

UNITED CHRISTIAN YOUTH CAMP



White Out

for 4th - 6th graders

- February 12-14
- February 19-21

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

White Out 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

White Out 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