

CAMP

2020 YOUTH APOLOGETICS



REGISTRATION/PROFILE FORM

Camper Information

Full Name of Camper: _____

Address, City, State, Zip: _____

Email Address: _____ Phone: (_____) _____

Date of Birth: _____ Age: _____ Current Grade: _____ Gender: _____

Dorm Roommate Request: _____

Home Church: _____

Father's Name: _____ Contact Phone: (_____) _____

Mother's Name: _____ Contact Phone: (_____) _____

Guardian's Name: _____ Contact Phone: (_____) _____

As parent/guardian of this camper, I give YMCA Blue Ridge Assembly permission to release this camper to the following individual should I/we not be able to check-out the camper:

Name: _____ Relationship to Camper _____

T-shirt Size

- | | | |
|--------------------|--------------------|-------------------------|
| _____ Youth Small | _____ Adult Small | _____ Adult Extra Large |
| _____ Youth Medium | _____ Adult Medium | _____ Adult XX Large |
| _____ Youth Large | _____ Adult Large | |

General Information for Campers

Parent/Guardian please read with your camper.

Packing List

Required items:

- Bible and pen (if your camper does not own a Bible, we can provide one for them, just let us know what is needed)
- Water shoes (flip-flops are not sufficient)
- Deodorant
- Personal toiletries
- Towels (bathing) provided
- Tennis shoes
- Clothing for one week
- Personal medications (all medication must be checked-in at registration - no exceptions)

Optional items:

- Sunscreen
- Bug spray
- Clothing for cool and/or rainy weather
- Paper, envelopes, and stamps for writing home
- Camera - camper is responsible for camera. YMCA Blue Ridge Assembly will not replace lost/stolen/damaged items.
- Personal fan for dorm

REGISTRATION/PROFILE FORM



How did you hear about camp?

- ____ Word of Mouth
- ____ Web Site
- ____ Facebook
- ____ Radio
- ____ Church
- ____ Returning Camper
- ____ Other

The following should not be brought to camp:

- Electronic devices (iPod, mp3 player, CDs, personal gaming systems, etc.)
 - Weapons, firearms, or ammunition (or anything resembling these items)
 - Items that shoot any type of projectile
 - Silly string
 - Fireworks of any kind
 - Tobacco products/vaping devices
 - Illegal drugs
 - Alcohol
 - Food items (due to health, safety, and sanitation guidelines, food/gum/candy should not be brought by campers or mailed to them during the week)
- These items are prohibited in the dorms and we have no place to store such items.

Dress Code

Females

- Modest one-piece bathing suit (no bikinis or tankinis)
- Cover-ups or clothing must be worn over bathing suit except during water activities
- Shorts must have an inseam of at least 3 inches
- Shirts must cover stomach at all times and should not have low necklines. Tank tops should be modest and straps should be at least 1 inch.

Males

- Shirts must be worn at all times (except during water activities)
- Shorts should fit appropriately and not hang low on the waist

All campers

- Undergarments must be covered at all times
- Shoes must be worn on campus
- Water shoes are required in the river
- Apparel must not have inappropriate graphics or lettering

Camp Regulations

- Campers must remain in their dorm rooms after lights out unless they are accompanied by a counselor.
- Campers are not allowed into other dorms belonging to the other gender.

Parent(s)/Guardian(s), it is of extreme importance that you support us in our endeavor to give your camper the best possible camp experience. This means that campers should not bring any of the items listed above so that they can fully participate in camp activities. Campers who are found with these items may be sent home WITHOUT REFUND, the item(s) may be taken away from your camper and kept until check out, or local authorities may be contacted if more serious. We realize it is difficult for campers and families to give up some of these conveniences; however, these items are distracting to the camp environment. It is not necessary for your camper to have a cell phone to contact you during the week. If there is an emergency, we WILL contact you or the emergency persons listed on the registration form. Please support us by checking your camper's bags to ensure these items are not brought to camp. If this becomes an issue, your camper may be prohibited from returning to camp.

Camper Signature

I have read, understand, and agree to the above information. I will follow the dress and conduct regulations while at camp, and agree that I will NOT bring any prohibited items with me. I understand that if I do not follow these regulations, I may be sent home without refund and this could impact my ability to attend camp in the future.

Camper Signature: _____ Date: _____

Parent/Guardian Signature

I agree to support Cale in the dress and conduct regulation for my camper while they are at camp. I have ensured that my camper will not bring any prohibited items. I understand that if my camper does not follow these regulations, they may be sent home without refund and this could impact their ability to attend camp in the future.

Parent/Guardian Signature: _____ Date: _____



MEDICAL/WAIVER FORM

Camper Medical Information

Full Name of Camper: _____

The following information must be completed by the camper's parent/guardian. Any changes to this medical form should be provided to YMCA Blue Ridge Assembly before camper's arrival. This form must be completed and signed at least two weeks before the start of camp.

Is this camper covered by family medical/hospital insurance?

_____ Yes

_____ No

If yes, provide carrier or plan name here. If no, enter NO. _____

Enter Group # here. If none, enter NONE. _____

PLEASE UPLOAD A LEGIBLE COPY (FRONT AND BACK) OF INSURANCE CARD ALONG WITH THESE FORMS.

Name of family physician: _____

Physician's telephone number: (_____) _____

Are your camper's vaccinations up to date?

_____ Yes

_____ No

YMCA Blue Ridge Assembly requires that all medication be stored and administered by camp staff. Please give all medications to designated staff at check-in. Medications must be supplied in original or prescription bottle.

Prescription Medications: _____

Over the Counter Medications: Please indicate which over the counter medications you will allow your camper to have.

List any pre-existing/recurring medical conditions (Enter NONE if no conditions exist):

Does this camper have any type of weakness or disability (including learning, physical, mental, emotional) which the Cale staff should be aware of and/or which require attention? If yes, please leave a DETAILED explanation here including if there are any activities the camper cannot participate in. (Enter NONE if not applicable.)

YMCA Blue Ridge Assembly does not employ a Health Care professional. A designated staff member will be assigned to the storage and distribution of all medications check-in to camp. YMCA Blue Ridge Assembly cannot be held responsible for any instances that are a result of the dispersion of prescription and non prescription drugs while at camp.

MEDICAL/WAIVER FORM



Camper Allergies

_____ Insects _____ Medications _____ None
_____ Food _____ Other

If any camper allergies were selected, please provide details here including type of reactions and proper treatment (i.e. food allergy to gluten, allergic to wasp stings- apply benadryl, allergy to medicine including penicillin- breaks out in rash, etc.)

YMCA Blue Ridge Assembly strives to meet the needs of all campers; however there may be some circumstances where we do not have the resources or training to accommodate a camper's needs. Completion of this form does not signify your camper is registered at YMCA Blue Ridge Assembly, nor does it obligate YMCA Blue Ridge Assembly to provide accommodations listed. Acceptance of registration is granted by the camp director. Please call the office at 877-YES-GOD1 if you would like to discuss your camper's medical condition(s) with a member of our staff.

Who has custody of the camper?

_____ Both (parents live together) _____ Mother _____ Guardian
_____ Joint (parents live apart) _____ Father _____ Other please below

If 'other' please describe. Also, if we should be aware of any additional details regarding the camper's family situation, please give details here. (i.e. custody issues where parent or guardian should not have contact with the child, recent divorce, remarriage, or death that the camper is having a difficult time with, etc.) _____

Waiver and Release

Please read carefully before signing.

A. Employment and Compensation

The undersigned knows and understands that participating in this camp includes an element of risk, and that I should not participate unless I am medically able. I assume any and all risks associated with this activity including, but not limited to illness, traveling to and from activities themselves, and the condition of the premises.

_____ Parent/Guardian Initials

Having read this waiver and knowing these facts, and in consideration of monies paid for participation, I hereby for myself, my heirs, executors, administrator or anyone else who might make claims on my behalf, covenant not to sue, and waive, release and discharge YMCA Blue Ridge Assembly, its officers, agents, employees, volunteers, and any other personnel in any way assisting or connected with this activity from any and all claims or liability of any kind or nature whatsoever arising out of my participation in this activity even though that liability may arise out of negligence or carelessness on the part of the persons or parties named in this waiver.

_____ Parent/Guardian Initials

In the event of an emergency, every attempt will be made to contact persons indicated on the registration form. If these people cannot be reached, I give permission to the physician selected by the camp director or his designee to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for this camper as needed. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I also affirm that the medical information in the registration form is complete and accurate and will notify the camp of any changes before check-in. Further, the undersigned agrees to be responsible for and pay the costs of such medical treatment or hospitalization that is not covered under the liability insurance of YMCA Blue Ridge Assembly.

_____ Parent/Guardian Initials

Camper Signature

I have read this waiver and release, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Camper Signature: _____ Date: _____

Campers under age 18 must have parent/guardian signature: This is to certify that I, as parent/guardian with legal responsibility for this camper, do consent and agree to his/her release as provided above.

Parent/Guardian Signature: _____ Date: _____

After downloading and completing these forms you can: (1) digitally sign them and click the submit button;
(2) print out forms and sign them and email them to: info@alexmcFarland.com or;
(3) mail them to: Truth for a New Generation, P.O. Box 485, Pleasant Garden, NC 27313