

# UNITED CHRISTIAN YOUTH CAMP



## Avalanche

for 6th - 8th graders

- January 22-24
- January 29-31

## Cost

\$

Optional: money for snack bar, gift shop

## What to bring

Warm clothes for the weekend  
 Jacket or sweatshirt  
 Sleeping bag, pillow, towel  
 Toiletries, flashlight  
 Bible, notebook & pencil

## DON'T Bring

Cell phones, gaming systems, iPod/mp3 players  
 Any tobacco products, alcohol, drugs & paraphernalia  
 Firearms or weapons (of any kind)  
 Pets or other animals  
 Skateboards/bikes

## Avalanche Registration

name \_\_\_\_\_  male  female

address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_ grade \_\_\_\_\_ birth date \_\_\_\_\_

parent/guardian \_\_\_\_\_ parent's email \_\_\_\_\_  
 please send me UCYC info & updates (by checking this box you will receive a camp synopsis and invitation to participate in future UCYC ministries)

emergency contact \_\_\_\_\_ emergency phone \_\_\_\_\_

church attending \_\_\_\_\_ choice of roommate \_\_\_\_\_

list anyone legally restricted from seeing camper \_\_\_\_\_

## Return Form & Payment to Your Church

### Office Use Only:

- camp fee \_\_\_\_\_
- deposit \_\_\_\_\_ date \_\_\_\_\_  
method/check# \_\_\_\_\_
- balance \_\_\_\_\_ date \_\_\_\_\_  
method/check# \_\_\_\_\_
- medical release form signed

## Avalanche Medical Release - Liability Waiver

insured's name \_\_\_\_\_ birth date \_\_\_\_\_

family insurance co. \_\_\_\_\_

address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

policy # \_\_\_\_\_ phone \_\_\_\_\_

**IMMUNIZATIONS:** date of Tetanus shot/booster \_\_\_\_\_

allergic reactions (plant, food, insect, medicine, etc.) \_\_\_\_\_

treatment \_\_\_\_\_

Any health problems that we need to be aware of?  Yes  No  
 (please explain on separate paper)

**List ALL medications child brings to camp**  
**All medications must come in the ORIGINAL LABELED CONTAINERS**

type \_\_\_\_\_ dosage \_\_\_\_\_

frequency \_\_\_\_\_ purpose \_\_\_\_\_

Use separate paper if necessary

I, the undersigned parent/guardian of the named child, understand that my child is responsible for knowing the rules and regulations made by United Christian Youth Camp (UCYC), the church and sponsors of this activity.

I hereby authorize the adult leader of this activity to take the named child to a medical doctor for examination and treatment of any accident or illness that may arise during the term of said activity. I understand that in the event of a medical emergency, every effort will be made to contact the parent/guardian listed. **In the event I cannot be reached, I hereby authorize any physician, nurse, medical authority and/or hospital to administer proper treatment for my child.** In consideration of this acceptance for said activity, United Christian Youth Camp (i.e. Staff, volunteers and board members) is hereby released and relieved from Liability for accident and injury to said child arising from any and all activities of this event.

**I have listed all known allergies, immunizations and health problems and any other information pertinent to named child's health, including all medications named child takes.** Permission is hereby given for **my named child's leader** to administer prescription medication as directed on the original prescription medication container. Permission is also hereby given for the staff at UCYC to administer the following generic over-the-counter medications as directed by the labels provided by the manufacturer for my child: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of \_\_\_\_\_

Permission is hereby given for use of the following by UCYC for promotional or fund raising purposes: 1) pictures and video taken while at camp; 2) quotations from evaluations and letters relating to camp experience; and 3) name, address, phone number and e-mail address for camp database.

signature \_\_\_\_\_ date \_\_\_\_\_

**THIS FORM MUST BE SIGNED FOR YOUR CHILD TO ATTEND CAMP**