

2022 NHM CAMP APPLICATION

_____ **JUNIOR CAMP** June 7 - 10 (Ages 7-12)
_____ **TEEN CAMP** June 13 - 17 (Ages 13-18, or summer of high school graduation)

[Check-in 9-11am on the first day of camp & check-out 6-8pm 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 2022: _____ 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:

JUNIOR CAMP: \$125 & 1 *FREE* Camp t-shirt by May 1

//AFTER May 1, Camp t-shirt is \$20

TEEN CAMP: \$150 & 1 *FREE* Camp t-shirt by May 1

//AFTER May 1, Camp t-shirt is \$20

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)