

YOUTH CAMP REGISTRATION FORM

Personal Information

Camper's Name:		
<input type="checkbox"/> Coming as a sponsor	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / /
Mailing Address:		
City:		
State:	Zip:	
Email Address:		
Home Phone:		
Parent/Legal Guardian with whom you live:		
Emergency Contact:		
Camper's Grade (Fall 2014):		

Church Information

<input type="checkbox"/> Coming as an individual <input type="checkbox"/> Coming with a church group	
Church you are coming with:	
Church mailing address:	
City:	
State:	Zip:
Pastor/Sponsor's Name:	
Pastor/Sponsor's Phone:	
Church Phone:	
Home Church (if different from above):	
City:	
State:	Zip:

Release Form

Promotional Material: For promotional purposes, Northland Camp & Conference Center reserves the right to use any photography or video taken while your child is at camp.

Health and Safety: For the protection of all, campers with lice/nits are unable to be retained on the premises.

Consent to Examine: I consent to the examination and treatment of my child(ren) through Northland Health Center personnel employed by Northland Mission, Inc.

Consent to Release of Liability: I understand that there are certain inherent risks in any activity, including camp involvement. In consideration of my child(ren)'s participation in these activities, I, for myself, spouse, and heirs, agree to release Northland Mission, Inc. from any and all claims, demands, or actions on account of damage to personal property or injury which may result from participation in the regular camp activities. This release includes claims based on the negligence of Northland and their staff, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

Consent to Release of Information: I agree that any health information provided to Northland Health Center personnel, including the Northland nurse, whether provided directly by me, my child(ren), or from other sources, may be released as deemed necessary by Northland for the purpose of taking appropriate precautions to prevent harm to my child(ren) or others arising from any physical or mental condition my child(ren) may have. I understand that the information that may be disclosed may include, but not be limited to, diagnoses, medications, medical conditions, mental health conditions, communicable disease status (including HIV status), treatments, and laboratory findings; but any release of such information will be limited to those details Northland deems necessary to take appropriate safety precautions. I also understand that Northland reserves the right to review any information given and to determine camper capability and eligibility based on that information.

In Case of Medical Emergency: I understand that every effort will be made to contact parents or guardians of campers in the event of an emergency. In the event that I cannot be reached, I hereby give permission to the physicians selected by Northland to hospitalize; secure proper treatments; and order injection, anesthesia, or surgery for my child(ren) as named. I assume all financial responsibility for such treatment.

Parent or Guardian's Signature: _____

Date: _____

Medical Information

Date of Last Tetanus Booster:
Prescribed Medication Taken Regularly: (Must be in original prescription container labeled with camper's name, medication name, dosage, and time taken)
Specific Allergies:
Type of Reaction:
Medical Conditions:
Specific Activities to be Restricted:
Are you able to perform the essential functions and activities of camp without special accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Insurance Holder:
Name of Insurance Company:
Insurance Company's Phone:

Camp Selection

Teen Camp (7th-12th Graders) <input type="checkbox"/> Teen 1 (June 23-28) <input type="checkbox"/> Teen 3 (July 14-19) <input type="checkbox"/> Teen 2 (July 7-12) <input type="checkbox"/> Teen 4 (July 21-26)
Pioneer Village (3rd-6th Graders) <input type="checkbox"/> PV 1 (June 23-28) <input type="checkbox"/> PV 3 (July 14-19) <input type="checkbox"/> PV 2 (July 7-12) <input type="checkbox"/> PV 4 (July 21-26)
Specialty Camps (9th-12th Graders) <input type="checkbox"/> Leadership Camp (July 7-19)
Specialty Camp Week (July 21-26) <input type="checkbox"/> Music Camp <input type="checkbox"/> Drama Camp <input type="checkbox"/> Wilderness Camp <input type="checkbox"/> Guys' Soccer <input type="checkbox"/> Guys' Basketball <input type="checkbox"/> Girls' Volleyball <input type="checkbox"/> Girls' Basketball
Tshirt Size (Specialty Camps Only) <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large
*Music Campers: Write in your primary musical proficiency Voice (vocal part): _____ Instrument: _____

Payment Information

<input type="checkbox"/> \$30 off when postmarked by March 24th (\$50 off for Leadership Camp)	
Enclosed: <input type="checkbox"/> \$30 registration fee* <input type="checkbox"/> Total amount enclosed: \$ _____ *Nonrefundable and Nontransferable	
Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Cardholder's Name: _____	
Card Number: _____	
Exp. Date: _____	3-Digit Security Code: _____
Cardholder's Signature: _____	

Roommate Request

(Up to 2 choices, same grade or one grade higher or lower; include first and last name.)
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For more information or to download more registration forms, visit northlandcamp.org.

NORTHLAND
CAMP & CONFERENCE CENTER

Mail or Fax form to:
 W10085 Pike Plains Rd. • Dunbar, WI 54119
 (715) 324-5678 • Fax: (715) 324-6214