



ascend

Registration

Name: _____ Shirt Size: _____ Grade: _____

Address: _____

City: _____ State & Zip: _____ Phone: _____

Sex: Male Female Birthdate: _____ Church Name: _____

Parent Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Competing in Paintball at ZwackerZ (Sr High camp only, please include \$43.38 extra on your registration fee): YES NO

Media Consent: I do hereby consent to the use by District Church of the Nazarene of my child's image or voice in any video, photograph or audio tape used for fundraising, advertising, publicity, or any other purpose on behalf of District Church of the Nazarene.

Code of Conduct: Both the parent/guardian and student agree to abide by all camp regulations and policies. I understand that profanity, abusive language, crude jokes, or violent behavior will not be tolerated. I agree that suggestive clothing is inappropriate for the camp environment. I agree to respect camp staff, fellow campers, and the property of others. Any student who refuses to comply with the aforementioned will be sent home without refund. It will be the parent's responsibility to arrange transportation.

Student Signature: _____

Parent Signature: _____

Register online at www.virginiany.com



High School Camp

June 29-July 3

Cost: \$200 before 6/12

Middle School Camp

July 5-July 8

Cost: \$180 before 6/12

SPACE IS LIMITED



Medical Release

Student's Name: _____ Insurance Carrier: _____

Policy #: _____ Subscriber: _____

Date of Last Tetanus Shot: _____ Date of Last Physical: _____

Permission to administer over the counter drugs: Yes No

(OTC Drugs: Ibuprofen, Acetaminophen, Benadryl, antacid, Antibiotic Ointment)

Allergies (i.e. poison ivy, medications, insects, food, etc.):

Medical History:

Restrictions from any activities:

Dietary Restrictions:

Medications: (please list name of medication, dose, and reason for use)

1. _____

2. _____

3. _____



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This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Camp and 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 participate in events being organized by the Camp. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Camp, directors, employees, counselors, and other 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 the 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 student ministries staff member. The student named above has permission to travel by means provided by the Camp. I/We release the Camp and associates of liability for this transportation.

Parent/Guardian Signature:

Date: _____

Virginia District NYI and Virginia District Campground are not responsible for lost or stolen items *Each individual student assumes responsibility for any and all damage to Camp property or private persons property (aka... "YOU break it, YOU buy it")



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