

NCO TEEN CAMP 2017

IDENTITY

JUNE 12-16

CAMP COTUBIC

BELLEFONTAINE, OHIO

SPEAKER: CHAD SEABRIGHT

COST: \$185 Early Registration (Received by May 19)
\$200 Regular Registration (Received May 20-June 4)
\$210 Late Registration (after June 5)

CHECK-IN TIME: *Monday, June 12 from 1:00 pm – 3:00 pm*

CHECK-OUT TIME: *Friday, June 16 after lunch, which is served at Noon*

Camp Director: Jon Noggle - Youth Pastor at Bucyrus Nazarene
pj.noggle@bucyrusnazarene.org 419-562-0256 x-105

GENERAL RULES & GUIDELINES

1. Plan to participate in everything
2. Listen to and obey all Camp Cotubic staff & adult sponsors
3. No girls in the guy's lodging at ANY time
4. No guys in the girl's lodging at ANY time
5. NO PDA (with the exception of holding hands)
 - a. *this includes no kissing, no cuddling, no laying together, no sharing of blankets
6. Girls: No two-piece swimwear; shorts and skirts must touch top of knees, or at least be longer than finger length when arms are down at your side; no spaghetti straps or halter tops - dress modestly
7. Guys: Shirts must be worn at all times other than swimming; no tight-fitting swimwear, no underwear showing, no tank tops allowed to be worn during chapel times
8. All medications must be given to the camp nurse at registration
9. Campers may not leave the campground at any time without prior approval from the camp director and without adult supervision
10. Cell phones are solely the responsibility of whoever brings one. Camp Cotubic nor the NCO NYI staff is responsible for replacing lost or stolen cell phones or electronic devices, nor are we able to stop all activities in order to launch an investigation. We recommend leaving cell phones at home as we cannot guarantee their safety.

*****Campers who choose to violate the rules & guidelines may be removed from camp at the expense of the camper and his or her parents/guardians**

Things to BRING: Bible, notebook, pen, clothes for 5 days, 2 pairs of shoes, 2 sets of "junk clothes," toiletries, pillow & bedding, flashlight, prescription medication, spending \$ for snack shack, snacks to share with bunk mates

Things to LEAVE: Knives and guns of ANY kind, alcohol, drugs, fireworks, laptop, MP3 player, gaming systems, TVs, valuable electronics, pornographic material

Please submit form along with a \$50 *non-refundable* deposit payable to: **Your Local Church**

REGISTRATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Grade Completed: _____ (circle one) Male Female

Church: _____

Optional T-Shirt (additional \$10): YES _____ NO _____

T-Shirt (adult sizes only): (circle one) S M L XL 2X 3X

Registration Type: Early (\$185) _____ Regular (\$200) _____ Late _____ (\$210)

Total amount due: \$ _____ (registration type + t-shirt)

Parent/Guardian Signature: _____

Student Signature: _____

Pastor/Youth Leader Signature: _____

Please submit registration form and payment to your youth pastor/leader. ***Please make checks out to the church you are coming to camp with, and the church will then submit a lump sum check to NCO NYI on behalf of the entire group from your church.

****Youth Leaders: All registrations forms and deposits must be received by the deadline dates in order to receive the pricing for those deadlines. Please have your church submit 1 check for your group made payable to: NCO NYI*

Please mail all forms and payment to:

**Bucyrus Nazarene Church
c/o Pastor Jon Noggle
2165 S.R. 4 South
Bucyrus, OH 44820**

***Each church is responsible for having a medical waiver form for each of their students whom are attending Teen Camp.

***The Teen Camp Medical & Civil Liability Release Form (on next page) MUST be turned in with the camp registration form in order to receive the deadline discounts. Any teen or sponsor without a medical release form will NOT be permitted to participate in any Teen Camp activities.

TEEN CAMP MEDICAL & CIVIL LIABILITY RELEASE FORM

Required for each participant and adult sponsor.

Each attendee **MUST** complete the following Medical & Civil Liability Release Form.
For those participants under the age of 18, the parent or legal guardian **MUST** sign.

Signed copies of this form **MUST** be returned with registration information.
Individual registration is not complete unless the Medical & Civil Liability Release Form is on file.

FOR EVERYONE:

Name (Last) _____ (First) _____ (Middle) _____

Address _____ City _____ ST _____

Zip code _____

Date of Birth _____ Sex _____

FOR YOUTH:

Parent/Guardian's Name _____

Phone # (Home) _____ (Work) _____ (Cell) _____

FOR YOUNG ADULT & ADULT PARTICIPANTS:

Emergency Contact _____ Relationship _____

Phone # (Home) _____ (Work) _____ (Cell) _____

MEDICAL INFORMATION:

List the name(s) and dosage(s) of any medications you will be taking while at NCO TEEN CAMP:

List any medications you are allergic to: _____

List any medical conditions or activity limitations: _____

Date of last tetanus shot: _____

Doctor's Name _____ Phone # _____

I, _____, the legal guardian of _____ authorize the
Parent/Legal Guardian *NCO TEEN CAMP Participant*

leadership of NCO TEEN CAMP to care for the administration of general first aid treatment for any minor injuries received to my child during the event. If the injury sustained is life threatening, or in need of emergency treatment, I authorize the leadership of NCO TEEN CAMP or its representative to summon any and all professional emergency personnel to attend, transport, and treat my child.

I understand that NCO TEEN CAMP will require my son/daughter to make choices and keep a schedule, and that he/she may not be under direct adult supervision at all times.

I agree to release and hold harmless any staff and lay assistants of Nazarene Youth International Ministries, the General Church of the Nazarene, Mount Vernon Nazarene University, Camp Cotubic, and/or North Central Ohio Teen Camp from any and all claims, suits, costs and actions, of any kinds whatsoever, arising from their exercise of the power granted by this authorization. This liability release is valid during NCO TEEN CAMP, June 12 – June 16, 2017 (dates of camp).

Signature of Parent/Guardian

Date

Student is covered by group or medical insurance: _____ Yes _____ No

If yes, complete the following information: NAME OF INSURED: _____

HEALTH INSURANCE COMPANY: _____

GROUP #: _____ POLICY #: _____