

# 2019 Youth Summer Camp Registration – Cost \$175

There are two steps to complete this form: 1) Fill out this form and turn it in to your church, and 2) Register online at [www.nomoyouth.org](http://www.nomoyouth.org)  
Registration is not finalized until payment is made to your church or processed through online payment at [www.nomoag.org](http://www.nomoag.org).

## 1. REGISTRANT INFORMATION

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender at Birth  M  F  
Last First 2017/2018  
Mailing Address \_\_\_\_\_  
Number Street City State Zip  
Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

**Week Attending:**  Youth Camp Week 1 (June 17-21)  Youth Camp Week 2 (June 24-28)

*\$25 Deposit Due June 1st --- \$150 Remaining balance due when you arrive at Camp*

## 2. CHURCH INFORMATION

Name \_\_\_\_\_  
Official Church Name City State  
Youth Leader \_\_\_\_\_ Phone Number \_\_\_\_\_

**Pastor's Signature (required)** \_\_\_\_\_

*Pastor, your signature indicates approval of this student's participation in NOMOAG Camps and confirms that registrant attends your church or youth group.*

## 3. MEDICAL INFORMATION

Parent Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_  
Policy/Member # \_\_\_\_\_ Group # \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Does camper have diabetes?  Yes  No When do they take medication? \_\_\_\_\_  
Has camper had a tetanus shot?  Yes  No Date of shot? \_\_\_\_\_  
Does camper have any allergies?  Yes  No List Allergies. \_\_\_\_\_

*Please list below all medications your camper will be bringing to camp (all medicines will be submitted to the camp nurse on the first day of camp):*

**Medication 1** \_\_\_\_\_ Frequency and Dosage \_\_\_\_\_

Purpose \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Medication 2** \_\_\_\_\_ Frequency and Dosage \_\_\_\_\_

Purpose \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(Write additional medications on the back)

Are there any medical conditions camp personnel would need to be aware of? \_\_\_\_\_

Are there any special needs or restrictions on activities for the camper? \_\_\_\_\_

## 4. PARENTAL CONSENT

I hereby give permission for my child to attend and participate in the activities at camp as indicated. I further certify that the health history above is correct, as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted. IN CASE OF EMERGENCY, I hereby give permission to the medical personnel or other leaders selected by the Lake Maurer Retreat Center to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child. I give full permission to NOMOAG summer camps to reproduce any photograph and/or video image of my child for promotional usage without obligation to me.

PARENT'S SIGNATURE \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_