

Activity Registration Form

NYI Family Camp – July 12-16, 2017

Registration must be postmarked by **June 24th**

The following must be included with each student registration:

- Activity Registration Form
- Medical Insurance / Release Form
- Housing Registration Form
- Activity payment payable to "NCO NYI"
- If participating in the zipline activity:
 - Tree Frog Minor Form (if under age 18)
 - Tree Frog Waiver and Release

Mail everything by **June 24th** to:

NYI Family Camp Registration
34950 Lakeshore Blvd.
Eastlake, OH 44095

TELL US ABOUT YOU:

NAME: _____

ADDRESS: _____

AGE: _____ GRADE: _____ GENDER: M F
(JUST COMPLETED 7-12)

PARENT/GUARDIAN: _____

MOBILE PHONE: (_____) _____ - _____ EMERG. PH. (_____) _____ - _____

HOME CHURCH: _____

TELL US WHAT YOU WANNA DO?

- | | | |
|--|-------|-------------------|
| <input type="checkbox"/> Late Night Pizza & Sports (no cost) | _____ | Wed 9:30-11:30 PM |
| <input type="checkbox"/> Ziplining (lunch provided) | \$35 | Thu 8:30-4:30 PM |
| <input type="checkbox"/> Open Gym (no cost) | _____ | Thu 9:30-11:30 PM |
| <input type="checkbox"/> Hiawatha Water Park | \$2 | Fri 1:00-4:30 PM |
| <input type="checkbox"/> Bowling | \$3 | Fri 9:30-11:30 PM |
| <input type="checkbox"/> Open Gym (no cost) | _____ | Sat 9:30-11:30 PM |

TOTAL _____

Mail this amount in with your registration – housing and meals are paid the day you arrive

Medical Insurance / Release Form

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INSURANCE INFO

STUDENT'S NAME: _____

BIRTH DATE: / /

GENDER: M F

NAME OF INSURED: _____

INSURANCE CARRIER: _____

SUBSCRIBER #: _____

GROUP #: _____

NO MEDICAL INSURANCE

MEDICAL INFO

MEDICATION ALLERGIES: _____
(Penicillin, etc.)

OTHER ALLERGIES: _____
(bee stings, peanuts, etc.)

MEDICAL CONDITIONS
OR SPECIAL CONCERNS
(asthmatic, diabetic, etc.) _____

EMERGENCY MEDICAL AUTHORIZATION

_____ has my permission to receive any necessary x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the above named minor under the general and special supervision and on the advice of any physician or surgeon properly licensed to practice in their state, when need for such treatment is immediate and when efforts to contact me are unsuccessful, while participating with the North Central Ohio District Church of the Nazarene NYI within the period of **July 12-16, 2016**. I also understand that the district has adequate insurance coverage for all district-sponsored youth events, and that this insurance acts as "secondary" insurance to my family/personal insurance, which is the "primary".

SIGNED: _____

DATE: _____

MEDICATION DISPENSING AUTHORIZATION

PLEASE LIST ALL

MEDICATIONS

THAT WILL BE BROUGHT: _____

I give my permission for adult staff members to dispense **the following medication(s)** according to the instructions I have provided below. I release North Central Ohio NYI staff members and the North Central Ohio Church of the Nazarene from any liability resulting from dispensing medication to my child as long as these instructions are followed and usual and customary decisions are made.

I give my permission for adult staff members to dispense **non-prescription medication** (Tylenol, Advil, Benadryl, etc.) when deemed appropriate and necessary. I release North Central Ohio NYI staff members and the North Central Ohio Church of the Nazarene from any liability resulting from dispensing medication to my child as long as usual and customary decisions are made.

I do NOT give permission for any medications to be administered.

SIGNED: _____

DATE: _____

Housing / Meals Request

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Housing and Meals are paid separately the day you arrive and check-in.

REGISTRATION INFO

NAME: _____

GENDER: M F

CHURCH: _____

SELECT HOUSING

Select One:

- I will not be staying in the teen dorm (Galloway)
- I will be staying in the teen dorm (Galloway)

Adult Leader who will
be staying in dorm
with you

_____ (cannot be left blank)

- Wednesday Night (July 12th)
- Thursday Night (July 13th)
- Friday Night (July 14th)
- Saturday Night (July 15th)

Number of nights (1-4) _____ X \$6 / night _____ (\$5 key deposit)

TOTAL _____ **Paid at check-in
the day you arrive**

Roommate Choice #1: _____

Roommate Choice #2: _____

Roommate Choice #3: _____

SELECT MEALS

Meal Tickets are for 3 meals each day (meals can also be purchased individually at the cafeteria)

Number of days (1-4) _____ X \$14.00 / day _____

TOTAL _____ **Paid at check-in
the day you arrive**

NYI Family Camp 2017 Schedule

Wednesday, July 12th

2:00 – 4:00 PM

Registration (PSU - Prince Student Union)

7:30 PM

Evening Service

Immediately following service

NYI Meeting (PSU)

10:00 PM

Pizza & Sports (PSU, after service)

Midnight

Back in dorms / apartments

Thursday, July 13th

7:30 – 8:30 AM

Breakfast

8:30 AM

Ziplining (meet at PSU)

8:30 AM – 4:30 PM

Ziplining - lunch provided at the park

5:00 – 6:00

Dinner

7:30 PM

Evening Service

9:30 PM

Open Gym (PSU)

Midnight

Back in dorms / apartments

Friday, July 14th

7:30 – 8:30 AM

Breakfast

10:30 AM

Teen Worship Service (PSU)

12:00 – 1:00 PM

Lunch

1:00 – 4:30 PM

Water Park (meet at PSU)

5:00 – 6:00 PM

Dinner

7:30 PM

Evening Service

9:00 PM

Bowling (meet outside chapel)

9:30 PM – 11:30 AM

Bowling

Midnight

Back on campus and in dorms / apts

Saturday, July 15th

7:30 – 8:30 AM

Breakfast

10:30 AM

NMI / NYI Combined Convention

12:00 – 1:00 PM

Lunch

1:30 – 3:30 PM

NYI Convention Continued

4:30 – 5:30 PM

Dinner

6:00 PM

Evening Service

9:00 PM

Open Gym (PSU)

Midnight

Back in dorms / apartments

Sunday, July 16th

7:30 – 8:30 AM

Breakfast

10:30 AM

Morning Service

12:00 – 1:00

Lunch / Dinner

Immediately following lunch

Clean rooms and pack

2:00 PM

Must check out / return keys

4:00 – 5:00 PM

Dinner

5:00 PM

Evening Service

NYI Family Camp Expectations

1. Possession or use of tobacco, alcohol, drugs, fireworks, or firearms of any kind will not be tolerated on campus.
2. Guys and girls are not permitted in each other's dorm rooms. Stay out of each other's dorms.
3. Attendance at ALL services, meetings and activities is expected. You've spent good money to be here, be a good steward and make the best of that investment.
4. Dress appropriately for worship services – long pants or capris and a sleeved shirt. For all other activities please dress modestly.
5. Cooperation with adult leaders is expected. Remember they have given up a week of their life just to spend it with YOU!
6. Abide by all campus rules including curfew. This applies regardless of whether you're staying in a dorm, an apartment, or off-campus.

Questions or Problems?

See your adult sponsor or contact the NYI family camp directors – they're here for you:

Gals

Colleen Overly (440-487-3939 mobile)

(TXT or call)

colleen@willo-lake.org

Guys

Ken Overly (440-487-0116 mobile)

(TXT or call)

ken@willo-lake.org

Name: _____

Tour Date: _____

Tour Time: _____

TREE FROG CANOPY TOURS WAIVER AND RELEASE

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS
YOU MUST READ AND UNDERSTAND IT BEFORE INITIALING OR SIGNING IT

I, the named person, being above the age of 18 years, on behalf of myself, my heirs, assigns, personal representative and estate and in consideration of the opportunity to participate with Zip Ohio, LLC in a zip line experience, do hereby acknowledge, agree, promise, and covenant with **Zip Ohio LLC, an Ohio limited liability company, their respective staff, members, managers, agents and employees (collectively hereinafter referred to as ("Tree Frog Canopy Tours"))**, as follows:

REQUIRED PROTECTIVE EQUIPMENT

THE REQUIRED PROTECTIVE EQUIPMENT MUST BE WORN BY ALL PARTICIPANTS. WHILE PROTECTIVE HEADGEAR WILL NOT ABSOLUTELY PROTECT YOU FROM INJURY TO THE HEAD, WEARING THE HEADGEAR DOES REDUCE THE CHANCE OF SERIOUS HEAD INJURY.

ACKNOWLEDGMENT OF RISKS

I understand and acknowledge that the activity I am about to engage in voluntarily bears certain risks which could result in injury, death, illness or disease, physical or mental, or damage to my person and property. I also acknowledge and understand injuries such as scrapes, bruises or rope/cable burn can and sometimes do occur during the activity.

I have read this section, and initial to show that I understand and agree: _____

ACCEPTANCE OF RISK AND RESPONSIBILITY

Being aware that this activity entails risks of injury, I agree, covenant and promise to accept and assume all responsibility and risk for injury, death, illness or disease, or damage to my person and property arising from my participation in this activity. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks. I agree that my family and I shall follow the instructions of the guide and other activity leaders and that my failure to do so will result in termination of the activity with no refund to me. I understand that Tree Frog Canopy Tours reserves the right to refuse or terminate the participation of any person it judges incapable of meeting the rigors and requirements of the activity and/or training. I understand that if I am, or suspect I may be pregnant; or if I have an extreme fear of heights or other physical or emotional limitations I will not be allowed to participate in the activity.

I have read this section, and initial to show that I understand and agree: _____

RELEASE

I hereby voluntarily release and forever discharge Tree Frog Canopy Tours from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including specifically but not limited to the negligent acts or omissions of Tree Frog Canopy Tours, for any and all injury, death, illness, or disease, and damage to my person and property. I further agree, promise and covenant to hold harmless and indemnify Tree Frog Canopy Tours for any such injury, death, illness, disease or damage.

I further agree, promise and covenant not to sue, assert or otherwise maintain or assert any claim against Tree Frog Canopy Tours for any injury, death, illness or disease, or damage to my property, arising from or connected with my participation in this activity.

I have read this section, and initial to show that I understand and agree: _____

WARRANTIES

I hereby represent and warrant that: **1.** I am at least 18 years of age; **2.** to my best knowledge, I am not pregnant.; **3.** I do not have a pre-existing medical condition that could be aggravated by participating in the activity; **4.** I do not have a debilitating fear of heights or other physical or emotional limitation which should preclude participation in the activity; and **5.** I am NOT under the influence of illegal drugs or alcohol.

I have read this section, and initial to show that I understand and agree: _____

Please list and explain ANY of the following that will affect participation and ANY medication you may need at a moment's notice i.e: epi-pen, inhaler, nitrates, etc. (if none, State "none"):

Limitations that may affect your participation: _____

Allergies (i.e bees or medications): _____

Medication you're taking with you on tour: _____

ACKNOWLEDGMENT OF EFFECT OF THIS RELEASE AGREEMENT

I understand and acknowledge that by initialing and/or signing this document I have given up certain legal rights and/or possible claims which I might otherwise assert or maintain against Tree Frog Canopy Tours including specifically, but not limited to, rights arising from or claims for the acts or omissions, negligence in any degree, of Tree Frog Canopy Tours. I have read this section, and initial to show that I understand and agree: _____

PHOTO AND MEDIA RELEASE

I _____, (and the minors I signed for), the undersigned grant Tree Frog Canopy Tours and persons or organizations acting for or through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recording of myself and/or family members, for use in educational or promotional materials they create. I have read this section, and initial to show that I understand and agree: _____

ENTIRE AGREEMENT

I understand that this is the entire Agreement between me and Tree Frog Canopy Tours, and that it cannot be modified or changed in any way by the representations or statements of any employee or agent of Tree Frog Canopy Tours, or by me. I have read this section, and initial to show that I understand and agree: _____

My signature below indicates that I have read this entire document or had it explained to me if I do not read or speak English, and that I understand it completely and agree to be bound by its terms.

Participant Name: _____

Date of Birth: _____ Weight: _____ (FILLED IN BY OFFICE STAFF)

Signature: _____ Date: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Are you taking any medication on tour with you? (circle one) Yes No

Join our mailing list for discounts & deals! Email: _____

FOR PATICIPANTS OF MINORITY AGE: This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these activities and programs for myself, my heirs, assigns, and next of kin.

Name: _____

Date of Birth: _____ Weight: _____ (FILLED IN BY OFFICE STAFF)

Minor Signature: _____ Date: _____

Parent/Guardian/Supervisor Signature: _____ Date: _____

Are you taking any medication on tour with you? (circle one) Yes No

Name: _____

Date of Birth: _____ Weight: _____ (FILLED IN BY OFFICE STAFF)

Minor Signature: _____ Date: _____

Parent/Guardian/Supervisor Signature: _____ Date: _____

Are you taking any medication on tour with you? (circle one) Yes No

Tree Frog Canopy Tours
Agreement by Parent or Guardian of a MINOR Child

I am the parent/guardian of the minor whose signature appears on the attached release and whose names are listed below. I have discussed the terms of the above Agreement with my child and am assured by my child that he or she understands the Agreement and has freely accepted its terms. I give my child permission to participate in the canopy tour programs to be provided by Tree Frog Canopy Tours. My signature below reflects my agreement to fully release Tree Frog Canopy Tours from any claim which I may have, and, to the fullest extent allowed by law, to release such persons on behalf of my child and any member of my or the child's family, for any claim the child may have, arising from the child's enrollment or participation in the aforementioned activities. **These agreements of release and indemnity include claims of negligence, but not gross negligence or intentionally wrong conduct.**

Signature _____ Date _____

Printed Name _____ Relationship _____

Names of Children (1) _____ (2) _____
(3) _____ (4) _____

Assignment of Supervision for a Minor Participant

Children ages 10 through 18 may participate in a Canopy Tour at Tree Frog Canopy Tours with proper parental permission and supervision of designated individuals.

ALL participants under the age of 18 MUST have a Participant Agreement, waiver, completed by their parent or legal guardian prior to participating in the tour.

In addition, Guests under age 16 MUST ALSO be accompanied on the tour by their parent/legal guardian or another adult designated as supervisor.

PLEASE COMPLETE THIS DOCUMENT TO DESIGNATE AN ADULT (OTHER THAN THE PARENT/LEGALGUARDIAN) AS SUPERVISOR OF A MINOR PARTICIPANT UNDER THE AGE OF 16.

Parent/Legal Guardian:

I, _____, as the parent or legal guardian of _____,
(Parent/guardian) (Minor participant)
assign supervision of my child to _____ while participating in tour activities at
(Adult participant-supervisor)

I have reviewed the contents of the Tree Frog Canopy Tours Participant Agreement and medical waiver with my child/children and have discussed the assignment of this supervisory role. I attest that my child has willingly and knowingly agreed to participate in this activity under the supervisory arrangement outlined above.

(Parent signature) (Date)

Adult Participant/Supervisor:

I, _____, have agreed to serve in the supervisory role as outlined above.
(Adult participant/supervisor)

(Adult participant/supervisor signature) (Date)