

# 2024 NHM CAMP REGISTRATION

\_\_\_\_\_ **TEEN CAMP** June 3-6 (Ages 13-18, or summer of High School graduation)

\_\_\_\_\_ **KIDS CAMP** June 10-13 (Ages 7-12, 1<sup>st</sup> grade – 6<sup>th</sup> grade completed)

**\*\*Check-in is 9-11 am on the first day of camp – Check-out is 3-4:30 pm on the last day of camp\*\***

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
AGE (as of camp date) \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: [ ] FEMALE [ ] MALE  
GRADE ENTERING FALL 2024 \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
PARENT/GUARDIAN NAME \_\_\_\_\_  
PARENT/GUARDIAN CELL PHONE (\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_  
HOME CHURCH & PASTOR \_\_\_\_\_  
CHILDREN/YOUTH PASTOR \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_  
EMERGENCY CONTACT PERSON (other than listed above) \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_  
PERSON WHO WILL PICK-UP CAMPER \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

## **CAMPER BEHAVIORAL AGREEMENT**

I AGREE TO FOLLOW AND COMPLY WITH ALL CAMP RULES, INCLUDING BUT NOT LIMITED TO, DRESS CODE, AND PHONE POSSESSION. I WILL COOPERATE WITH CAMP STAFF AT ALL TIMES. NO PDA, DRUGS OR ALCOHOL ARE ALLOWED AT ALL. IF FOUND, CAMPER WILL BE SENT HOME. IT WILL BE UP TO THE CAMP COUNSELOR/CHURCH ON TRANSPORTATION.

**CAMPER'S SIGNATURE** \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ DATE \_\_\_\_\_

## **ACTIVITY PARTICIPATION PERMISSION**

*The undersigned hereby forever releases and discharges TMCC and New Horizons Ministries Conference 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 such as but not limited to, swimming, zipline, paintball, dodgeball, etc.*

**PARENT/GUARDIAN 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 \$5 more

## **CAMP COST**

**TEEN CAMP:** \$190 & 1 FREE T-Shirt by May 1 // **AFTER May 1:** \$190, Camp T-Shirt \$25

**JUNIOR CAMP:** \$165 & 1 FREE T-Shirt by May 1 // **AFTER May 1:** \$165, Camp T-Shirt \$25

## CAMP PHOTOGRAPHY/VIDEOGRAPHY

I give permission for this Camper's image/likeness to be used in TMCC/NHM publications.  YES  NO

### 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 (camper) \_\_\_\_\_. Furthermore, I authorize proper dispensing of prescription drugs (if applicable) OR other over-the-counter medicine to (camper) \_\_\_\_\_ as listed on this application. Also, I hereby authorize any physician called upon by the Camp Director or designated representative to render medical treatment that in their judgment may be deemed necessary for the well being of (camper) \_\_\_\_\_.

**PARENT/GUARDIAN SIGNATURE REQUIRED** \_\_\_\_\_ **DATE** \_\_\_\_\_

### TREATMENT INFORMATION

MINOR'S DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_      DATE OF LAST TETANUS SHOT \_\_\_\_/\_\_\_\_/\_\_\_\_  
MINOR'S DOCTOR'S NAME/PHONE \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
MINOR'S MEDICAL HISTORY \_\_\_\_\_  
INSURANCE COMPANY and/or GOVERNMENT PROGRAM \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
SUBSCRIBER ID OR CONTRACT NUMBER \_\_\_\_\_  
ADMISSION PRE-CERTIFICATION PHONE (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
GROUP NAME (EMPLOYER) \_\_\_\_\_  
GROUP NUMBER \_\_\_\_\_  
EMPLOYER ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### LIST CURRENT PRESCRIPTION DRUG(S) IF APPLICABLE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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.

**PARENT/GUARDIAN SIGNATURE REQUIRED** \_\_\_\_\_ **DATE** \_\_\_\_\_

## PHONE POLICY

At camp we want your children to have a great time engaging with others and in the activities provided, not focusing on their phone or social media. There will be 2 opportunities each day for the campers to spend time on their phones. Once in the morning from 7- 8 am and again in the evening from 9-10 pm. The remainder of the day phones will be turned in with Camp staff and secured. Phones that are lost, stolen or damaged while in the camper possession are not the responsibility of any TMCC/NHM staff.

**CAMPER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## PAINTBALL

### TEEN CAMP ONLY EVENT

### PAINTBALL COST

Teen Campers will receive 1 free paintball game/round (*100 paintballs*). If campers desire to play additional games/rounds, they may be pre-purchased. This will ensure adequate supplies are available for your camper.

**REFUNDS WILL ONLY BE GIVEN IF PAINTBALL IS NOT AVAILABLE.**

Please select the desired package and submit payment with your camper's completed registration:

Single Games/Rounds

\_\_\_\_\_ 100 paintballs at \$12

\_\_\_\_\_ 200 Paintballs at \$15

Bundle: 5 Games/Rounds

\_\_\_\_\_ 250 paintballs per game/rounds at \$75  
(*total 1,250 paintballs*)

### REQUIRED EQUIPMENT

**CAMPER PROVIDED:** Clothing that you are ok with getting destroyed.

*NHM/TMCC will not provide alternative clothing.*

**NHM/TMCC PROVIDED:** Facemask, paintballs, and paintball gun

### ANY OTHER INFORMATION NEEDED