

2010 CAMP REGISTRATION FORM

Christian Church in North Carolina, PO Box 1568, Wilson, North Carolina 27894 ~ 252-291-4047

Deadline: May 25 for ALL camps --- Late fee: \$25.00

Please make sure that you have put a check mark in the appropriate box below for this camper.

CAMP CAROLINE

<input checked="" type="checkbox"/>	Choose Camp by Grade Completed:	Date of Camp:	Fee:	Begins	Ends
	CYF Conference for Grades 9-12	June 13-18	\$275	7:00 pm	11:00 am
	Alpha Camp for Grades 1-3	June 18-20	\$125	4:00 pm	11:00 am
	Weekend Sailing Camp for Grades 4-7	June 18-20	\$125	4:00 pm	11:00 am
	Jr. Camp for Grades 3-5 I	June 20-25	\$275	7:00 pm	11:00 am
	Horse Riding I Camp for Grades 3-6 *See Below	June 20-25	\$410	7:00 pm	11:00 am
	Love Camp for Grades 6-7	June 20-25	\$275	7:00 pm	11:00 am
	SAS – Sailing Arts & Stars for Grades 4-7	July 4-9	\$275	7:00 pm	11:00 am
	Horse Riding II Camp for Grades 3-6 *See Below	July 4-9	\$410	7:00 pm	11:00 am
	Uno Camp for Grades K-1** w/1 parent/grandparent	July 17-18	\$65	11:00 am	11:00 am
	Created to Be Me for Grade 8	July 18-24	\$325	4:00 pm	11:00 am
	Canoe Excursion Camp*** for Grades 5-7	July 18-22	\$310	4:00 pm	11:00 am
	Jr. Camp for Grades 3-5 II	July 25-30	\$275	7:00 pm	11:00 am
	Jr. High Camp for Grades 6-7	July 25-30	\$275	7:00 pm	11:00 am

CHRISTMOUNT

	CYF Conference for Grades 9-12	June 21-26	\$275	1:00 pm	11:00 am
	Jr. Camp for Grades 3-5	June 28-July 3	\$275	1:00 pm	11:00 am
	Jr. High Camp for Grades 6-7	June 28-July 3	\$275	1:00 pm	11:00 am

**Horse Riding Camp Please Circle One: First Time Ever Riding Beginner Intermediate*

***Uno Camp - Each additional parent/grandparent will be \$35. Please attach adult name(s) & gender with this form.*

****Canoe Excursion Camp will stay at camp the first and last night and campout the rest of the time.*

Please print. Separate form required for campers attending more than one camp.

Camper Name _____ Age (upon arrival) _____ Sex _____ Date of Birth _____

Mailing Address _____ City/State/Zip _____

Home phone (_____) _____ Camper Email _____

Local Church/City _____ Are you a member? ___ YES ___ NO

Parent or guardian _____ Parent Email _____

Circle grade completed as of June 2010, or if in year round schools, currently in as of June 2010:

K 1 2 3 4 5 6 7 8 9 10 11 12

Mom work phone (_____) _____ Dad work phone (_____) _____

Other Emergency Contact Person(s) _____

Phone Number(s) (_____) _____

Name and Gender of parent/grandparent attending UNO camp _____

Camper Name _____

General Health _____ Limitations _____

Special Diet (food allergies) _____

Attach sample menus and special diet food list.

Medications needed at camp _____

Attach dosage schedule with instructions to this form.

Make sure all bottles have camper's name on them and are in a Zip-loc bag with camper's name on it as well.

Allergies _____

Medications used to treat allergies _____

Yes, you may administer the following over the counter pain relievers _____

Doctor's Name _____ Phone (_____) _____

If your child doesn't attend public school, please attach a copy of their immunization record.

PLEASE PROVIDE A COPY OF MEDICAL INSURANCE CARD WITH REGISTRATION FORM!

Parent or Guardian: We respect the confidential nature of this information, and pledge to you our desire to keep it so. But it is to everyone's benefit that you complete this form as accurately as possible. This is to certify that the camper is free from any contagious disease, transmittable infections, or any form of organic illness that would limit or prohibit participation in camp activities. I have discussed camp with this camper and I think he/she has a clear understanding of the purpose of camp and accepts the responsibility of being cooperative. I hereby authorize the counselors/staff to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that all the medical information given is accurate and up to date; I agree to notify the Christian Church in North Carolina if any medical change occurs before this event.

Parent/Guardian Signature _____
Date

This person is registered in camp for the appropriate grade. _____
Signature of your Minister

The Christian Church in North Carolina (CCNC) offers camp to all without regard to race or national origin. All campers must be registered! **Camper is not registered until we receive a completed registration form and the entire camp fee is in the Regional Office (also include a copy of health insurance card if camper is insured).** Please include any late fees with the registration form. A camp picture is included in the camp fees. We may use random pictures of campers for publicity.

Campers will receive a "What to Bring" via email (if provided) or letter prior to camp. Plan to **arrive** within one hour after the beginning time for all camps. Please do not come early to pick up campers as closing exercises are vital to the program. The gate to the camp will be opened at arrival and departure times. Campers are expected to remain at the camp for the full week. Those leaving early are not allowed to return. We request that parents and friends DO NOT visit the camp. Campers are not allowed to make or receive phone calls except in emergencies with the permission of the director.

No registrations will be accepted one week prior to the beginning of each camp. Refunds will be given up to two weeks prior to the starting date of a camp. A refund will be minus \$50.00

Smoking, firearms, fireworks, knives, theft, cell phones, laptops, TV's, pets, drugs and alcohol possession or consumption is not allowed at any camp or any other Regional sponsored event of the CCNC. Cell phones will be confiscated and returned at the end of camp (so bring another type of alarm clock). If you bring drugs we require directors to call the Sheriff, then your parents, then your minister. We reserve the right to search personal belongings when illegal drug possession or theft is suspected. Our legal advisors assure us that this is not a violation of your rights. By showing up to camp, you agree to follow all the rules. We are not responsible for lost or stolen items.

**Make checks payable and mail completed form and copy of medical insurance card with entire camp fees to:
Christian Church in NC, PO Box 1568, Wilson, NC 27894**