



# 2020 JUNIOR & YOUTH CAMPER REGISTRATION FORM

2019 Northwest Texas Foursquare Family Camp/ ICFG  
July 6th – 10th Ceta Canyon, TX

Ages 9 & up staying in dorms (Junior & Youth Campers)

Circle One: Junior (4th – 6th) OR Youth (6th – Graduated)

**REGISTRATION FEE: \$285 PER CAMPER DUE JUNE 23RD \$50 DEPOSIT DUE JUNE 9TH**

Church Name: \_\_\_\_\_ City: \_\_\_\_\_ Leader: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

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

Age: \_\_\_\_\_ Going into Grade: \_\_\_\_\_ DOB \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_

Requested Roommate: \_\_\_\_\_ (not guaranteed)

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

## IMPORTANT INFORMATION:

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure treatment (in surgery for my child or myself (if applicable). I accept full responsibility for my child in placing him/her under the care of the camp personnel. I hereby waive any and all claims or rights of action against NWT4sq/ICFG or any of their representatives for any accident or injury en-route or during camp. Camper insurance covers accidents only and has limits. This policy will not cover injury caused by reckless behavior, dangerous and/or unapproved activities or questionable situations occurring as a result of a lack of supervision. Insurance does not cover a pre-existing injury. I authorize my child to be photographed and/or videoed while participating in camp. My child will cooperate with the staff, program and program of the Camp. I understand that I will be held responsible for any damage done by my child, and I will pay for any and all repairs. I acknowledge that competitive games as well as other camp/sport activities contain inherent risks or injury. Any controversy or claim arising out of or related to the student's participation in this camp shall be settled by binding arbitration pursuant to the applicable rules of the American Arbitration association.

Parent/ Legal Guardian Signature

### THIS REGISTRATION IS NOT VALID WITHOUT THE FOLLOWING TWO

#### SIGNATURES:

Participant's Declaration: I will fully cooperate with the staff and rules established for the camp.

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

Pastor's Recommendation: I recommend this camper to the NWT4SQ/ICFG Staff as one who will cooperate with the staff, rules and programs of the Camp.

\_\_\_\_\_  
Pastor's Signature Date

T-SHIRT ORDER: \$15 per Shirt  
Size: \_\_\_\_\_

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

Group/ Policy #: \_\_\_\_\_

Insurance Co. Phone #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

O Attached Copy of immunization records: Texas State Youth Camp Laws now require these records be attached.

O Attached copy of completed Activity Permission, Release, and Medical Power of Attorney.

O Attached copy of Medical insurance card.

**PLEASE RETAIN COPY FOR YOUR RECORDS.**