID IN FULL and Application is received *AFTER* May 20, 2006.

WALK-IN COST: \$150.00 per counselor in training.

- All forms and complete payments are due by June 23, 2006 (if there is a problem, please contact our District NYI President at the phone number or email listed below)

MAKE CHECKS PAYABLE TO: NFL NYI

Please mail completed forms and payment to:

**Rev. Matt McKee
8300 N Palafox St
Pensacola, FL 32534**

If you have any questions, please contact:

Matt McKee: Phone – (850) 476-4458 Email – youth@ecnaz.org

2006 NFL NYI TEEN CAMP GUIDELINES

1. Do not leave the camp property without the permission of the camp directors. This includes students, counselors, and counselors in training.
2. Attendance at all activities and services is not optional. It is required for all students, counselors, and counselors in training.
3. Girls are not allowed in the guys' rooms or on the guys' floor, nor are guys allowed in the girls' rooms or on the girls' floor. Violation of this guideline will result in a trip home (Not by District NYI Personnel, but via Mom and Dad's taxi service).
4. Destruction or theft of the camp's or an individual camper's personal property will not be tolerated. You break it – you pay for it.
5. Fireworks, controlled substances (tobacco, alcohol, drugs), weapons, water balloons, and other pranking paraphernalia are not allowed.
6. CD players, MP3 players, radios, etc. are allowed on a limited basis. Do not bring any music that has "Explicit Lyrics" or similar advisory notices, has lyrics (even on one song) that contains profanity, is degrading in nature, or has sensual or sexual lyrics. These will be confiscated for the duration of camp.
7. Be modest in all you do, all you say, and in all you wear. Dress comfortably, yet appropriately for any activity. We do not need nor want to see your mid-drift or every curve on your body (use your common sense and your parent's eyes – not "My best friend said I look really cute in this").
8. Violation of curfew ("in rooms" and "lights out") will result in a trip home via Mom and Dad's taxi service. No one is to be out of his/her dorm room after lights out OR before 6:00AM.
9. Unruly conduct will not be tolerated.
10. Due to potential hazards, students are not allowed on the beach at ANY TIME without adult supervision and no one is to be on the beach alone.
11. Memorize the 10 guidelines listed above.



North Florida District NYI

NYI President, Charles Bowe

P. O. Box 890, Archer, FL 32618 (352) 495-9424 / boweflex@bellsouth.net

March 29, 2006

Pastors, Youth Pastors, NYI Presidents, and Youth Leaders:

I trust and pray that everything is going well for you as you minister to the youth of our wonderful district. I am not ashamed to say that we need your help. Why? **Because IT'S TIME TO HIT THE BEACH AGAIN!!! Clear, blue water...white, sandy beaches...and over 200 teenagers. Teen camp will be upon us before we know it. This event is one that we look forward to all year. We believe God is going to do a great thing at camp this year! Camp last year was awesome, and we believe this year will be even better.**

Camp will once again be in Panama City Beach, FL. Here is the camp location and information:

Laguna Beach Christian Retreats
20016 Front Beach Rd.
Panama City Beach, FL 32413
(850) 234-2502 www.christiancamp.com

Enclosed in this packet you will find:

1. Student, Counselor, and Counselor-In-Training applications.
2. Permission and Release Forms and Medical Information Forms for students.
3. Camp Guidelines.
4. A letter to camp counselors and counselors-in-training describing their responsibilities.
 - **If you are missing any of these forms, please contact Charles Bowe at the number or email listed above. You can also attain this packet from the district website: www.nflnaz.com and click on the NYI tab.**

Camp 2K6 will be very similar to camp 2K5:

1. Our camp will be run by committee with Matt McKee, Ryan George, and Chris Patton serving as Co-Directors. They and their committee are feverishly working to make this the best camp in the history of NFL. Please pray for them daily.
2. TNU will be sending us a team to lead our group worship and game time.
3. Our camp will be split into a Junior Varsity camp (those who have **completed** 6th-8th grades in the 2005-2006 school year) and a Varsity camp (those who have **completed** 9th-12th grades in the 2005-2006 school year). We will be very rigid on the camp division since we want to make sure each camp is adequately staffed.
4. The schedules of the two camps will be different as well as the room assignments.
5. There is a new "Cost of Camp" schedule. We need full payment prior to camp (except for those who decide on the Sunday before camp that they want to attend). The earlier you pay, the better the rate. That is why it is so important to get you the information this early.

There will be some more changes that we are working on at this time, and as always the key word is "flexibility." We need you to help spread the word about teen camp and generate excitement in your particular youth ministry.

PLEASE READ ALL THE INFORMATION IN THIS PACKET CAREFULLY. Please promote camp to your teens and to your youth workers as we are always in need of good counselors. Once again, if you have any questions, please contact Charles Bowe (352) 495-9424, Matt McKee (850) 454-6906, Ryan George (850) 602-2149 or Chris Patton at (386) 852-8690.

You are loved,
Charles Bowe, Matt McKee, Ryan George and Chris Patton,
NYI President and Camp Directors

Enclosures