

TN DISTRICT NYI CAMP REGISTRATION FORM 2008

JR. HIGH CAMP _____
(Completed grades 6th-8th)

SR. HIGH CAMP _____
(Completed grades 9th-12th)

Name:	Name you go by:
Street Address:	
City/State/Zip:	
Birth Date:	Social Security Number:
Grade Completed in School this Year: Male _____ Female _____ T-shirt size:	

Roommate Preference (list three people)

Person to Contact in Case of Emergency:
Emergency Phone Numbers:

Insurance Carrier*:	Policy Number:
Any special physical/medical restrictions?	
Any prescription medication to be taken?	

*Please be informed that the camp's insurance is a standard secondary coverage policy. This means that the individual camper's/staff's primary health insurance will be filed on first.

I have read the camp rules and above insurance information and agree to abide by them. I understand that if a camper behaves improperly, as determined by camp leadership, the camper may be sent home at the expense of the camper's parent/guardian.

Camper's Signature:	Parent's Signature:
Church:	

MEDICAL AUTHORIZATION

I hereby authorize medical treatment (including over-the-counter medication and/or prescriptions) to be given to the above-named youth in case of illness or accident during the Tennessee District Church of the Nazarene Teen Camp, June 2-6, 2008. I hereby validate my signature with this registration form and do expressly waive any and all charges against Trevecca Nazarene University, the TN District Church of the Nazarene and/or its representatives because of any illness, injury, and damage to the person or property of the above-named applicant in connection with or incident to the TN District Teen Camp.

PARENT'S SIGNATURE MUST BE NOTARIZED

Parents Signature:	Date:
State of Tennessee, County of:	
Subscribed and sworn to me, in my presence this _____ day of _____	
Notary:	Expiration Date: