

SNEMN Teen Summer Camp Application

Camp Week You Will Attend:

- Jr. High: July 1 – 5, 2019*** — (Currently in 5th Grade - 8th Grade)
- Sr. High: July 8 – 12, 2019*** — (Currently in 9th Grade - 12th Grade)

Camper Name: _____
Church Name: _____ **Church City/State:** _____
Camp Coordinator's Name: _____ **Coordinator's Phone:** _____
Person/church picking up from Rumney Bible Conference: _____

REGISTRATION COSTS

PLEASE FILL IN THE REGISTRATION COST THAT APPLIES AND TOTAL YOUR PAYMENT FOR EACH STUDENT.

Early Bird Registration (\$270) _____ (Due by May 19)

(T-shirt included)

Sibling Discount (\$240) _____ (Only Available until 5/19)

(T-shirt included)

Sibling Name(s):

Regular Registration (\$290) _____ (After 5/19 & by June 9th)

(T-shirt included)

Late Registration (\$320) _____ (After 6/9 & by June 23th)

(T-shirts are not guaranteed and are only given out as available)

Additional: Paintball (\$25) _____

(See waiver for signature of approval)

TOTAL COST: _____

2019 SNEMN Teen Camp

General Information

Camper First Name: _____ Camper Last Name: _____

Address: _____ City/State/Zip: _____

Grade Currently In: _____ Date of Birth: __/__/____ Age: _____ Gender: M F

Mother/Guardian's Name: _____ Phone: _____

Father/Guardian's Name: _____ Phone: _____

Confirmation Email Address: _____

Emergency Contact (if different than parent): _____ Phone: _____

T-Shirt Size: _____ Adult Size (S/M/L) _____ Other _____

Desired Roommate: (1) _____ Church/City/State: _____

(2) _____ Church/City/State: _____

Activity Participation

Activities, including but not limited to:

Swimming (pool and lake), Hiking/Outdoor Activities (In which participants could possibly get bites from insects, ticks, mosquitos, spiders, and/or snakes, etc...), Jumping, Throwing, Field Games, Canoeing (life jackets required for all participants), Water Inflatables, Outdoor Sports, Indoor Game Room, Walking/Running, Food Challenges, Recreational games (relay race styles, tug-of-war, etc., which may involve water and mud). Extra Activities include: Tubing, Paintball.

Can your Child swim? Yes No If Yes, are you allowing them to swim at camp? Yes No

Does your child have permission to participate in camp activities? Yes No

If no, please provide a separate sheet listing which activities you do not want them to participate in.

Date and Location of Activities: Rumney Bible Conference, 31 Gilford Ave, Rumney, NH

(1) Jr. High Camp – July 1-5, 2019 (2) Sr. High – July 8-12, 2019 (3) Kid's Camp – July 15-19, 2019

Medical Information

Family Doctor: _____ Phone: _____

Insurance Company: _____ Policy/Group #: _____

Is your Child presently being treated for injury/sickness or taking any form of medication? If yes, explain.

Are there any special medical instructions? _____

Any medication, foods or environmental conditions that Child is allergic to, and expected reactions?

Any physical handicaps, disorders and diseases? _____

Are there any mobility limitations or activities you would not like your Child to participate in? No Yes(explain)

List all medications to be administered at Camp: _____

History of: ___ Seizures ___ Heart Trouble ___ Diabetes ___ Sore Throat ___ Kidney ___ Bowel Problems ___ Bleeding
___ Fainting ___ Menstrual Problems ___ Sleepwalking ___ Bedwetting ___ Nosebleeds ___ Headaches ___ Allergies
___ Hay Fever ___ Asthma ___ Bee Stings ___ Plants

All medications must be in original container and clearly labeled: patient's name, physician's name, name of medication, prescription number, date prescribed, instructions. DO NOT SEND OVER-THE-COUNTER Medications (i.e. Tylenol or Advil) as the nurse has these on hand. Exception: Claritin with Doctor's note and instructions. The following over the counter medications will be available in brand name or generic name and age appropriate dosing and form, i.e. liquid or tablets and will be given according to label dosing guidelines: Acetaminophen (Tylenol), Ibuprophen (Advil), Benadryl, Sudafed, Mylanta, Tums, Immodium, Auri-Dri, Neosporin, Calamine Lotion, Hydrocortisone Cream, Robitussin, Cough Drops, and any other over the counter medication deemed necessary. If your child takes another OTC medication on a regular basis, please send that with a doctor's note for administration at camp

Southern New England Ministry Network
Authorization Release/Disciplinary Clause

I understand that participation in camp activities with the Southern New England Ministry Network Camp brings with it a certain amount of risk. I acknowledge and accept the risks of physical injury associated with participation in the activities (including extra activities of paintball and tubing) described in the camp registration. Should there be any activity for which I wish for my child to abstain from, I will notify the Southern New England Ministry Network Camp in writing at the time of registration. In consideration of the risks involved, I understand that the Southern New England Ministry Network Camp and Rumney Bible Conference have taken the necessary precautions to ensure the safety and well being of my child. I hereby release and waive any and all claims against the Southern New England Ministry Network Camp, White Rumney Bible Conference, and its staffs arising from his/her participation in the Southern New England Ministry Network Camp. I also release and waive all personal financial responsibility for any injury or loss sustained during the activities and hold both the Southern New England Ministry Network (and its representatives), and Rumney Bible Conference harmless for such injury or loss arising directly or indirectly from said activities.

The health history included in this application is correct as far as I know and the person herein described has permission to engage in all prescribed activities, except as noted by the physician and me. **IN CASE OF EMERGENCY**, I hereby give permission to the physician to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. I hereby give my consent, in the event that all reasonable attempts to contact me have been unsuccessful, for the administration of any treatment deemed necessary by the appropriate licensed physician, nurse, dentist or emergency personnel. I also give permission for the Camp Nurse to administer over the counter medication to my child as deemed necessary according to dosing guidelines and attend to any other necessary healthcare means.

I also hereby understand that if my child refuses to adhere to the camp policies listed herein, I may be called to bring him/her home immediately. I also hereby give permission to the camp team leader and/or other member of the camp staff to inspect the contents of any or all of my child's personal belongings, and to withhold and/or dispose of any improper or illegal contents. I also hereby give permission for my child to be transported off grounds to participate in the recreation activities of the camp program.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/legal guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Parent/Legal Guardian Signature

Please Print Name

Date

Witness Signature (*Required)

Please Print Name

Date

Student Consent:

I will abide by all camp rules. I understand violation of these guidelines may result in my immediate dismissal from camp at parent/guardian's expense.

Camper Signature

Please Print Name

Southern New England Ministry Network
Photo & Video Release Form

I hereby grant the Southern New England Ministry Network permission to the rights of my image, likeness and sound of my voice as recorded on audio or video without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

I agree that the Southern New England Ministry Network may use such images, video and/or audio of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to bound thereby. I hereby release, defend, hold harmless and indemnify the Southern New England Ministry Network from any and all claims for utilizing this material.

Child's Full Name: _____

Street Address/PO Box: _____

City: _____ State/Province: _____ Postal/ZIP Code: _____

Phone Number: _____ Email Address: _____

Child's Signature: _____

If this release is obtained for someone under the age of 18, then the signature of that person's parent or legal guardian is also required.

I verify that I am the parent/guardian of the minor named above and have the legal authority to execute the above release. I have read this release and fully understand its contents. I approve the foregoing and waive any rights in the premises.

Parent/Legal Guardian Signature: _____ Date: _____

Southern New England Ministry Network
PHYSICIAN'S HEALTH FORM

This form needs to be completed by your physician **OR** a similar form provided from your physician's office that includes: (1) Physical Examination Date (within two years of camp date), (2) Up to date Immunization Record and (3) Signature by physician.

All campers must have a physical within TWO years of the start of camp. Copies from last year are not available. *Send this medical form to your doctor NOW! DO NOT WAIT! Be sure this form is filled out COMPLETELY and send it back to your church's camp coordinator by the registration deadline date. This form is REQUIRED to be sent in with the camp application and is REQUIRED for your child to stay at camp. Do not leave any lines blank. This helps our medical staff care for your child.*

Applicant's Name: _____

Family Doctor's Name: _____

Doctor's Office Address: _____

Doctor's Office Phone: _____

Date of Last Physical: _____

IMMUNIZATION RECORD –

DPT - dates _____

DT - dates _____

OPV - dates _____

MMR - dates _____

Td - dates _____

HepB - dates _____

TB - dates _____

Doctor's Signature _____