

## 2020 NHM CAMP APPLICATION

\_\_\_\_\_ **TEEN CAMP** June 1 - June 6 (Ages 13 - 18, or summer of high school graduation)  
\_\_\_\_\_ **JUNIOR CAMP** June 9 - 13 (Ages 7 - 12)

**[Check-in 1-3pm on the first day of camp & check-out 12pm on the last day of each camp]**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Age: \_\_\_\_\_ (as of camp date) Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: [ ] Male [ ] Female  
Grade Entering in Fall 2017: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Parent or Guardian Name: \_\_\_\_\_  
Parent or Guardian Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Home Church & Pastor \_\_\_\_\_/  
Youth Pastor/Leader: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Emergency Contact Person (other than persons listed above) \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Person who will be picking up camper: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### **CAMPER BEHAVIORAL AGREEMENT**

I AGREE TO FOLLOW AND COMPLY WITH ALL CAMP RULES, INCLUDING BUT NOT LIMITED TO, DRESS CODE, AND COOPERATE WITH CAMP STAFF AT ALL TIMES.

Camper's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **ACTIVITY PARTICIPATION PERMISSION**

The undersigned hereby forever releases and discharges TMCC and New Horizons Ministries of any and all liability of any nature which may arise while \_\_\_\_\_ is a camper as set forth above. Undersigned further agrees to never sue or file a claim against aforesaid TMCC or New Horizons Ministries Conference for any injury which may occur to undersigned while undersigned is involved with any activities of or related to TMCC or New Horizons Ministries Conference.

**PARENT SIGNATURE REQUIRED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### **CAMP T-SHIRT (PLEASE CIRCLE SIZE CHOICE)**

Y-xSM Y-SM Y-Med Y-Lg A-SM A-Med A-Lg A-xL A-2xL A-3xL

### **COST:**

**TEEN CAMP:** \$150 & 1 *FREE* item bundle BEFORE APRIL 30 / **AFTER** March 30, item bundle not included  
**JUNIOR CAMP:** \$125 & 1 *FREE* item bundle BEFORE APRIL 30 / **AFTER** March 30, item bundle not included

### **CAMP PHOTOGRAPHY/VIDEOGRAPHY**

\_\_\_\_\_ I **DO NOT** want this camper's image/likeness to be used in TMCC & NHM publications.

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**AUTHORIZATION FOR MEDICAL CARE OF A MINOR**

In my absence, I \_\_\_\_\_ hereby authorize the Camp Director or designated representative to obtain medical treatment which may be deemed necessary for \_\_\_\_\_. Furthermore, I authorize the proper dispensing of \_\_\_\_\_'s prescription drugs (if applicable) as listed on this application. I also hereby authorize any physician called upon by the Camp Director or designated representative to render mediCal treatment that, in their judgement, may be deemed necessary for the well being of \_\_\_\_\_.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Parent/Guardian)

**TREATMENT INFORMATION**

Minor's Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Date of Tetanus Shot: \_\_\_/\_\_\_/\_\_\_\_\_  
Minor's Doctor's Name & Phone: \_\_\_\_\_  
Minor's Medical History: \_\_\_\_\_  
Insurance Company and/or Government Program: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Subscriber ID or Contract Number: \_\_\_\_\_  
Admission Pre-certification Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Group Name (Employer): \_\_\_\_\_  
Group Number: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

**PLEASE LIST CURRENT PRESCRIPTION DRUG(S)**

**LIST ANY ALLERGIES/MEDICAL CONDITIONS/DISABILITIES**

**INSURANCE AUTHORIZATION**

I authorize the release of any medical information necessary to process a claim for the dependent in this camp application. I authorize payment of medical benefits to the physician or supplier of services rendered to my dependent.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Parent/Guardian)