

Youth Camp Information

June 13-19, 2010

SPACE IS LIMITED...So PRE-REGISTER AND PAY ONLINE AT

www.CampWesley.com

Click on the youth camp tab

Camp is open to all youth ages 12-18.

Cost is \$75.00 per teenager

Registration will be Sunday, June 13th, from 3:00 - 5:00 p.m.

Make checks payable to:

Camp Wesley Youth camp

Please bring this registration form with you to camp registration on Sunday, June 13th from 3pm - 5pm along with your \$75 registration fee. You also have the option to take care of everything online.

***If you have any questions, please call the Youth Camp Director:
Michael Greer (336) 479-0560***

***Or Registrar Wanette Patterson
704-528-4069***

Rules & Guidelines

No tobacco, alcoholic beverages, weapons, or fireworks allowed

**No one can be out of dorms after lights out
& Dorms are off limits to the opposite sex**

No one is allowed on fire escapes unless it is an emergency

No radios, CD players, MP3 players, or video games

Everyone should dress modestly

Prescription drugs must be turned into the camp nurse at time of registration

On time attendance is required at all services

You must have parent/guardian permission to attend camp

Youth must remain on camp grounds at all times with the exception of scheduled off-site activities

Any youth, who must leave camp for reasons such as a ball game, work, etc, must prearrange this with the camp director. Written permission must be given from the parent. No youth will be allowed to leave with anyone other than the parent/guardian without written permission.

Registration Form

NOTE: THIS PAGE DOES NOT NEED TO BE COMPLETED IF YOU HAVE COMPLETED THE ONLINE REGISTRATION FORM! The Health History form and releases on the following pages must still be completed.

Name: _____

Sex: _____

Age: _____

Grade completed at Summer 2010 _____

Birthday: _____

Address: _____

City, State: _____

Zip: _____

Home Church: _____

Student e-mail address: _____

Parent e-mail address: _____

I hereby grant permission for my teen to attend Camp Wesley Youth Camp. I release the camp and personal of any responsibility and assume responsibility in case of an accident.

Parent's/guardian signature and date

4. Date of last tetanus shot: _____

5. Does your child wear glasses contact lenses

6. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No students can drive unless previously cleared by the Youth Camp leadership
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules
- Have lots and lots of fun!

Students who repeatedly fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, volleyball, softball, baseball, camping, hiking, biking, concerts, Bible studies, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

(Insert Name of Student) _____ has my permission to attend all youth activities sponsored by **Camp Wesley Youth Camp** from June 13th to June 19th.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Youth Camp and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Camp Wesley Youth Camp. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Camp Wesley Youth Camp, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured 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 required from a physician and/or hospital personnel designated by Camp Wesley Youth Camp, I/we

agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth camp staff member.

I/We give Camp Wesley permission to use any official photographs taken by camp officials that may include my/our child, to be used in Camp Wesley Publicity materials (Example: Brochures, internet, etc.).

Parent/guardian signature: _____ Date: _____