

# YOUTHQUAKE 2012 February 17<sup>th</sup> – 19<sup>th</sup>

## Camper Registration Form

Youthquake is for teens: 7<sup>th</sup> grade thru 12<sup>th</sup> grade.

**Cost \$100.00**

Registrations received after February 3rd is \$125.00

\*\*Make checks payable to **Georgia District NMI**

Please send \$50.00 non-refundable deposit and completed registration form postmarked by Feb. 3<sup>rd</sup> to: Debbie Moody, 103 Ashwood Court Leesburg, Ga. 31763

**\*\*\* Items to bring: *bed linen for a twin size bed, Blanket or sleeping bag, pillow, towels, toiletries, extra money for snack shack, Bible, etc.***

**Please print neatly:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel.# ( ) \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Local Nazarene Church you attend: \_\_\_\_\_

Have you read any missionary books this year?  Yes  No If yes, How many? \_\_\_\_\_  
(We recommend this, but you will not be turned away or excommunicated if you have not read any.)

Dorm and room mates (if possible) \_\_\_\_\_

**\*\*We will be working on a service project on Saturday afternoon\*\***

**\*\*Interviews for the youth W&W trip will be conducted on Saturday afternoon February 18th\*\***

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter to attend this NMI event. I understand that at an event such as this, there is always a possibility of physical illness or injury to participants. If this occurs, I waive any and all claims against the Church of the Nazarene and any of its boards and councils. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter. I acknowledge and understand that my son/daughter will be responsible for his/her failure to abide by these rules. I further accept responsibility for my child's actions and agree to be financially liable for any damages resulting from unacceptable behavior. I also give my son/daughter permission to participate in the Saturday afternoon service project.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YOUTHQUAKE RULES: we expect each student to conform to these rules of conduct**

- No possession or use of alcohol, tobacco, or drugs. No fighting, weapons, fireworks, lighters or explosives.
- No campers can drive. No offensive or immodest clothing. Shorts must be fingertip length or longer, No spaghetti strap tops, No undergarments should be showing at any time. No guys in girls' dorms and No girls in guys' dorms.
- Respect property, camp property as well as the property of others. If something is damaged you will have to pay for it.
- Respect one another, staff, and adult leaders. Respect and comply with event schedules. Participation is required at all events. Display a Christ-like attitude in all you do and say and listen to. Do not leave the premises or go off the campgrounds without the consent of the Youthquake Director. No one will be allowed out of the dorms after curfew!

I have read and completely understand the rules of this campground and Youthquake. I agree to abide by them. I understand that this is a church activity and I promise to maintain a high standard of conduct. I understand that if I do not follow these rules my parents will be contacted and that I can be sent home at my parents' expense.

\_\_\_\_\_  
Camper's Signature and Date

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## Health Questionnaire and Medical Release

**\*\* This form must be notarized.**

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Youth's Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Date of Last Tetanus Booster \_\_\_/\_\_\_/\_\_\_ Is Youth Allergic to Tetanus Booster? \_\_yes \_\_no

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

Policy Number \_\_\_\_\_

### **Medical Information:**

Does the camper have: Heart Trouble, Asthma, Epilepsy, Diabetes, Allergies, etc?

Please list any health information that might help the camp nurse, etc. It is important that the Youthquake Director be aware of any health conditions / medical problems in case of any emergencies.

\_\_\_\_\_  
\_\_\_\_\_

Are you presently taking any medication? If yes, please list & explain: \_\_\_\_\_

Do you have any special diet needs? \_\_\_\_\_

### ***Parent's Authorization for Medical and Surgical Care:***

This is a release to authorize any certified personnel of the Church of the Nazarene to call an authorized doctor and to administer medical aid and treatment for my child at any time when they believe an emergency exists. This would include all treatments such as medication, minor or major surgery, administration of anesthesia, hypodermic injection, (including Tetanus Booster), and the like.

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

\_\_\_\_\_  
(Notary Public Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
(Seal)

Youthquake check-in begins Friday at 5:00 pm. \*There will be an evening meal served on Friday the 17<sup>th</sup> at 6:00pm. The Evening Service begins at 7:30 pm.

Emergency phone calls only: Camp Office: (478) 668-4817, Camp Pay Phone (478) 668-9906