

# Camp Northward 2011 Registration Form

## All Information is Mandatory

Camper's Name \_\_\_\_\_ Sex: Female Male

Address \_\_\_\_\_

City / State / Zip + 4 \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Age \_\_\_\_\_ Grade Entering in the Fall \_\_\_\_\_ or College

### Parent/Guardian Information:

Father's Name \_\_\_\_\_

Work # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Work # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Camper lives with: Both Parents Mother Father

Guardian Name: \_\_\_\_\_

Work # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Family Email \_\_\_\_\_

Sign-out procedures are required for all campers, including any camper leaving early or with someone other than parents / guardian!

If I am unable to pick up my child at dismissal, I give the following person permission to do so.

Permission given to \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

### THIS BOX TO BE SIGNED AT DISMISSAL TIME ONLY!!

Picked up by \_\_\_\_\_

On (date) \_\_\_\_\_

At (time) \_\_\_\_\_

Yes, Camp Northward has my permission to use any video or photos taken of my child while attending or participating in a camp program to promote Camp Northward and its ministry.

I DO NOT give photo permission

# Medical Information/Permission Form

Camper's Full Name \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_

Distinguishing Marks \_\_\_\_\_

### Doctor Contact Information:

Doctor Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Date of last tetanus booster \_\_\_\_\_

### Insurance Information:

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group # \_\_\_\_\_

Name under whom camper is insured \_\_\_\_\_

### Allergies & Medical Conditions:

**Allergies:** (check all that apply)

- Bee Stings Hay / Grass  
Other Insect Bites Penicillin  
Poison ivy, etc.

Food Allergies \_\_\_\_\_

Meds \_\_\_\_\_

**Various Medical Conditions:** check all that apply

- Diabetes Heart Disease  
Asthma Rheumatic Fever  
Seizures Other \_\_\_\_\_

Notes: \_\_\_\_\_

I, the parent / legal guardian of the camper named on this form, give my permission for the personnel at Northward Christian Assembly, Inc. / Camp Northward to dispense the following medications:

- Tylenol Benadryl Pepto-Bismol Prescription or Over-the-Counter medicine brought by the Parent/Guardian  
Advil Tums Antibiotic Cream  
Kaopectate

Parent /Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# Financial Information

First Time Camper Yes No Immersed Yes No

Church Registered Through \_\_\_\_\_

Church you attend if different from above \_\_\_\_\_

Ages: 5 & 6	<input type="checkbox"/> Day Camp 1: Jun 10	<input type="checkbox"/> Day Camp 2: Jul 15	<input type="checkbox"/> Day Camp 3: Aug 5	Cost: \$45
Ages: 7	<input type="checkbox"/> First Timers 1: Jul 13-14	<input type="checkbox"/> First Timers 2: Aug 3-4		Cost: \$75
Ages: 8	<input type="checkbox"/> Adventurers 1: Jul 10-12	<input type="checkbox"/> Adventurers 2: Jul 31-Aug 2		Cost: \$90
Ages: 9-10	<input type="checkbox"/> Junior 1: Jun 12-17	<input type="checkbox"/> Junior 2: Jul 17-22		Cost: \$200
Ages: 11-12	<input type="checkbox"/> Intermediate: Jul 24-29			Cost: \$185
Ages: 13-14	<input type="checkbox"/> Jr High: Jun 19-24			Cost: \$195
Ages 15-18	<input type="checkbox"/> Sr High: Jun26- Jul 1			Cost: \$200
Ages: 9-10	<input type="checkbox"/> Pow Wow 1: Jun 8-10	<input type="checkbox"/> Pow Wow 2: Jul 24-26	<input type="checkbox"/> Pow Wow 3: Jul 27-29	Cost: \$105
Ages: 11-12	<input type="checkbox"/> Int Wild Boys: Jul 4-8	<input type="checkbox"/> Int Wild Girls: Jun 19-23	<input type="checkbox"/> Int Wild 3: Jul 31- Aug 4	Cost: \$185
Ages: 13-14	<input type="checkbox"/> Jr High Wild 1: Jun 12-16	<input type="checkbox"/> Jr High Wild 2: Jun 26-30	<input type="checkbox"/> Jr High Wild 3: Jul 17-21	Cost: \$175
Ages: 15-18	<input type="checkbox"/> Sr High SERVE: Jun 5-8	Cost: \$135	<input type="checkbox"/> Sr High Wild: Jul 10-15	Cost: \$235

Registration Fee (see above chart for pricing) +\$ \_\_\_\_\_

\*\* My Church Pays (Check with your home church about scholarships.) -\$ \_\_\_\_\_

\*\*Church will be billed only if signed by your Minister, Youth Minister, or NorthStar.

Home Church: \_\_\_\_\_ Will Pay \$ \_\_\_\_\_

\_\_\_\_\_  
Minister/NorthStar Signature

**\*\* Office Use Only \*\***

Date Postmarked \_\_\_\_\_ Check No. \_\_\_\_\_

Paid by \_\_\_\_\_

Amount Paid \_\_\_\_\_ Check Cash Other

Conf Ltr: Email Mail Promo Code: \_\_\_\_\_

**Total Amount Due** \$ \_\_\_\_\_  
(sub-total minus What Your Church pays)

**\*Deposit On Total** - \$ \_\_\_\_\_  
\*minimum \$10 must accompany registration form, this amount is non-refundable.  
Not required if church is paying full amount.

**\*\*BALANCE DUE** = \$ \_\_\_\_\_

**A \$35 returned check fee will be assessed for any returned checks.**

**Make checks payable to**

**Camp Northward**

**& MAIL BOTH TO:**

P.O. Box 128

Falmouth, KY 41040-0128

**confirmation letters  
will be sent to the  
family email address.**

## Activity / Medical Release

Northward Christian Assembly, Inc. insurance only assists medical injuries occurring during the duration of the Camp Northward program. Individual insurance coverage will be primarily responsible for extended coverage and Camp Northward will be limited to secondary coverage only.

I understand that, in the event of an emergency, Camp Northward will make every effort to contact those people listed on this form. In the event that Camp Northward is unable to contact myself or the designated emergency contact, I give my permission to the physician selected by camp management to secure treatment for my child as named on this form. I will not hold Camp Northward, its staff, faculty, or management liable unless guilty of negligence.

I release Camp Northward staff, faculty, officers, and management from any liability and shall not hold them responsible for any articles lost, stolen, or left at the camp.

I understand that completion of this medical form with my signature grants the above named camper participation in a Camp Northward program.

## Emergency Contact Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Camper

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone

(\_\_\_\_\_) \_\_\_\_\_  
Work Phone

**This person will only be contacted if the parent/guardian cannot be reached.**

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date