



Registration for Camp Tamarack

Return to the NCNC Offices by mail: NCNC UCC, 16190 Foothill Blvd., San Leandro CA 94578 or email to Joy@ncnuc.org Please include your payment by check, by credit card using the credit card form, or provide the name and contact information of the church representative arranging financial aid/camperships.

Camper's Name: _____

Parent/Guardians: _____

Mailing Address: _____
Street or PO Box City State ZIP code

Email address: _____ @ _____

Phone numbers: _____

Camper's birth date: _____ Grade next school year: _____

Gender: _____ Pronoun: She He They _____

Please mark, "X", for which camp this camper will attend.

| Camp | Age/Grade | Dates | "X" | EB price | Reg price |
|--------------|--------------|---------------|-----|----------|-----------|
| Tam Junior | Grades 3-6 | July 15-21 | | \$240 | \$270 |
| Tam Jr. High | Grades 7-9 | July 22-28 | | \$240 | \$270 |
| Tam Sr. High | Grades 10-12 | July 29-Aug 4 | | \$240 | \$270 |

Vegetarian/Vegan/Other dietary needs: _____

Name of your Pastor: _____ Local Church: _____
Church Name City

Parent Authorization *Required for youth under age 18*

I, the parent or legal guardian of the above named registrant, hereby give permission for my child to attend the above named camp. I agree that, should my child commit a serious infraction of camp rules, I will arrange to remove my child from camp at the request of the camp director or conference staff at the earliest possible opportunity. I understand that I am responsible for my child's transportation to and from camp under the supervision of an adult over 21 years of age who has written permission to transport my child.

Parent Signature: _____

Health & Medical Release

This form is required to ensure everyone’s safety and wellbeing. Information is confidential and will be made available only as is needed and appropriate to those directly responsible for the campers’ welfare.

Camper Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____

Gender: _____ Pronoun: She He They _____

Medical Information: *If you cannot provide the information, please respond “N/A”

Physician: _____

Phone: _____

Dentist: _____ Phone: _____

Eye Doctor: _____ Phone: _____

Glasses prescribed? yes no Glasses worn? yes no Contact lenses worn? yes no

Accident/Health Insurance Provider: _____

Policy Number: _____ Phone: _____

Date of Last Tetanus Shot: _____

Has the camper been subject to any of the following conditions? If yes, please specify in the space below, noting how recently the condition occurred. If none apply, please circle the following descriptor: **NONE APPLY**

- | | | | | | |
|----------------------------|----------------|--------------|---------------|-----------------|--------------------|
| Cerebral Palsy | Diabetes | Epilepsy | Heart Disease | Rheumatic Fever | Mumps |
| Hyperactivity, ADD or ADHD | Hepatitis | Encephalitis | Scarlet Fever | Whooping Cough | |
| Autism/Asperger's | Tires Easily | Fractures | Convulsions | Fainting Spells | Frequent Headaches |
| Eye Problems | Dizziness | Rubella | Chicken Pox | Ear Problems | Frequent Urination |
| | Frequent Colds | Nosebleeds | Other: | | |

Food Allergies: Please note the items, description of symptoms, etc. or NONE

Other Allergies: Please note the items, description of symptoms, etc. or NONE

Behavioral Conditions: Please provide any further information about behavioral conditions that staff should know about, such as sleepwalking, bedwetting (please send an easily laundered sleeping bag), epilepsy, fainting, hyperactivity, asthma, etc. or NONE

Other things we should know: Is there any additional information that would be helpful in promoting your child's welfare while at the event (e.g., dietary needs)? Please include any past or potential experiences that might be upsetting to your child, or NONE

Medications: Please note that for the safety of all event participants, all medications will be held and administered by the designated Health Supervisor. The listed non-prescription medications or their equivalents will be available and provided for the corresponding symptoms. Please do not send these meds with your child. If you **do not** wish to have your child treated using the following meds in the event of the symptoms indicated, please register your objections by clearly ~~drawing a line~~ through that particular medication. If there are no restrictions, please circle the following descriptor: **NO RESTRICTIONS**

- Liquid Maalox for abdominal pain
- Maalox for nausea
- Pedialite for vomiting
- Cortaid Cream for rash
- Robitussin DM for cough
- Sinutab for sinusitis
- Imodium for diarrhea
- Milk of Magnesia for constipation
- Chlortrimaton, Benedryl for allergy, hives and bites
- Auralgan (if not allergic to -caines), Sinutab and Afrin for earache
- Ibuprofen, Acetaminophen for fever, flu, headache and menstrual cramps
- Solarcaine (if not allergic to -caines), Ibuprofen for sunburn
- Hibaclens and Polysporin for cuts
- Ibuprofen for muscle spasm

Please list the medication(s) your child will require during the event's duration:

Drug Name/Dosage/Interval: _____ Purpose: _____

Drug Name/Dosage/Interval: _____ Purpose: _____

A Medication/Prescription Form must accompany each prescription, over-the-counter drug or vitamin. All medications must be in their original containers.

MEDICAL RELEASE: I affirm that my child is in good health and I will notify the director if my child is exposed to any communicable disease during the two weeks prior to attending any youth event.

Custodial Parent/Legal Guardian Signature _____ **Date** _____

Printed Name _____

Relationship _____

Phone: _____ Email: _____

In case of emergency, when parents/guardians cannot be reached, contact:

Name _____ Relationship: _____ Phone: _____

Name _____ Relationship: _____ Phone: _____

PHOTOGRAPHIC PERMISSION RELEASE

I hereby give my consent for NCNC UCC to use any of the photographs taken of my child, _____ at this event for publicity, such as for future Summer Camp brochures or other materials designed to inform potential campers or user groups about camping programs or available facilities. With consent I hereby release the NCNC UCC from any claim whatsoever that may arise in said regard. I understand that the above named camper will participate if an all-camp photograph is taken.

[] No, I do not wish to give consent for photos of my child to be used in any way.

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

Printed Name _____

COVENANT: At camp, all participants – youth and leaders – agree to the following covenant
Please note that additional rules/instructions may be given at each site

Rights

- I have the **right** to be respected and to be treated with dignity
- I have the **right** to be safe at camp.
- I have the **right** to hear and be heard.
- I have the **right** to participate and be welcomed
- I have the **right** to expect that my personal belongings will not be tampered with, stolen or damaged by other campers.

Respect:

- I will welcome every individual as a member of our community
- I will treat other participants, leaders, and staff with respect at all times. This means that:
 - I will not use hurtful words or foul language
 - I will not hit, kick, punch, threaten, or physically harm anyone else
 - I will treat others how I wish to be treated.
- I will follow the guidelines set by leaders regarding the use of cell phones and personal electronic devices.
- I will follow the guidelines for conduct of any center or facility we are visiting and treat their property with respect by keeping it clean and picking up after myself.
- I will respect the physical and emotional well-being of other youth and leaders or staff, including respecting the need for sleep and refraining from practical jokes.
- I will respect the privacy of other youth and leaders and staff by not entering other rooms/cabins/tents other than my own.
- I will respect the health and well-being of my own body by not using or bringing drugs, tobacco, or alcohol; bringing fireworks, knives, or weapons of any kind. Weapons/drugs will be confiscated immediately and the camper may be sent home immediately. Campers must surrender all prescription and over the counter medications to the camp Health Supervisor upon arrival, with the exception of inhalers and sting kits/epi-pens.

- I will respect the personal property of others and accept their right to privacy.

Responsible:

- It is my responsibility to help build a positive, caring, safe environment. This means that:
 - I will be responsible for my own behavior
 - I will be responsible for my own belongings
 - I will be responsible in my expressions of care, concern and intimacy-inappropriate sexual activity is anything that takes me away from the community and/or is exclusive.
 - I will make sure to travel and be at camp in groups of 3 or more at all times. Excluding times when changing or using the bathroom.
 - I will engage in safe behaviors, such as staying within event boundaries and using any equipment properly

Ready:

- I am ready to have fun at this event! This means that:
 - I will participate fully in all events as I am able and assist when asked.
 - I will arrive on time and come with an open mind and heart.
 - I will follow directions and willingly participate in discussions and activities, including staying with the group at all times, and follow group decisions made during the event.
 - I will show good manners and have a positive attitude

I understand that the purpose of this covenant is to allow for the well-being and safety of myself and others. I agree to the following covenant and understand that if I do not stick by these guidelines for my time at camp/event there will be the following consequences for my choosing not to do so:

1st Step: Verbal warning/reminder

2nd Step: Written warning

3rd Step: Create and sign a contract with the camp director(s) and UCC Representative.

4th Step: Phone call to parents/guardians to inform of the choices that you/the camper has made. If your parents/guardian are contacted you will inform them of your behavior in the presence of a leader/staff member.

5th Step: Camper is sent home.

I agree to follow this Covenant while a member of this community. I understand that if I break this Covenant, my parents/guardian may be notified and I may be sent home at my family's expense.

Signature of Participant: _____ Date: _____

TO BE SIGNED BY PARENT/GUARDIAN (if the participant is under age 18): I have read the covenant and understand that if my child/youth choses to breaks the Covenant it may result in my child/youth being sent home. It will then be my responsibility to come and pick my child or youth up from the event as soon as possible. It will be at my expense, with the most appropriate and safest means of transportation determined by NCNC leadership. I also understand that trips such as this involve risk, and I agree to instruct my youth in appropriate behavior. I have gone over the following Covenant with my child/youth as well as reviewed the consequences of choosing not to follow the Covenant with my child/youth. I understand that no refunds will be made if this covenant or any contract is broken.

Signature of Parent/Guardian: _____ Date: _____

Special Needs Campers Our volunteer staffers come from all walks of life and reflect the strong diversity of our Conference, giving a week of their time in support of this exciting ministry. **If your camper has special needs it is imperative to communicate with us well before camp begins** so we can ensure her/his safety and wellbeing, as well as that of everyone else at camp. If the needs of your camper require one to one attention, support, or supervision to make camp a safe place for her/him and others you will need to provide an appropriate person to accompany her/him to camp. You or this person would be responsible for paying a reduced fee (covering room and meals), as well as complete our background screening process and be of appropriate age (conference guidelines state that all camp staff must be at least 5 years older than the oldest camper). We strive to be a place for all people to experience the embrace of community, the awe of a loving Creator, and the transformative beauty of the great outdoors as we partner with parents/guardians to make the best, safest programs for youth. All camper assistants will need to fit into the guidelines.

Transportation Release – bring to camp

This form is required for everyone under 18, even if parents are transporting their own children, to ensure everyone's safety and wellbeing in the event of emergency or evacuation. Information is confidential and will be made available only as is needed and appropriate to those directly responsible for your child's welfare.

Child/Youth Name: _____
(First) (Middle) (Last)

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: _____ Gender _____ Pronoun: She He They _____

Any adult leader of the NCNC Camp my child is attending, plus the following named persons, have my permission to transport the above named minor & I further grant permission to the NCNC camp leaders and the person(s) listed below to act as my agent(s) while transporting my child, in authorizing any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act.

(The above to occur only after reasonable efforts to contact the undersigned have been unsuccessful).

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Please note that all persons transporting minors must be at least 21 years of age.

Person driving my child to the event: _____ Phone: _____

Person driving my child home from the event _____ Phone: _____

***** Please be aware the adult transporting your child home from the event must be prepared to present a photo ID before staff will release them into their care. *****

Custodial Parent/Legal Guardian Signature _____

Date: _____

Printed Name: _____

PAYMENT OF CAMP FEES

Check enclosed for full amount Deposit of \$50 or more enclosed; will pay installments.

Church will pay all or part of fees. Name of church contact person: _____

Phone and email of church contact person: _____

Please charge my credit card, as follows

Visa MasterCard American Express Discover

Amount to be charged: \$ _____

Card Number: _____ - _____ - _____ - _____

Expiration Date mm/yy: _____ / _____

Security code: _____

Name on card: _____

Billing address: _____

City, State, and Zip: _____

Phone number associated with this credit card: _____

Email: _____

(Automatic confirmation email will be sent when card is processed.)