



JUNE 23 - 27

**MAIL TO: BRANDON KIRK
2324 JACKSON ST.
ANDERSON, IN 46016**

EARLY BIRD RATE - \$135 (DUE BY JUNE 9TH)

PAY TO: NEI/NYI

WALK-IN - \$150

REGISTRATION BEGINS @ NOON MON. JUNE 23RD

Student Bio. Information: **Circle Applicable:** *Camper* *Counselor* *CIT (Counselor in Training)*

Name: _____ Gender: M F

Address: _____ Last Grade Completed: 6 7 8 9

City: _____ State: _____ Zip: _____ Phone # _____

Church Name: _____ Shirt Size: S M L XL XXL
(circle one)

List 3 roommate preferences: _____

Emergency Contact Person:

Parent/Guardian Name _____

Address (if different from student) _____

Home Phone # _____ Work Phone # _____

Do you have health insurance? Yes No

Name of Ins. Co.: _____ Policy# _____ Group# _____

Family Doctor: _____ Phone # _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

Health History:

Any pre-existing or present medical conditions: _____

Name and dosage of any medications that must be taken: _____

ALL MEDICATIONS MUST BE IN PRESCRIBED BOTTLE WITH DOSAGE INSTRUCTIONS ATTACHED

List all allergies: _____

List all Medical allergies: _____

I, the parent or guardian of _____ do authorize the camp medic, any doctor and/or hospital to administer medical aid and treatment to my child. I authorize the use of any picture or video of my child in the reproduction of camp advertisements, productions, or other uses of the District NYI Council.

Parent/Guardian Signature: _____ **Date:** _____

DIRECTORS: BRANDON KIRK
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