

Please complete both sides of the Registration Card. All information is Mandatory

Camper Name _____ Nickname _____
 Camper Mailing Address _____ City/State/Zip _____
 Home Phone () _____ Email Address _____
 Sex M / F Age _____ Grade in Fall _____ Birthday ____/____/____ Immersed Y / N
 Church I Attend _____
 Church Registered Through _____ Minister's Name _____

Parent/Guardian Info (For Address Above) *Signature required on back*

Father's Name _____ Wk # _____ Cell # _____
 Mother's Name _____ Wk # _____ Cell # _____

2nd Household (if applicable)

Home Phone () _____
 Father's Name _____ Wk # _____ Cell # _____
 Mother's Name _____ Wk # _____ Cell # _____

Check the session you plan to attend

Camp Session	Age (on 10/1/10)	Dates	Fee	Early Discount*
<input type="checkbox"/> Day Camp I	5 & 6	June 11	\$44	-\$10
<input type="checkbox"/> Day Camp II	5 & 6	July 16	\$44	-\$10
<input type="checkbox"/> Day Camp III	5 & 6	July 30	\$44	-\$10
<input type="checkbox"/> First Timers I	7	July 14-15	\$73	-\$10
<input type="checkbox"/> First Timers II	7	July 28-29	\$73	-\$10
<input type="checkbox"/> Adventurers I	8	July 11-13	\$89	-\$10
<input type="checkbox"/> Adventurers II	8	July 25-27	\$89	-\$10
<input type="checkbox"/> First Junior	9 & 10	June 13-18	\$200	-\$30
<input type="checkbox"/> Second Junior	9 & 10	August 1-6	\$200	-\$30
<input type="checkbox"/> Pow-Wow I	9 & 10	July 25-27	\$105	-\$20
<input type="checkbox"/> Pow-Wow II	9 & 10	July 28-30	\$105	-\$20
<input type="checkbox"/> Intermediate	11 & 12	July 18-23	\$185	-\$30
<input type="checkbox"/> Intermediate Wilderness Boys	11 & 12	June 27-July 1	\$175	-\$20
<input type="checkbox"/> Intermediate Wilderness Girls	11 & 12	June 20-24	\$175	-\$20
<input type="checkbox"/> Intermediate Wilderness III	11 & 12	August 1-5	\$175	-\$20
<input type="checkbox"/> Junior High	13 & 14	June 20-25	\$195	-\$30
<input type="checkbox"/> Junior High Wilderness I	13 & 14	June 6-10	\$175	-\$20
<input type="checkbox"/> Junior High Wilderness II	13 & 14	July 5-9	\$175	-\$20
<input type="checkbox"/> Junior High Wilderness III	13 & 14	July 11-15	\$175	-\$20
<input type="checkbox"/> Senior High	15-coll fresh	June 27-July 2	\$200	-\$30
<input type="checkbox"/> Senior High Wilderness I	15-coll fresh	June 13-18	\$235	-\$30
<input type="checkbox"/> Senior High Wilderness II	15-coll fresh	July 18-23	\$235	-\$30

**a special registration is required for Handi Camp.
 Please call the camp office at: (859) 654-3865

Camp Fee (See chart at left for pricing) +\$ _____
 *Discount (Early Bird Discount) -\$ _____
 (apply if registered two weeks before your camp)
 **My Church pays -\$ _____
Camper Balance Due = \$ _____
 Amount Enclosed \$ _____
 Balance Due \$ _____
 **To be completed by minister or Northstar if your church pays
 any part of your camp fees: _____ Church
 Will pay _____ of camp fees.

 Minister/Northstar Signature
PAY IN FULL NOW AND ZIP THROUGH REGISTRATION

For Office Use Only
 Date Received _____ Name on Check _____
 Check No. _____ Cash _____ Confirmation Letter _____
 Parent Balance _____ Church Balance _____
 Amount Enclosed _____

Registration Card

Medical History & Consent

Please fill out both sides completely.

Camper's Full Name _____ Date of Birth _____

Family Doctor's Name _____ Dr. Phone: () _____

Eye Color _____ Hair Color _____ Height _____ Weight _____ Race _____ Distinguishing Marks _____

Date of Last Tetanus Booster: _____ (if not completed, this shot will be given in an emergency)

CAMPER ALLERGIES

- Bee Stings
- Other Insect Bites
- Poison Ivy
- Hay/Grass
- Penicillin
- Other (Food/Medicine)

MEDICAL CONDITIONS

- Diabetes
- Asthma
- Seizures
- Heart Disease
- Rheumatic Fever
- Other _____

MEDICATIONS PERMITTED

- Tylenol
- Advil
- Benadryl
- Tums
- Kaopectate
- Pepto-Bismol
- Antibiotic Cream

By signing this form, I give my permission for the medical technician to dispense these over-the-counter medications to my child (only if needed) while at Camp.

- I understand I am responsible to give the First Aid staff any medications the camper must take, in original containers with proper dosage clearly marked.

My Health Insurance Company Name _____ Policy # _____

Group # _____ Name under whom camper is insured _____

I give _____ permission to bring my child home.

- I **DO NOT give permission** for any photos taken of my child during the camp session to be used in promotional literature or for website purposes.

IN CASE OF EMERGENCY:

(Parent/Guardian: Please read carefully)

Signature is REQUIRED!

- In case of emergency, I give permission to the physician selected by the Camp Management to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named on this card. I understand, however that every effort will be made to contact me in case of such an emergency and, if possible, before any such medical treatment is administered.
- I give permission for my child to take part in all the activities of Camp Northward, and agree to be bound by all policies in force.
- I realize camp insurance is a secondary insurance and will pick up whatever deductible the camper's insurance does not pay. If the camper does not have insurance Camp's policy will become the primary coverage for camper related accidents only.
- I hereby release Northward Christian Assembly, Inc. from any responsibility other than normal supervision and care. In case of an accident, I will not hold Camp Northward or its staff members, management or officers liable unless guilty of negligence.
- I hereby state that I have completed my child's "Medical History Information."

For Emergencies Call: 1st Phone # () _____

2nd Phone () _____

Parent Signature _____ Date Signed: _____